



Title: Operations Bulletin System

Controller: Debbie Smith
Origination Date: 4/29/94

Revision Date: 2/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To define the purpose of Operations Bulletins and to identify the process to develop, adopt, revise, delete, and distribute Operations Bulletins.

History

Operations Bulletins are the internal documents used to establish policy within the Seminole County Fire Department.. Each Division is responsible for developing and maintaining their respective Operations Bulletins. Operations Bulletins pertaining to general/department-wide Administrative Operations will be maintained by the Fire Chief's Office.

Procedure

Operations Bulletins may be developed and proposed by any member of the Department. This may include committees, task forces, or work groups established to address particular problems or needs.

Operations Bulletins should be as simple and direct as possible. Format is flexible and numbering systems may be determined on a division-by-division basis.

Draft Operations Bulletins should be routed to key affected personnel for review and input prior to being placed into final form.

Review, approval and sign-off by the Fire Chief is necessary prior to implementation and distribution.

The method of distribution to Department personnel will be through Target Solutions.

Revisions and Deletions

Any member of the Department wishing to revise and/or delete an Operations Bulletin is to circulate the proposed revision and/or deletion to affected personnel for review. Revisions should be circulated with a copy of the original for review.

Once the review is accomplished, said revision and/or deletion is to be forwarded to the appropriate Deputy Chief for review and approval.

Once Deputy Chief approval is obtained, said revision and/or deletion is to be forwarded to the Fire Chief for final review and approval.

Division Assistant Chiefs will be responsible for implementing procedures to ensure revisions and/or deletions of Operations Bulletins are carried out within their respective Division. Notice of each deletion and/or revision is to be provided to the Fire Chief's Office.

Section: Administration



Title: Request to Purchase on a Blanket Purchase Order or Release Order

Controller: Administration

Origination Date: 6/89

Revision Date: 2/13/21

Approved by: _____

A handwritten signature in blue ink, appearing to be "S. Adams", written over the signature line.

Effective Date: _____

slaola

Purpose

To establish the proper procedures to follow when requesting to purchase using a **Blanket Purchase Order or a Release Order**.

Procedure

Blanket Purchase Orders and Release Orders on Contracts are encumbered for specific purposes, in specific lines, and therefore, it is necessary to properly complete the **REQUEST TO PURCHASE FORM**. **Because other employees may order from the same Blanket or Release Order, tracking of purchases is necessary to avoid overspending.** Approval by your Assistant Chief and verification of available funds through the individual responsible for tracking division funds is required prior to ordering.

The steps for the process for payment are as follows:

1. The individual responsible for fund tracking will prepare a bill head for payment and forward same to the appropriate Deputy Chief for approval and signature. The payment package will include the bill head, the signed packing slip and the invoice.
2. Once approval to pay is obtained from the appropriate Deputy Chief, the individual responsible for funds tracking will post the payment against the blanket/release order balance. The payment package is then forwarded to the County Comptroller's Office for payment

The following information shall be supplied:

1. **The Requestor** - The individual making the request.
2. **The Division/Bureau/Section** - This is the section to which the order has been issued.
3. **The Vendor** - This is the company or individual that the blanket purchase order/release order will be allocated to.
4. **Purchase Order/Release Order Number** - This is the number assigned by purchasing which should be on your request to purchase. If the number is not known by the requestor, they may call their accounting staff person.
5. **The Date** - This is the date the request form is filled out.
6. **The Description** - Include item number, color, size, part number, service requested.
7. **The Quantity**
8. **The Unit Price**
9. **The Amount** - Total amount of purchase.

10. Freight Charges

11. The Bill to Address - This must be Clerk, BCC Finance Division, Post Office Box 8080, Sanford, FL 32772-0869

12. The Ship to Address - This may be the address where delivery is desired (Warehouse, Fire Station, Administration Offices. etc.)



Title: Emergency Purchase Procedures

Controller:

Origination Date: Sept 1991

Revision Date: 6/13/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. J.', is written over a horizontal line.

Effective Date: 7/15/2023

Purpose

To establish proper and consistent procedures for the procurement of goods and/or services during emergency situations.

In cases of an emergency, standard procedures may be altered by the County in accordance with Section 220.41, Seminole County Code.

History

An emergency occurs when certain conditions might adversely affect the life, health, safety and welfare of County employees or its citizens, or when County property or equipment are endangered or when it is necessary to maintain or restore vital services, to address non-compliance with Florida Statutes or other regulatory laws and permits, or situations which may cause major financial impact to the County should immediate action not be taken.

Example: lightning damage, emergency weather situations which require immediate attention such as hurricane, tornado, flooding, emergency building repairs, etc. Emergencies will be determined on a case by case basis.

Department officials shall not use the emergency purchase procedure to abuse or otherwise purposely circumvent the regular established purchasing procedure.

Procedure

1. During normal working office hours:
 - a. The Assistant Chief requesting an emergency purchase will work with the Department Financial/Admin Office to determine the nature of the emergency.
 - b. Provide the vendor and product information, including cost, if available. Quotes are preferred.
 - c. The Deputy Chief of Administration shall contact the Purchasing Manager or designee and explain the nature of the emergency. If an emergency situation is agreed upon, an emergency purchase order will be generated upon input of a J.D. Edwards system requisition (OR) and forwarding of the Emergency Purchasing Data Sheet form with other available documentation to the Purchasing Division. Purchasing may obtain additional price quotes prior to issuing a purchase order, if time and conditions permit.
 - d. After receiving the Purchase Order, the requestor may order the service/merchandise. When service has been completed/merchandise received, all

packing slips/invoices with receiving signature are to be given to the accounting staff for further processing.

2. After normal working hours, weekends and holidays:
 - a. Under a Local State of Emergency, major disasters and severe weather conditions are covered under the Seminole County Comprehensive Emergency Management Plan "CEMP".
 - b. Procedures for all other emergencies are as follows:
 1. Notify your immediate supervisor of the emergency situation immediately and the supervisor will advise the Deputy Chief of Administration.
 2. If an emergency is determined, the user Department Director shall have the authorization to authorize purchase orders not to exceed \$10,000. Should an emergency purchase exceed \$10,000, the Department Director or designee shall practice due diligence in obtaining quotes to ensure costs are kept to a minimum while ensuring that appropriate action is taken to procure the needed goods and/or services and ensure compliance with Purchasing Codes Section 220.14 and 220.41. Failure to anticipate normal needs or project deadline dates or a desire to expend excess remaining budgeted funds does not constitute an emergency.
 3. All pertinent information regarding the incident, the vendor used, and all costs involved must be turned in to the respective Department's Financial/Admin Office, following the incident. A purchase order will be generated upon input of a J.D. Edwards system requisition (OR) and forwarding of the Emergency Purchasing Data Sheet form with other available documentation to the Purchasing Division on the next business day following the date of purchase. When the Purchase Order is received, it shall be forwarded to the vendor.
 4. When service has been completed/merchandise received, all packing slips/invoices with receiving signature are to be given to the accounting staff for further processing.

Department Of Public Safety Section: Administration/
Business Office #00006

Title: Travel & Per Diem Reimbursement Requests



Controller: Mary Asbury
Origination Date: 9/91

Revision Date: 2/19/07

Approved by: _____ Effective Date: 2/19/07

DIVISIONS AFFECTED: All DPS Divisions & Sections

Purpose

To provide a standard and consistent procedure for requesting reimbursement for travel and per diem expenses within the Department of Public Safety.

Procedure

1. All travel must be authorized and approved by the appropriate agency head and funds must be available in the budget. This is accomplished by completing a travel request form (copy attached) and obtaining appropriate authorization to include verification of funds availability by the assigned analyst, prior to forwarding to the appropriate supervisor and/or division head for approval. A copy of the travel request form is attached.
2. Completed travel vouchers are to be forwarded to the requesting party's division head/supervisor for approval and signature prior to forwarding to the Director or designee for final approval and signature. **All reimbursable expenses must be reported on the approved travel voucher no more than two weeks after the end of the travel period.**
3. When processing the travel voucher, please indicate if a county vehicle will be utilized and record the BCC # of vehicle on the travel voucher.

DPS Standards/Guidelines:

1. Section 3A-40.015 Computation of Travel Time, Department of Banking and Finance – No allowance shall be made for meals when travel is confined to city and town of the official headquarters or immediate vicinity, except assignments of official business outside of the traveler's regular place of employment if travel expenses are approved.
2. The attached memorandum from Kevin Grace, County Manager, dated April 30, 2001, serves to further standardize the County's travel policies regarding when it is appropriate to expend County resources for an overnight stay associated with travel for County business. Reimbursement for overnight accommodations are permitted for those events and locations that are at

Title: Travel & Per Diem Reimbursement Requests

least 60 miles from your place of business, when approved by your Division Manager and Department Director and such is warranted by the time of the event or conference. Any event that does not meet this minimum travel distance will not be eligible for reimbursement. In addition, this 60-mile distance will also be used to define the local travel area for those employees who receive a monthly vehicle allowance. For any travel that extends outside of this local travel area, you may be reimbursed for travel expenses.

3. Meals shall be reimbursed, as provided below. Dollar limits exclude alcohol but may include tips up to 15%, if not included in the bill.

Meal allowances will only be authorized when travel is beyond Seminole and adjacent counties. Meals will not be reimbursed when attending a seminar or meeting in Orlando.

Meal allowances, as stated in the attached memo, are as follows:

- \$50.00 (with receipts) for a full travel day starting before 6:00 a.m. and extending beyond 8:00 p.m. with receipts (see meal allowances below).
 - For partial travel:
 - a. Breakfast – travel must begin prior to 6:00 a.m. and extend beyond 8:00 a.m. and not be provided free of charge (exception is made for Continental Breakfast which is not considered a meal). Reimbursement - \$6.00 without receipts - \$10.00 with receipts (including tax and tip).
 - b. Lunch – travel must begin prior to noon and extend beyond 2:00 p.m. and not be provided free of charge. Reimbursement - \$11.00 without receipts and \$13.00 with receipt (including tax and tip).
 - c. Dinner – travel must begin prior to 6:00 p.m. and extend beyond 8.00 p.m. and not be provided free of charge. Reimbursement - \$19.00 without receipts and \$27.00 with receipts (including tax and tip).
4. Calculation of mileage reimbursement for private vehicle use is in accordance with Department of Banking and Finance, Section 3A-40.014(4), **Travel reimbursement shall be allowed from official headquarters or home, whichever is the lesser distance.** This is in accordance with AGO 64-21. See attached Station to Station Mileage Chart or use Map Quest to compute mileage. Mileage is calculated at .485 cents per mile.
 5. Hotel reservations: **Pre-registration and County payment is encouraged for hotel reservations to ensure waiver of sales tax charges.** A copy of an individual's credit card statement must be provided with the travel voucher when used for payment of hotel charges. Please black out all personal charges. Individuals will be billed for taxes, since it is not paid for by the

Title: Travel & Per Diem Reimbursement Requests

County with exempt certificate. A credit card bill must be substantiated by receipts and attached with a full explanation of the charge provided on the travel voucher.

6. Other reimbursable expenses:
 - a. Registration Fees – receipt required
 - b. Tolls and Parking Fees – receipt required
 - c. Taxi Fares – receipt required
 - d. Business Telephone Charges – receipts and documentation required
 - e. Personal Calls – one call per day not to exceed \$5.00; receipt required
 - f. Airport Parking – receipt is required

7. A travel card program was implemented in November, 1998 for those individuals approved by the County Manager. Travel cards are to be administered and monitored by the Department Director's Office. The travel card should be used only by the individual assigned to that card and for expenditures incurred by that individual. The following items can be purchased through the utilization of the travel card:
 - a. Hotels/Motels
 - b. Gas
 - c. Food and Beverage (no alcohol)
 - d. Rental Car
 - e. Train Travel
 - f. Parking
 - g. Toll and Bridge Fees
 - h. Taxis/Buses

All airline tickets should be purchased through Seminole County's approved travel agent (see attached memo dated April 20, 2005 and Authorization Request form). The travel card should not be utilized for purchasing travel agency services or airline tickets, unless it is an emergency.

Department Of Public Safety Section: Administration /
Business Office #00009



Title: Order of Succession

Controller: Debbie Smith

Origination Date: 11/98

Revision Date: 10/05

Approved by:

Effective Date: 10/1/05

Divisions/Bureaus Affected: Administration
Animal Services
EMS/Fire/Rescue
Emergency Communications/E-911
EMS Performance Management
Emergency Management
Storage Tanks
Petroleum Clean-Up

Purpose

To establish the order of succession and designate those positions responsible for administrative, operational, and field activities within DPS during the Department Director's absence.

Short Term Absences (Defined as 1 to 3 days duration):

In the absence of a specific designation/assignment by the Department Director, the following order of succession will apply.

1. The Senior Coordinator reporting to the Department Director will be responsible for administrative matters.
2. The Chief of the EMS/Fire/Rescue Division will be responsible for overall department operations.
3. Should the Chief, EMS/Fire/Rescue Division, be on leave or unavailable, the Emergency Management Manager will assume responsibility for overall department operations and the Assistant Chief/Operations will assume command of all EMS/Fire/Rescue field and operational activities. In the absence of the Emergency Management Manager, the Manager of the Emergency Communications/E-9-1-1 Division will assume responsibility for overall department operations and the Assistant Chief/Operations will assume command of all EMS/Fire/Rescue field and operational activities. In the absence of the Manager, Emergency Communications/E-9-1-1 Division, the Animal Control Official will assume responsibility for overall department operations and the Assistant Chief/Operations will assume command of all EMS/Fire/Rescue field and operational activities. In the absence of the Assistant Chief/Operations, the Assistant Chief/Administration will assume command of all EMS/Fire/Rescue field and operational activities.

The Department Director may designate any one of the above positions to assume such duties for short term absences, if deemed necessary.

Extended Absences

- 1 The Senior Coordinator reporting to the Department Director will be responsible for administrative matters.
2. The DPS Director will designate one of the following Division Managers as Acting Director: the Chief, EMS/Fire/Rescue Division, Emergency Communications/E-9-1-1 Manager, the Manager, Emergency Management Division, or Animal Control Official. The Chief, EMS/Fire/Rescue Division, will maintain command of EMS/Fire/Rescue field/operational activities. In the absence of the Chief, EMS/Fire/Rescue Division, an Assistant Fire Chief will be responsible for command of EMS/Fire/Rescue field/operational activities.

Note:

- 1 Should the Senior Coordinator reporting to the Department Director be on leave or unavailable, the person designated as Acting Director will assume responsibility for administrative matters.
2. The individual designated in charge by operation of this policy shall notify the County Manager, as soon as possible, after assuming command.

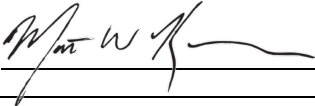


Title: Company Journal Entries / Review

Controller: Operations

Origination Date: 03/06/02

Revision Date: 7/2023

Approved by:  Effective Date: 8/7/2023

Purpose

To provide and maintain an adequate running log of daily activities occurring within the stations with regards to personnel, equipment, units, facilities, alarms and public interaction. It is realized that several of the daily activities have other means of tracking and that there may be duplicate methods of documenting a specific date, such as PSTrax and TeleStaff, however, it is the intent of the Department to maintain alignment with the State of Florida guidelines. The company journal shall be the official account for the date and will also serve as a notice to the next shift regarding the previous shift's activities.

History

The company journal is covered under the State of Florida General Records Schedule for Fire Departments (Schedule GS8) and is a standard form of tracking company and battalion activities. The Department's method of journaling will utilize the Station Journal feature on PSTrax.

Procedure

Battalion Chiefs and Station Lieutenants shall complete a company journal for their station/battalion each shift.

Battalion Chiefs and Station Lieutenants are responsible to ensure company journals are completed and submitted in SharePoint no later than 07:30 am at the end of the shift. It is not recommended that initiation of a company journal be delayed until the end of a shift. Entries after 07:30 am prior to shift changes shall be added prior to leaving the shift.

In the event that the computer system is down, the Battalion Chief or Station Lieutenant should document the company journal on a Microsoft Word format and enter the information when the computer system becomes available.

Items to be logged in the journal are listed below. This is a minimal list of the type of activities and not intended to exclude other appropriate entries. Each entry should give a brief description of what occurred. Journals should cover activity important for documentation as it relates to the operations of the Fire Department and be presented in a professional manner. It is beneficial to take special note of those items that might need to be passed on to the relieving shift.

Entries

1. **Shift:** A journal is required for every 24-hour shift and will include the designation of A, B, or C
2. **Date:** The date auto-populates. Any changes to the journal made after the shift's submission date shall automatically time stamped and visible in the journal archive. This will include the name of the individual making the entry and the actual date the entry was made regardless of the manual date entered.
3. **Staffing:** Names shall be entered in the following order starting with the OIC, driver, jump seat, additional riders (i.e. paramedic students).
4. **Pre-Fire Plans/Company Inspections:** This section shall contain a beginning time followed by the action taken (i.e. walk-through, scheduling, and data entry). A total of the time spent on company inspections, including actual inspections and time spent performing data entry shall be entered prior to journal submittal for the shift.
5. **Training:** This section shall begin with a start time followed by the type and location of training performed. All training hours shall also be documented in Vector Solutions.
6. **Visitors:** The visitor section shall begin with an arrival time of the visitor. This includes but not limited to media visits/inquiries, V.I.P. visits/inquiries, command staff visits, and citizens. A total time spent with visitors shall be entered prior to submitting the journal as complete for the shift.
7. **Unscheduled PR-Education:** This section is intended for incidents such as station tours that have not been scheduled on the master calendar. The section shall begin with a start time followed by type of action and location, including the address. A total time spent on PR-Education shall be entered prior to submitting the journal as complete for the shift.
8. **Facilities:** This section shall begin with a start time followed by the action taken. This includes any station maintenance and facilities request. A total of the time spent on facilities related activities shall be entered prior to submitting the journal as complete for the shift.
9. **General:** This section shall be used to document anything that does not fit in one of the additional company journal categories. Entries in the General section shall contain a start time followed by the information being documented. This includes but is not limited to new equipment received, new/updated procedures or guidelines received, station or operational supplies received, etc. A total of the time spent on General activities shall be entered prior to submitting the journal as complete for the shift.
10. **Loss/Damage Equipment:** This section shall begin with a start time and include any information used when completing a County loss/damage form. This section may include any BCC numbers, serial numbers, attached image files or anything identifying the loss or damaged equipment. A total of the time spent on loss/damage equipment shall be entered prior to submitting the journal as complete for the shift.
11. **Fleet:** This section shall begin with a start time and contain all pertinent information related to apparatus/maintenance and the equipment serviced by Fleet. This includes but is not limited to time spent changing into spare units for scheduled

- maintenance. A total of the time spent on Fleet issues shall be entered prior to submitting the journal as complete for the shift.
12. **Alarm Activities:** This section will not need to be populated on a daily basis. In the event of technological issues, or at the direction of the Fire Chief or his/her designee, daily alarm activity shall be documented. beginning with the time of alarm, responding units, type of alarm, address of alarm and full FR number.
 13. **Report Writing Time:** This section is a total of all time spent writing reports, evaluations, projects and any other report activity. A total time of the report writing activity shall be entered prior to submitting the journal as complete for the shift.
 14. **Blood Pressure Checks:** Total number for the shift and the corresponding times.
 15. **Citizen Sharps Container Exchanges:** Total number for the shift and the corresponding times.

Journal Review

Battalion Chiefs and Station Lieutenants shall review the company journal each shift to assure all information for the shift has been captured and is accurate for the following shifts. If a supervisor has permitted another shift member to enter journal information, a review shall be completed by the supervisor as it reinforces accuracy. Non-routine company journal information may need to be verbally passed on to the relieving Station Lieutenant.

At minimum, a review of journals that were completed the two previous days should be done to affirm awareness and consistency.



Title: On-Duty Use of Personal Communication Devices, Cameras, Videos, and Similar Devices

Controller: Operations

Origination Date: Dec. 2, 2002

Revision Date: 1/1/2023

Approved by: _____

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Effective Date: 2/14/2023

Purpose

To define rules for the use of personal cell phones, communication devices, photo or video cameras, audio recorders and other present or future similar devices capable of recording images by Fire Department members. To ensure any official recordings are in accordance with State law, in such a way that the privacy rights of Department personnel, patients, fire victims, and the public are preserved; that evidentiary concerns related to such images are protected; and the professional image of the Department is maintained.

History

The advent of various forms of electronic or digital capturing of images, video and/or audio, has created readily accessible data capturing devices that can impact the Department and its members in a variety of ways. Seminole County Fire Department (SCFD) recognizes the value of images, video and other forms of recording for purposes of documentation, training and evidence collection and understands the need to establish policies and procedures intended to mitigate the associated risks from unauthorized or inappropriate use of these types of technologies where possible.

Procedure

1. Definitions

- a. Images: photographs, digital photographs, digital images, video recordings, or electronic files containing a graphic image or series of images, as well as any digital reproductions or copies of such photographs, digital photographs, digital images, video recordings, or files.
- b. Digital imaging device: any device capable of producing a digital image, including but not limited to a digital camera or digital camcorder.
- c. Camera: Any device capable of capturing or recording still or video images for the purposes of eternalizing images for documentation, reproduction or dissemination.
- d. Cell Phone: Any portable, handheld or mobile device capable of two way communication via any type of wireless system including telephone systems, direct connect capabilities, two or multiple way walkie-talkie, push-to-talk radio, text or data transfer.
- e. Audio Recorder: Any device capable of capturing sounds or spoken word for the purposes of documentation, reproduction, playback and/or dissemination.

2. Personal Cell Phones and Communications Devices

- a. Personal cell phones and/or communication devices shall not be used during Fire Department official activities to include, but not limited to: incident responses, public relations details, active training activities, area or building familiarization,

- operating Fire Department apparatus, or Department approved activities identified by the Fire Chief or designee.
3. **Official Department Cell Phones and Communications Devices**
 - a. Official Department cell phones and/or communication devices shall be used as necessary during Fire Department official activities as long as these devices do not impede, delay or adversely impact emergency responses and operations.
 - i. Members are compelled to use these devices in a manner that does not affect incident operations and does not compromise his/her safety, the safety of the crew and/or public.
 - b. SCFD recognizes that Chief Officers and administrative staff are routinely required to conduct fire department business using cell phones and communications devices.
 - i. These members should limit the use of cell phones while operating Fire Department vehicles, especially during emergency responses. The use of hands-free technology is the preferred technology if the member must use these communications devices while driving.
 - c. Personal cell phones or communication devices shall not be used while on-duty for any outside business ventures.
 4. **Personal Cameras, Video, Audio or Similar Recording Devices**
 - a. Use of personal recording devices on-duty
 - i. Any images, depictions, audio or video recordings taken by on-duty members during the course of official duties **is considered an official Fire Department record and are the sole property of Seminole County Fire Department**, and are under the control of the Fire Chief or his/her designee.
 1. This specifically includes any images taken by an on-duty member with a non-department owned camera, cell phone camera, or any other film, electronic recorder or digital imaging device. Any member who inadvertently takes such an image shall report the fact immediately through the chain of command.
 - ii. Members are expressly prohibited from taking any images of another person in any location where a person **has a reasonable expectation of privacy**, including a bathroom, bedroom, locker room, changing area, or any other location where a reasonable person would believe that he or she could disrobe in privacy, without being concerned that his or her undressing was being photographed, filmed, or videotaped by another; or a place where one would reasonably expect to be safe from hostile intrusion or surveillance.
 - iii. The use of personal cameras, recording devices to capture images or video from the member's own family or friends during station visits or leisure activities is permitted as long as it does not conflict with official Fire Department activities as otherwise specified in this policy. Images or videos must not be seductive, provocative, inappropriate, distasteful, and offensive or in any way present a negative or detrimental image of the Department.
 - iv. Helmet Mounted digital cameras. The Department recognizes the value of actual on-scene footage for training and incident review purposes. Helmet mounted cameras will be allowed under the following stipulations:

1. Personnel wishing to utilize a helmet mounted camera must initiate a request via their chain of command to their assigned Battalion Chief. The Battalion Chief will have the option to approve or deny the request at his/her discretion.
 2. The camera must be manufactured specifically for Fire Department helmet mounted purposes. No homemade cameras, homemade camera mounts, or Go-Pro style cameras will be permitted. The camera cannot impede the normal use of the helmet or any of its features.
 3. The use or operation of the camera shall not cause any delay to the performance of any duties or tasks on the incident scene.
 4. The imagery captured by the helmet camera is subject to all of the same limitations, disclosure, and retention requirements contained in this Operations Bulletin.
- b. Use of devices on incident scenes while off-duty
 - i. Off-duty personnel who respond to incidents to which SCFD units respond, who are in uniform; are identifiable as members of this Department by virtue of the clothing they are wearing; or who utilize their credentials or identity as a member of this Department to access areas of the incident scene that are not open to the public, shall be required to comply with all of the requirements of this policy for any images they may take.
 - c. Handling and image preservation
 - i. Images, recordings, videos or similar captured in any type of media including film, digital or electronic data subject to this policy shall be downloaded from the personal device as soon as possible and surrendered to the Administration Assistant Chief or his/her designee.
 - d. Sharing or Distributing Images and Recordings
 - i. Prior to sharing, uploading, or distributing any images, video, or audio recordings, including person to person sharing as well as uploads to ANY social media platform personnel must receive approval from the Administration Deputy Chief or his/her designee.
- 5. Official Department Imaging and Incident Documentation**
- a. Use of Cameras and/or Video devices on-duty
 - i. On-scene photography/video taken by on-duty personnel shall be for incident documentation, evidentiary, training, investigation, and/or public relations purposes only, and taken by or with the approval of the Incident Commander in charge of the scene, using approved Department equipment, or as approved by the Fire Chief.
 1. Official Department cameras, video or other department owned recording devices shall not be used for personal purposes.
 - ii. The taking of imagery or video shall not interfere with nor delay operational activities, except to the extent that imagery of a fire's cause and origin investigation may require a momentary delay of overhaul operations.
 - iii. All photographs and video containing individually identifiable patient information shall be presumed to be covered by HIPAA and State privacy laws

and shall be protected in the same manner as patient care reports and medical documentation.

- b. Image preservation
 - i. All images, videos or recordings applicable in this policy must be retained in the original unedited form.
 - ii. Modifications or alterations to the original image utilizing any type of present or future image or data modification software to include, but not limited to: cropping, lighten, darken, exposure or contrast adjustment, etc. are not authorized except as specifically authorized by the Fire Chief or designee.
 - 1. Images or videos captured as evidence or for purposes of internal or external investigations shall never be altered.
 - 2. All photos must be retained in accordance with all applicable State and Federal records retention laws. This includes photos accidentally taken and the file names shall retain the original sequential numerical order as designated by the recording device at the time the image or video was captured.

6. Enforcement

- a. Members observed utilizing any of the devices covered in this policy while on-duty must consent to have the images, video or data captured inspected and any recordings obtained as described in this policy surrendered to the Department. Failure to permit the inspection of the personal device in this context may result in disciplinary action.
- b. The Department will strictly enforce the policies contained herein in accordance with the most current discipline policies in place whenever a violation is discovered.

**Title: Special Events/Standby Request**

Controller: PJ Ritchey
Origination Date: 7/1/03

Revision Date:

Approved by: _____ Effective Date: _____

Purpose

Seminole County Fire Department regularly receives requests for information and services regarding stand-by services for various events. This bulletin is intended to provide decision making guidance in how to direct these requests.

Procedure**Stand By Requests**

- Those requesting service will be instructed to complete the Seminole County Fire Department Service Request Form. This form can be faxed, mailed, or if available, completed on line.
- Completed request forms will be forwarded to the Public Education/Information Office.
- Completed requests shall be reviewed and appropriate referrals made.
- If a particular shift is affected or overtime must be arranged due to a request, the Public Education/Information Office will notify the appropriate Division Chief.

Referral Processing

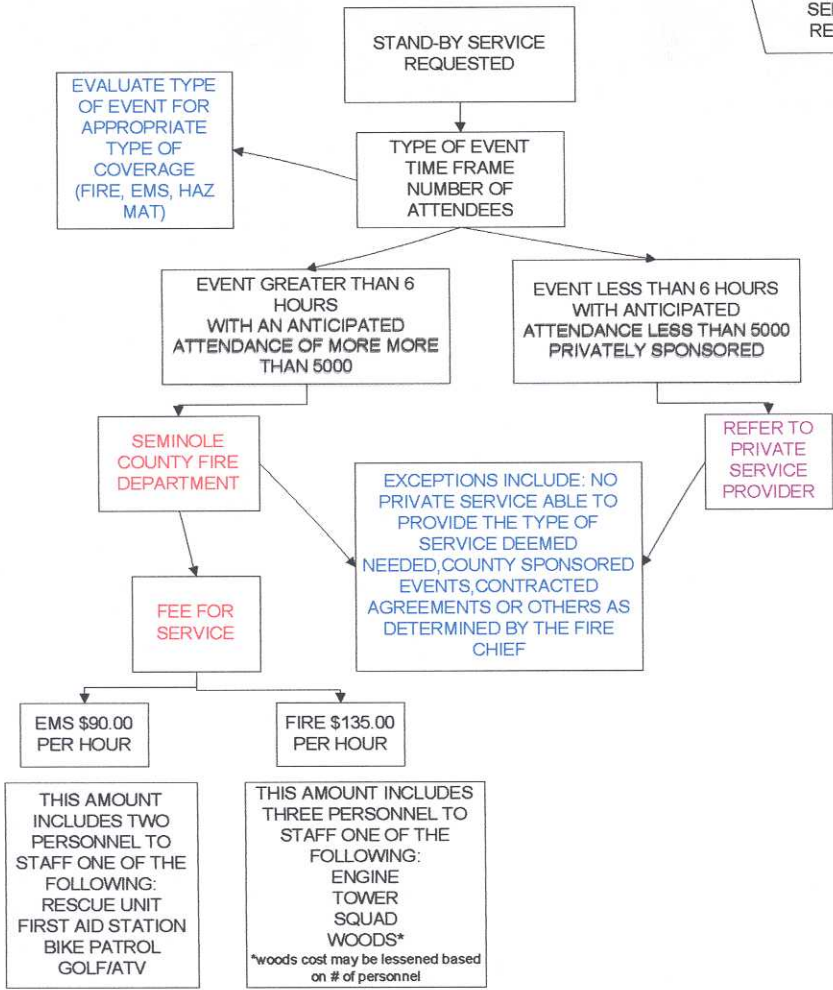
- Referral will be processed in accordance with the decision chart for stand by service requests.
- Seminole County has an interlocal agreement with the City of Altamonte which identifies service provision for some events – service requests and notification must be requested prior to events.

Fee for Service

- Fees may be applied for service based on the criteria in the decision chart for stand-by service requests.
- Prior to providing services for a fee, an estimated cost will be provided to the requesting party and invoicing information received.
- The fire chief, or designee, will have final approval prior to providing a fee for service type stand-by.

This operations bulletin includes the decision flow chart for stand-by service requests and the Seminole County Fire Department Request for Services Form. The department reserves the right not to provide stand by services based on department operational needs and availability.

DECISION
PROCESS CHART
FOR STAND-BY
SERVICES
REQUEST



RATES ARE CONSERVATIVE AND IN LINE WITH FEDERAL ALLOWANCES, PERSONNEL RATES BASED ON CURRENT COST



Seminole County Fire Department Unit Standby Request Form

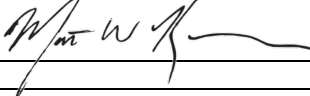
Organization/Municipality requesting standby		Date request made	
Type of event <input type="checkbox"/> Sporting (ski, boating, races, etc.) Please Explain: <input type="checkbox"/> Arts/Music (concert, art festival, etc.) _____ <input type="checkbox"/> Other (Fireworks, Halloween, etc.) _____ City sponsored event: Yes / No (please circle)			
Location of Event		Date of event	
Invoicing Information:		Contact #'s Office: Cell : Pager:	
Crowd Expectation		Time (start to finish)	
Type of standby <input type="checkbox"/> Fire Engine <input type="checkbox"/> Rescue <input type="checkbox"/> Bike Team <input type="checkbox"/> All terrain unit (four wheel) <input type="checkbox"/> Brush truck <input type="checkbox"/> Aerial		Cost Quote (if applicable) # of hours _____ type of unit _____ Total	
Referred to: SCFD _____ Private Service _____ Other _____ Div Chief _____ Fire Chief Approval _____ Date _____			
Please forward all requests to the Public Information/Education (PIO-1) for approval/referral.			



Title: Post Incident Analysis

Controller: Administration
Origination Date: 3/1/2004

Revision Date: 2/2/2023

Approved by:  Effective Date: 6/20/23

Purpose

To ensure that a standard approach of analyzing alarms is used by Seminole County Fire Department. Analysis of major and/or significant incidents provides an opportunity to review the effectiveness of actions and procedures in their application during actual incidents. It is also an opportunity to review the overall quality of the services provided to the customers at the incident. This review is extremely valuable in improving procedures and incident operations.

History

Each incident the fire department responds to presents its own set of circumstances. These experiences present valuable learning opportunities and the use of this analysis process will enhance the department's ability to better serve the community.

Procedure

Implementation

A post-incident analysis process will be utilized to assess operational compliance on significant alarms. The process may be implemented by request of responding personnel at the Lieutenant level or above, or as deemed needed by command staff.

Post Incident Analysis Board or Team Responsibilities

- Produce a drawing of the incident layout and other details needed for the critique.
- Provide observations related to the actions of companies.
- Provide tape of alarm radio traffic.

Company Officer responsibilities:

Company officers have a duty to review each alarm and provide improvements to crew efficiency. Incident analysis on alarms allows crewmembers to validate training and improve individual skills. Informal analysis should cover individual company duties up to and including the establishment of command.

Battalion Chief Responsibilities:

Battalion Chiefs have the duty to review significant alarms and provide improvements for crew efficiency. Incident analysis of alarms allows units to validate training and improve multi-company skills. The use of informal and formal analysis should cover company duties as defined in the current IMS and Department Operational Guidelines review of multi-company incidents will further enhance cohesive response efficiency.

Post-Incident Analysis Levels

Level 1—Company Level

The post-incident analysis conducted on-site, prior to departing the scene. This is initiated by command or the company officer and will be brief and informal.

Level 2—Battalion Level

Informal—this action is initiated by the company officer or the Battalion Chief. This may only involve the initial units on the scene to validate individual actions.

Formal--This level is initiated and organized by the Battalion Chief. This will require scheduled assembly of the necessary companies as soon as reasonable after the incident. This is a structured review. The Battalion Chief completes the analysis form and coordinates with Training to deliver the critique.

Level 3—Department Operations Level

This level is initiated by the shift Assistant Chief, the Operations Chief, the Fire Chief, or the Department Director. This level is the direct result of a major alarm of long duration, significant loss of life, or catastrophic event. This process will be primarily directed at the command staff level to review and improve operational efficiency. The impact of this level will result in validation of or identify changes needed in department policy, culture, and /or training procedures.

Post-Incident Analysis Development Procedures:

Since all alarms involve multiple areas of the organization to one degree or another the level of preparation will vary. Simple alarms will only require the company officer or Battalion Chief to conduct a Level One or Level Two informal critique. However, as the levels increase the packet preparation process becomes more complex. To ensure that the completion of the packet is presented properly the affected Assistant Chief will review the material. This packet will be prepared and delivered to the Assistant Chief within ten calendar days of the event. The contents of the packet will be as follows:

1. Incident type—fire, special operations, major EMS
2. Incident diagrams, photos, and layout of the scene.
3. Incident actions, tactics of on-scene units
4. Recorded Communications of the alarm—phone, and radio traffic
5. Summary of communications unit response times
6. Available video from on-scene sources—(media, private citizens, etc.)
7. Copies of accident/injury documents relating to the incident.
8. List of units on alarm
9. Operational assignments
10. Event timeline

11. Summary of investigation report—(State Fire Marshall)
12. Lessons Learned

Each alarm will have different needs for information collection. Listed below are the items that may/will apply to specific nature alarms:

Emergency Medical Alarms

- a. Patient distribution by hospital, number of patients, triage category on-site, and hospital priority.
- b. Summary of triage system effectiveness and accuracy of patient follow-up.
- c. Decontamination of personnel or patients, exposures
- d. Lessons learned on the incident.

Special Operations – (Hazmat, confined space/high angle, structural collapse/entrapments)

- a. summary of site operations
- b. overview of primary hazards
- c. cleanup operations
- d. lessons learned

Air Operations

- a. summary of primary mission
- b. use of special tools---short haul, bambi bucket, night sun
- c. operational tactics ---safety events
- d. lessons learned

Scheduling

Company and informal level one incident analysis should be completed on the day of the event or on the next scheduled shift. Those alarms that require multi-company assembly will be coordinated with the affected shift Assistant Chief and the Training Section. These reviews will be inclusive of the Chief of Operations to ensure proper facilitation of lessons learned for application to the enhancement of overall operations.

Post-Incident Analysis Format

To provide consistency in the critique process, the officer serving as the lead should follow the standard format outlined in attachment A for fire events, attachment B for EMS alarms, and attachment C for special operations. (See Attachments)

Post-Incident Analysis Summary

The affected Battalion will create a written summary to include:

1. summary of event
2. lessons learned
3. recommended policy changes

This summary should be completed within two shifts of the analysis. The summary will be forwarded to the office of the Operations Chief for inclusion in the major incident history file.

Post-Incident Analysis Questions --Fires

Intro

1. Rules of engagement-----be nice, learn and be specific
2. Review the general incident overview

Building type and layout

3. Overhead

Dispatch and tape

4. Play tape----
5. Listen to caller information

Site Operations

6. Size up decisions
7. Strategy action plan
8. Offensive –defensive decisions
9. Sector assignments and operations
10. Apparatus placement
11. Attack line selection & positioning
12. Ventilation
13. Operational control

Rescue

14. Entrapments
15. Special circumstances
16. Specific Challenges

Staging

17. Levels
18. Staging location appropriate

Communications

19. Dispatch
20. On scene reports
21. Did command receive adequate, accurate, and timely information?

Support functions

22. Rehab

23. PIO
24. Water supply?

Safety

25. Discuss safety aspects of the incident

Accountability

26. Discuss fire ground accountability
27. Was accountability accurate
28. Clarify accountability benchmarks....

Investigation Update

29. State Fire Marshall.

Post Incident Analysis Questions --EMS

Intro

1. Rules of engagement-----be nice, learn and be specific
2. Review general incident overview

Incident type and layout

3. MCI type
4. Overhead/graphic display

Dispatch and tape

5. Play tape----
6. Listen to caller information

Site Operations

7. Size up decisions
8. Strategy action plan
9. Major decisions
10. Division/Group assignments and operations
11. Apparatus placement
12. Task selection & positioning of personnel
13. Triage, Treatment, Transport
14. Operational control

Rescue

15. Entrapment
16. Confined patients
17. Specific Challenges

Staging

18. Levels
19. Staging location appropriate

Communications

20. Dispatch
21. On scene reports
22. Did command receive adequate, accurate, and timely information?

Support functions

23. Rehab
24. PIO
25. Logistics

Safety

26. Discuss safety aspects of the incident

Accountability

27. Discuss incident accountability occur
28. Was accountability accurate
29. Clarify accountability benchmarks....

Investigation Update

30. Interface with investigation authority

Post Incident Analysis Questions –Special Operations

Intro

1. Rules of engagement-----be nice, learn and be specific
2. Review general incident overview

Incident type and layout

3. Overview of incident

Dispatch and tape

4. Play tape----
5. Listen to caller information

Site Operations

6. Size up decisions ---Risk/benefit analysis
7. Strategy action plan
8. Major decisions
9. Group assignments and operations
10. Apparatus placement
11. Selection & positioning of equipment & personnel

- 12. Ventilation
- 13. Operational control

Rescue

- 14. Entrapments
- 15. Special circumstances
- 16. Specific Challenges

Staging

- 17. Levels
- 18. Staging location appropriate

Communications

- 19. Dispatch
- 20. On-scene reports
- 21. Did command receive adequate, accurate, and timely information?

Support functions

- 22. Rehab
- 23. PIO
- 24. Resources & supplies

Safety

- 25. Discuss safety aspects of the incident
- 26. Atmosphere ---Toxic, Flammable, O2 levels
- 27. Protective gear
- 28. Lockout/tagout

Accountability

- 29. Discuss accountability
- 30. Was accountability accurate
- 31. Clarify accountability benchmarks....

Investigation Update

- 32. State Agencies
- 33. OSHA

I.R. # _____

Shift _____

Investigator State/City _____

By _____

OFFENSIVE-DEFENSIVE MARGINAL O/D
(Circle One)

Date _____ **Battalion** _____

WORKING FIRE-SMOKE CONDITION-OTHER
(Circle appropriate one)

Describe building/occupancy conditions on arrival and action taken

1st Unit- Attack- _____

Accountability- _____

Water Supply- _____

Describe the effectiveness of the operation

Describe special considerations for hazardous materials, rescue, welfare efforts, and injuries:

Describe salvage/overhaul operations

Describe the condition of the scene for the investigator/occupant

ITEMS REQUIRING ATTENTION

Procedures

Dispatch/Response

Apparatus

Training

Equipment

General Operations

Evaluations

Command

Protective Clothing

What operations would you change?

What operations worked well? Why?



Title: Building Lock Box and Gate Key System

Controller: Fire Prevention

Origination Date: May 20, 2004

Revision Date: 5/1/2023

Approved by:  Effective Date: 7/1/2023

Purpose

To establish guidelines for tracking, securing and operating Knox box and gate keys.

The purpose of Knox box and gate keys is to facilitate fire department emergency personnel to gain immediate access into secure sites, buildings, campuses, residences and commercial properties under emergency conditions without undue delay or unnecessary property damage.

Background

Experience shows that when fires or other related emergencies occur in unoccupied buildings, the Fire Department is faced with the challenge of gaining entry onto the property or into the structure to locate, confine, and extinguish the fire, or investigate the source of the emergency.

Entry into the structure in some cases must be made by force that is time-consuming, demands extra energy to be exerted by firefighting personnel, and may cause unnecessary property damage.

Authority

In accordance with the Florida Fire Prevention Code as adopted by F.S. 633.202, the AHJ shall have the authority to require key systems to facilitate fire department access through secured gates and/or structures.

Overview

This bulletin covers the procedures for key tracking and use while maintaining a high level of security. Mutual Aid Response and placing new boxes/switches in service are also detailed in this policy.

System Components

- Building Knox Box – manufacturer of these will be Knox for Seminole County Unincorporated and Supra for the City of Altamonte. These boxes are fixed to the building.
- Master Knox Box Key – these will be the keys carried by EMS/Fire/Rescue that provide access to the lock boxes. Some units will carry both a Knox Key and a

Supra Key for Altamonte locations. These keys will be kept in the combination apparatus lock boxes.

- Combination Apparatus Lock Box – these are the boxes on the apparatus designed for key storage/security.
- Gate Switch – this is a key switch installed on gates that allows SCFD access with a Knox Key.
- Gate Key – This is the key that activates the gate switch. This key is **not** the same key that opens building boxes.

Procedure

Key Security/Documentation

1. A single combination apparatus lock box shall be installed and maintained on all fire department engines, towers, rescues, squads, and Battalion Chief's vehicles. Additional boxes will be placed on all Fire Prevention vehicles and all Reserve Engines, Rescues and Battalion's vehicle.
2. Firefighters will be supplied the combination to the system and will be required to maintain adequate security of that combination.
3. The station Lieutenant (or designated ride-up/officer in charge) shall visually account for the apparatus key box contents and its associated keys on a daily basis when completing the morning apparatus check. Key status of all master box (Knox or Supra for Altamonte) and gate keys will be logged in the daily journal. All keys will be maintained on a single department issued key ring and have a unique number for identification on each key as well as the ring. Use these numbers when making journal entries. The issued ring will have the departments name and mailing address printed on an attaching tag.
4. Discrepancies found shall be reported and investigated immediately with the situation thoroughly documented in the station Daily Log. Once a resolution is secured, this will additionally be documented in the Daily Log.

*Note – In the event a key is found to be missing/unaccounted for, immediate notification to the Fire Marshal and the appropriate Division Chief as directed. Logs will be reviewed to determine key status.

5. The Fire Marshal shall perform (or have performed) a semi-annual security audit and have such documented in each of the Daily Logs. The audit shall be a physical and visual check to attest that the security was intact with the appropriate keys contained in the combination apparatus lock box.

6. Upon emergencies when the Building Knox Box or Gate Switch is utilized, the building key box and/or gate switch will be re-secured with the building keys placed back inside the box as previously found. The building box key and/or gate key that was utilized will be placed back into the apparatus Master Key Box. Upon arrival, back at the station the Lieutenant or Officer in charge will document the use of the key(s), replacement of keys back into the building box, and the replacement of key(s) back into the apparatus combination apparatus lock box in the Daily Log. A notation will also be made on the incident report any time a Knox Box or Gate key is utilized to gain access.
7. Should building keys be found defective or inoperable, return the building keys to the lock box, secure the box and document such failure on the Incident Report. Document all actions and disposition on the Daily Log and notify the Fire Prevention Division via Problem Places in Share Point for follow-up action with the respective building owner.
8. For firefighter awareness purposes, some buildings (at the direct request of the owner/occupant) may have a sticker (decal) on the front business door that is **RED** in color with the words "**RAPID ENTRY EQUIPPED**". If used, these decals would be affixed to the doorways or windows that might be most likely forced during an emergency. If a decal is not visible, do not assume that there is no rapid entry system in use. The emergency personnel's own familiarity of their assigned response zones will remain the best indicator for the existence and location of the system.
9. When changing out apparatus, these keys must be transferred and logged in the daily journal. Keys will not be maintained on spare apparatus. Spare apparatus will have a combination apparatus lock box.
10. When a unit is permanently placed out of service, the combination apparatus box is to be removed for future re-installment.
11. All keys issued to apparatus will be tracked by the Fire Prevention Division.

Strict compliance with the established guidelines and procedures are critical to program integrity and public trust confidence. Substantiated neglect, carelessness or misuse may result in formal discipline. Willful misuse of the system will be considered a major offense and could result in termination and criminal investigation. Questions or clarifications on this program should be directed to the designated Program Manager.

Program Management – this program is managed by the Fire Prevention Division. Notifications/Questions to be forwarded via COC to the Fire Marshal or a designated person appointed by the Fire Marshal.

Mutual Response Areas

All City municipalities have provided SCFD key access to aid in gaining entry into structures that are provided with a Building Knox Box outside Unincorporated Seminole County. This is to be utilized within a Mutual Response Area outside SCFD limits in order to provide the most efficient services to the citizens of the County and Cities.

If a County unit is dispatched as a single engine and requiring access to a City Knox Box, the OIC shall contact their Battalion Chief or a subsequent Battalion Chief (based on availability) for the required City key.

Keys for all City municipalities are issued as followed:**B1: Sanford, Lake Mary, Longwood, Altamonte Supra****B2: Oviedo, Lake Mary, Longwood, Altamonte Supra****B3: Sanford, Lake Mary, Longwood****B4: Sanford, Oviedo, Lake Mary, Longwood****Placing New Boxes In-Service**

1. Once a business has installed a box, they are instructed to contact 407-665-7422 to request an appointment for placing the box in service. The Fire Prevention Division will be notified of the request and assign the appropriate Fire Inspector for placing the box in service. Placing a box in service consists of making an appointment with the business, opening the box and allowing the business owner to place the keys inside.
2. A master listing of businesses that possess a Knox or Supra Box is maintained by the Fire Prevention Division.
3. Some businesses may make a request directly to station personnel for Knox Box and/or Gate Key Switch information. Personnel may recommend a box/switch as a result of an alarm response. In either case, gather the contact information and forward it to the Fire Prevention Division.

* Note – it is the responsibility of the Fire Prevention Division to handle Knox Box and Gate Switch initiation on new business/development meeting necessary criteria.

Example of Journal Entries:

- | | |
|-----------|--|
| 0800 | Knox business and gate key accounted for on daily vehicle check. |
| 1000-1100 | E35 I/S to 1700 Hwy 17-92 to assist XYZ Business with placing Knox box I/S |
| 1400 | E35 o/s, transferred into Reserve 04, Knox keys transferred. |
| 0315-0400 | E35, MFA, 1700 Hwy 17-92, Knox key used for access. |

**Title: Supplemental Education & Training**

Controller: J. C. Johnson

Origination Date: 4/30/04

Revision Date: 4/6/05

Approved by: 

Effective Date: 7/13/05

Purpose: To provide a path for employees to request supplemental training (college level courses, seminars, or intermediate fire training).

Procedure:**College Level Courses (General Studies)**

The County Educational Assistance Program can be found on the Intranet by accessing the Human Resources site. The site contains all of the procedures you must follow and the application form. These courses must be attended off-duty. This program is administered by Human Resources.

Fire/Emergency Services Courses (Degree Program)

- 1 Employee registers with the appropriate college for fire/emergency services courses.
2. Employee attends the class off-duty.
3. If the employee successfully completes the course the Fire Department will reimburse the cost of the registration 100 percent.
4. For reimbursement the employee shall submit a hard copy memo requesting reimbursement for the class. Attached to this memo shall be a copy showing successful completion, the registration, and proof of payment (copy of credit card statement, copy of cancelled check, or the receipt needs to indicate the payment was cash). This should be submitted to Fire Department Finance.
5. Books or other costs are not reimbursable.

Paramedic Program

- 1 A memo is sent by the Training Section to the field seeking individuals that are interested in the Fire Department sponsoring them for the Paramedic Program.
2. The employee sends a memo to the shift Division Chief requesting sponsorship into the program.
3. The Division Chiefs supply a recommendation list to the Training Section.
4. The Training Section:

- a. Meets with the employees to discuss what the Department takes care of and what the employee is responsible for.
 - b. Has the employee sign a contract for service with the County.
 - c. Is the point of contact for any EMT or paramedic student questions.
5. Fire Department finance prepares a letter authorizing payment, each term, for tuition and books.
6. The employee:
- a. Attends lectures off-duty.
 - b. Attends clinical and specialty classes on or off-duty.
 - c. Signs a contract that obligates the employee to two years of service as a paramedic after they become County certified.
 - d. Maintains a passing GPA and appropriate attendance.

Seminars

1. An individual interested in attending a seminar shall forward a request memo with a seminar brochure to the shift Division Chief. The memo shall contain what assistance the individual is looking for, e.g., registration reimbursement, time off, transportation, per diem, etc.
2. The shift Division Chief will assess the validity of the request and, if deemed appropriate, will determine if funds are available.
3. If the Division Chief determines the seminar is appropriate they shall determine how many personnel should attend and seek recommendations on attendance from the other Division Chiefs.
4. The Division Chief will fill out a Travel/Training Authorization Request Form that is located on the P drive and submit it to an Assistant Chief for approval.
5. The Assistant Chief will approve or deny the request.
6. If approved, the Division Chief will then:
 - a. Inform the selected employees that they have been approved for the seminar and what the Fire Department is going to cover and any stipulations.
 - b. If necessary, forward the completed Travel/Training Authorization Request Form to the appropriate approving authority for the designated travel request.
 - c. Submit the completed registration forms to Fire Department finance for processing.
 - d. If appropriate, ensure that overtime, transportation, and fuel card needs are arranged.
7. The attendees will:
 - a. Attend all portions of the seminar.
 - b. Fill out and submit a travel voucher with appropriate receipts promptly upon return.
 - c. Turn in any fuel cards and receipts to Public Safety finance.
 - d. Turn in a copy of the certificate to the Training Section.
 - e. Share any pertinent information with Department personnel.

**Intermediate Fire Classes
(Rope Rescue, Confined Space, Search & Rescue, Etc...)**

These classes are normally arranged through Seminole Community College, Lake County VoTech, or the Central Florida Fire Academy.

An individual interested in attending an intermediate fire training class shall forward a request memo to the shift Division Chief. The memo shall contain what assistance the individual is looking for, e.g., registration reimbursement, time off, transportation, etc.

2. The shift Division Chief will assess the validity of the request and if the class is appropriate will determine if funds are available.
3. If the Division Chief determines the class is appropriate, they shall determine how many personnel should attend and seek recommendations on attendance from the other Division Chiefs.
4. The Division Chief will fill out a Travel/Training Authorization Request Form that is located on the P drive and submit it to an Assistant Chief for approval.
5. The Assistant Chief will recommend or deny the request, and forward for Fire Chief's signature..
6. If approved, the Division Chief will then:
 - a. Inform the selected employees that they have been approved for the seminar and what the Fire Department is going to cover and any stipulations.
 - b. If appropriate, ensure that overtime and transportation needs are arranged.
 - c. If necessary, forward the completed Travel/Training Authorization Request Form to the appropriate approving authority for the designated travel request.
7. The attendees will:
 - a. Submit the registration and pay for the class.
 - b. Attend all portions of the class.
 - c. Submit a hard copy memo requesting reimbursement for the class. Attach to this memo a copy of the class certificate, the registration, and proof of payment (copy of credit card statement, copy of the cancelled check, or the receipt needs to indicate the payment was cash). This should be submitted to Fire Department finance.
 - d. Turn in a copy of the class certificate to the Training Section.
 - e. Share any pertinent information with Department personnel.

Special Hazards & Operations Team Classes/Seminars

When a training opportunity arises the information will be forwarded to the SHOT Training Lieutenant.

2. The SHOT Training Lieutenant will discuss the opportunity with the Special Hazards Battalion Chief to determine if a Travel/Training Authorization Request Form should be filled out.
3. If approved by the SHOT BC, the SHOT Training Lieutenant will:
 - a. Get a list of attendees.
 - b. Fill out a Travel/Training Authorization Request Form located on the P drive and submit it to the Assistant Chief – Special Ops./Training.
4. If approved by the Assistant Chief, the SHOT Training Lieutenant will:
 - a. Inform the attendees and their shift BC's and DC's of their approval to attend.
 - b. Determine if the registration fees will be handled upfront by the Fire Department, or if the attendee must front the cost.
 - c. Ensure that the registrations are submitted and that slots are available.
 - d. Ensure that the Travel/Training Authorization Request Form is completed and forwarded, appropriately.
 - e. Make arrangements for any specialty needs such as transportation, fuel cards, equipment, etc.
5. The attendees will:
 - a. Submit the registration and pay for the course, if required.
 - b. Attend all portions of the seminar.
 - c. If appropriate, submit a hard copy memo requesting reimbursement for the class. Attach to this memo a copy of the class certificate, the registration, and proof of payment (copy of the credit card statement, copy of the cancelled check, or the receipt needs to indicate the payment was cash).
 - d. If appropriate, fill out and submit a travel voucher with appropriate receipts promptly upon return.
 - e. Turn in any fuel cards and receipts to finance.
 - f. Turn in a copy of the certificate to the Training Section.
 - g. Share any pertinent information with Department personnel.

CONDITION FOR PARAMEDIC EDUCATION PROGRAM

I, _____, declare that I have voluntarily enrolled in the 2004/2005 Paramedic Program. I agree to the following conditions, in conjunction with the 2004/2005 Paramedic Program presented by Seminole Community College, sponsored by the EMS/Fire/Rescue Division of the Seminole County Department of Public Safety, and to be conducted at Seminole Community College:

Attendance of ninety percent (90%) of the Program

2. To maintain a grade point average of eighty percent (80%) or better on all tests and quizzes combined.
3. In the event of my voluntary withdrawal and/or failure, as defined in Item 2, from the Program, I will remunerate the Seminole County Board of County Commissioners the total amount of my tuition, fees and other expenses paid by the EMS/Fire/Rescue Division for my enrollment and participation in the Program. Such repayment shall be made in full within ninety (90) days of my voluntary withdrawal or failure to complete the Program in accordance with this agreement. I understand that upon my request, the EMS/Fire/Rescue Division may authorize repayment of three (3) equal installments due at intervals of thirty (30) days, sixty (60) days, and ninety (90) days. I understand that a failure to comply with the terms of repayment may result in my termination of employment.
4. I further agree to remain in the employment of the EMS/Fire/Rescue Division and obtain and retain the paramedic status, as defined under the guidelines of the Medical Quality Assurance and Education Section of the Department of Public Safety, for two (2) calendar years from the time of receipt of County Certification. If not, I will remunerate in full, to the Board of County Commissioners, all expenses incurred during the course of the Program.

CONDITION FOR PARAMEDIC EDUCATION PROGRAM

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5. I understand that due to the voluntary nature of this program, I shall NOT be subject to compensation for classes and/or study hours outside of my regular scheduled duty hours.

The Director of Public Safety will evaluate, on a case-by-case basis, exceptions for reimbursement requirements under Items 2 and 3 above.

I have read the above and have signed this agreement voluntarily and concur with the points as listed above.

Signature

Witness

Date

Date

Sworn to and subscribed before me this _____ day of _____ 2004.

Notary Public, State of Florida

My Commission Expires _____

Personally know _____

Produced Identification of _____

Seminole County Government
Travel/Training Authorization Request Form

Name: _____

Position: _____ Department: _____

Event: _____

Dates: _____ Destination: _____

Purpose/Benefit to County (Attach brochure describing conference, seminar, workshop, training, etc.):
Registration Deadline: _____

Method of Travel: County Vehicle Personal Vehicle
Commercial Air Riding with: _____ Other: _____

Estimated Cost of Registration:
Per Diem: _____ Travel: _____
Hotel: _____ Other: _____
(needed personnel coverage)
Estimated Total Cost: \$ _____

Are funds budgeted and available: Yes No (If no, please identify
funding source; Need Director's
approval): _____

Employee Signature/Date: _____

In-State Travel (Div. Mngr. approval): Out of State Travel (Director's approval):

Special destination travel (County Manager's approval)

Assistant Chief/Date: _____ Approved Denied

Division Manager/Date: _____ Approved Denied

Department Director/Date: _____ Approved Denied

County Manager/Date: _____ Approved Denied

Section: Administration

**Title: Incident Analysis of Significant Safety Violations**

Controller: Administration

Origination Date: 01/1/05

Revision Date: 02/18/21

Approved by: _____

Effective Date: 3/20/21**Purpose**

To establish a standard guideline for Fire Department supervisors to evaluate significant safety violations. The use of this procedure will validate the needed corrective measures required to prevent future accidents or injuries.

History

It has long been the practice to evaluate the effects of injuries or accidents involving emergency service personnel. The focus is to prevent similar situations from causing injury, permanent disability, or unnecessary damage to apparatus and equipment.

Overview

It is extremely important to have a plan for the proper analysis of safety incidents that occur during training and operational assignments. This guideline will be implemented each time a significant injury/accident occurs. A thorough investigation may be necessary and it will require both time and effort. It is important to discover, identify, research, and fully document every compromising, or potentially compromising factor. The investigation should focus on factual information. Recording the facts of what happened, the factors involved and the determination of appropriate corrective actions is essential. Different accounts will be presented from witnesses and individuals. These facts will require follow-up to determine precisely what happened.

Proper documentation will be required. All forms of documentation will be included, as necessary, in each situation. These may include printed forms, photos, diagrams, and even video, if available. It will be necessary for a final document to be produced and appropriate adjustments in policies and operational guidelines will be made. The primary objective of this guideline will be to prevent a similar situation from occurring in the future.

Additional objectives include:

1. Determine the direct and indirect factors that caused the injury/accident. These factors will be reviewed in order to prevent future occurrences of a similar nature, including:
 - a. Identify inadequacies involving equipment, protective equipment, procedures, supervision, training or performance.
 - b. Identify situations that may involve unacceptable risk.
 - c. Identify unknown or unanticipated hazards.
 - d. Identify corrective actions that must be taken to address the injury/accident.
2. Ensure those lessons learned are communicated, to prevent similar events. (Policy changes, memos, etc.)

3. Identify potential areas of negligence that could result in disciplinary action.
4. Ensure that the incident and all related events are fully documented and evidence is preserved, to provide for additional investigation or legal actions at a later date.
5. Provide factual information to assist those involved who are trying to understand the events they experienced.
6. Provide information to other individuals and organizations that are involved in fire service safety and health.

Procedure

When a significant injury/accident occurs during training or operations, the first priority will be to render immediate care as required. Immediately following the delivery of care to the injured party, key actions will be required. Items that will be included in the decision-making process are:

1. Safety standards compromised.
2. Degree of injury sustained (minor, moderate, severe, death).
3. Ability to cease operation without compromising service delivery.
4. Equipment will be assessed for service ability.

Immediate actions or decisions needed include:

1. Isolate the scene.
2. Notify the on-duty Assistant Chief. If the on-duty Assistant Chief is not available, the Operations Chief or designee will be contacted.

Assistant Chief will be responsible for:

- a. Notifying appropriate senior staff and the Fire Chief, who will determine the level of implementation and makeup of the Incident Review Committee.
- b. Termination of all subsequent activity of like nature until the review is completed.
- c. Impounding the affected equipment.
- d. Obtaining statements from all parties involved.
- e. Taking early photographs of the scene.

Investigative Procedures

The Fire Chief and senior staff will determine/appoint members to a formal internal/external Incident Review Committee, as needed. A senior member of the Fire Department will serve as the chairperson of the committee. The Committee will be responsible to:

1. Determine the scope of the investigation.
2. Select investigators with specific task assignments.
3. Complete documentation of the condition of affected safety equipment.
4. Check compliance with normal operations procedures.
5. Record the events that preceded the event.
6. Visit and inspect the accident site.
7. Photograph the scene and equipment as needed.
8. Identify witnesses and begin recording statements.

9. Determine
 - a. What was not normal before the accident.
 - b. Where the abnormality occurred.
 - c. When it was first noticed.
 - d. How it occurred.
10. Examine physical evidence.
11. Research documents applicable to the event (Operations Bulletins, policies, protocols, NFPA Standards, OSHA Standards).
12. Talk to industry/field experts relating to the specific nature of the incident.
13. Complete a final summary report, including the recommended actions to prevent a recurrence.

The time lines for each investigation will vary. The final report will be reviewed by the Fire Chief and distributed as directed. Master copy of the final report will be kept on file in the Fire Chief's Office.

Report of Investigation

As noted, the accident investigation is not completed until a report is prepared and submitted to the proper authorities. The following outline has been found especially useful in developing the information to be included in the formal report:

1. Background information
 - a. Where and when accident occurred
 - b. Who and what were involved
 - c. Operating personnel and other witnesses
2. Account of the accident (What Happened)
 - a. Sequence of events
 - b. Extent of damage
 - c. Accident type
3. Discussion (Analysis of the Accident—How and Why)
 - a. Direct causes
 - b. Indirect causes
4. Recommendations (to prevent a recurrence) for immediate and long-range action to remedy:
 - a. Basic causes
 - b. Indirect causes

Considerations

In general, experienced personnel should conduct interviews.

In conducting interviews, the team should:

1. Appoint a speaker for the group.
2. Get preliminary statements as soon as possible from all witnesses.
3. Create a list of questions for each witness to insure consistency.
4. Explain the purpose of the investigation.



Title: Hiring Process for Firefighter Position

Controller: Planning and Resource Management

Origination Date: 8/12/05

Revision Date: 1/28/21

Approved by: _____

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Effective Date: 2/20/21

Purpose

To establish procedures associated with the posting and hiring process of a firefighter or firefighter/paramedic position.

History

The Fire Department initiates an application process for hiring firefighters and firefighter/paramedics whenever vacant positions exist.

Procedure

1. **Vacancies** - Determine how many vacancies there are to be filled, including the name of the separated employee(s) and the position ID used by Human Resources (HR). If it is a newly acquired position, include the date approved by the Board of County Commissioners and a position ID from HR.
2. **Target Dates** - Determine date(s) for each step below and forward to appropriate personnel:
 - a. Job Posting Period (open-close)
 - b. Physical Agility & Skills Assessment
 - c. Interviews
 - d. Pre-employment Physicals
 - e. Start of Orientation Training (complete orientation program)
 - f. Start of Shift Assignment
3. **Documentation to Human Resources**
 - a. Requisition - Complete a requisition in NEOGOV, if necessary, through chain of command.
 - b. Job posting wording - If necessary, have HR update the job posting in NEOGOV.
 - c. Firefighter Applicant Checklist - Confirm that the current applicant checklist is accurate and linked correctly in the job posting in NEOGOV.
4. **Fire & EMS Skills Assessment** - NEOGOV will notify applicants of the dates and times of the Fire & EMS Skills Assessment and applicants can choose from the available date/times to schedule their assessment. All testing will be administered at the Seminole County Fire/EMS Training Center.
5. **Driver License Checks** - HR will process all driving records for violations or suspensions.
6. **Schedule of Interviews** - The number of candidates interviewed will be based on the Department's needs. Those selected to be interviewed will be e-mailed once the

- interview schedule has been set up in NEOGOV. Applicants can then select and schedule their interview times.
7. **Results of Interviews** - After the interviews are completed, those who are selected will be notified by phone by HR. Those who are not selected will receive an e-mail notifying them that they have not been selected.
 8. **Selected Applicants** - Selected applicants will be called by HR and given a conditional job offer, pending a successful pre-employment physical (which includes a stress test and drug screening), and a criminal background check.
 9. **Pre-employment Physicals** – HR will schedule appointments for pre-employment physicals with the County contracted physician services for the anticipated number of employees being hired.
 10. **Uniform & Gear** - Selected applicants will be given a date/time to report to the Logistics facility to be fitted for uniforms and gear with the respective vendors.
 11. **Notice of Selection** – Fire Department staff will initiate the Notification of Selection forms through OnBase.
 12. **I.T. User Request Form** – Fire Department staff will submit the I.T. User Request Form for the new hires.
 13. **Software Administrator Notification** – Fire Department administrators for TeleStaff, ImageTrend and Target Solutions will be notified of new hires' personal information. This should include full name, address, phone number(s), date of birth, EMT or Paramedic and County issued Employee ID number. The ID numbers used in TeleStaff, ImageTrend and Target Solutions should be the same as the County-issued employee ID number.



Title: Reporting/Resolving Technological and System Errors

Controller: Planning/Technology

Origination Date: 12/4/05

Revision Date: 1/28/21

Approved by: _____

Effective Date: 12/28/21

Purpose

To establish a matrix for solving and reporting information technology emergencies at fire stations.

History

Many applications are critical to our operation and are expected to be available at all times. Most technical problems encountered at the fire station level are managed by Information Technologies. This has caused some confusion regarding who to notify and when.

Procedure

When an unexpected event renders a technology resource unavailable, someone should be notified and/or working to correct the problem. Immediate notification to your Battalion Chief is necessary when critical applications are not working.

To streamline the notification process for both critical and non-critical technical problems the following procedures have been established for fire station personnel.

PROBLEM ENCOUNTERED	PROCESS FOR RESOLUTION – FIRE STATION
CAD printer down	Make sure there is paper in the tray. If this is not the cause, unplug the power and network connection. Wait a couple of minutes and reconnect them. Problem not resolved, contact your Battalion Chief.
PC printer problem	Is there ink and paper in the printer? Try turning it off and then back on. Still not working, notify your Battalion Chief.
Scanner/Fax machine not working	Contact help desk 407-665-0311 (0700 to 1700) Notify your Battalion Chief.
Phones down	Contact help desk 407-665-0311 (0700 to 1700) Notify your Battalion Chief.
TeleStaff icon missing from desktop	Contact help desk 407-665-0311 (0700 to 1700) and use another computer.
TeleStaff won't open	Can you open the application at another work station? Yes – reboot the computer and see if you can access the application.

	No- if the problem is station wide and not resolved, contact your Battalion Chief. This is a mission critical application.
TeleStaff forgot password, can't make changes	Refer to shift resource personnel or contact your Battalion Chief.
Field Bridge won't open on the tablet	Confirm the application target is correct. Right click on the Field Bridge icon; select properties. Select the shortcut tab. The correct path is "C:\Program Files(x86)\ImageTrend\Field Bridge5\FieldBridgeApp.exe". If correct, contact the help desk 407-665-0311 (0700 to 1700). Contact your Battalion Chief for a spare unit. Fill out the MDT/EMS table damage/repair form. Print and submit with the unit for repairs.
Field Bridge report did not transfer	Did you attempt to post the call again? If not successful, contact ImageTrend at 888-469-7789 (0800 to 1800). From Field Bridge, in the Dashboard select Help/Support > View Error Log > and click Post Log. If after hours, include in your message, your name, your department name, your unit number, contact number, the date and time of the error you uploaded and that is has been posted. If there is no call back before the end of shift, advise the on-coming crewmembers that a call has been logged with ImageTrend, the time they were called and they should call back to assist. If ImageTrend does not return the call by 1700, they must notify the Battalion Chief.
MDT/EMS tablet not working	Contact the help desk 407-665-0311 (0700 to 1700). Contact your Battalion Chief for a spare unit. Fill out the MDT/EMS table damage/repair form. Print and submit with the unit for repairs.
Rescue Bridge won't open	Confirm the internet is working. If the internet is working, manually enter the web address: http://seminole.emsbridge.com . If still unable to connect, notify your Battalion Chief. This is a mission critical application.

Report did not transfer from CAD, report needs to be deleted. No reports are transferring from CAD.	Contact your Battalion Chief for assistance. If no reports are transferring, immediate notification is necessary.
Internet, not working	Is the problem isolated to one computer? Yes – reboot the computer. If you still cannot access the internet and the problem was isolated to one computer contact the help (0700 to 1700). No – station wide problem. Contact your Battalion Chief. This resource supports mission critical applications.
WebCAD, Target Solutions, Webstaff, Calendar – can't access	If you can't open other internet sites, reboot the computer. If the problem is not corrected, notify your Battalion Chief and use another computer. If no other computer is working follow process of "Internet, not working".
Statistical data requests	Request through your Battalion Chief

Once a notification has been elevated to the **Battalion Chief level**, the following procedures should be followed at this level.

PROBLEM ENCOUNTERED	PROCESS FOR RESOLUTION – BATTALION CHIEF
CAD printer down	Confirm the power and network plugs were disconnected and they waited a minute before reconnecting. Notify the help desk 407-665-0311 (0700 to 1700) and Communications Center after hours for the on call IS technician.
PC printer problem	Once they have confirmed there is ink & paper in the printer, and they have powered it off and back on again, call the help desk 407-665-0311 (0700 to 1700)
Scanner/Fax machine not working	Did the station notify the help desk?
Phones down	Notify the help desk 407-665-0311 (0700 to 1700) and Communications Center after hours for the on call IS technician.
TeleStaff icon missing from desktop	Did the station notify the help desk?
TeleStaff won't open	If not isolated to one computer/station, immediate notifications are necessary to bring the system back on line. Notify your Battalion Chief. If isolated to one computer

	notify, the help desk 407-665-0311 (0700 to 1700) and notify your Battalion Chief.
TeleStaff forgot password, can't make changes	Open TeleStaff, under Manage > select People > double click on the person's name. On the General tab locate the Password Tab and click the box for Default. Click OK. This will change the password to the default system 1234. Tell them to change their password once they log onto TeleStaff.
Field Bridge won't open on the tablet	If they have confirmed the application target, issue a spare unit. Make sure the unit is accompanied by the MDT/EMS tables repair form and turn into Information Services for repair.
Field Bride report did not transfer	Confirm that at least one additional attempt was made to post the call. Confirm they logged a call with ImageTrend and left the appropriate information: name, department, contact number, date and time of error. That the posted report did not transfer to Rescue Bridge. Notify your Division Chief and send the information to the ImageTrend Administrator.
MDT/EMS tablet not working	Issue a spare unit. Make sure the broken unit is accompanied by the MDT/EMS tables repair form and turn into Information Services for repair.
Rescue Bride, Internet not working	Did the station confirm the Internet was not working? Confirm the area affected, one station or multiple stations. Immediate notifications are necessary to bring the system back on the line. Notify the help desk 407-665-0311 (0700 to 1700). If after normal hours for the help desk, notify the Communications Center to notify the on-call IS technician and notify your Assistant Chief.
Report did not transfer from CAD	Confirm this is not system wide and it is limited to a single or few incidents. If transfers are down notify the help desk 407-665-0311 (0700 to 1700). After hours notify Communications to contact the on-call technician. To add the incident. In

	Rescue Bridge hover your mouse over the Incident Tab > select Add Run. Click NFIRS from CAD. The list of available calls to download will list. Find the call and select it for download will list. Find the call and select it for download. If not available in the CAD list after clicking Add Run, select NFIRS fire incident form. Enter the FR number and add one of the units from the call in the apparatus section. Advise the station they will have to add all other units and times related to the call. They can view WebCAD for this information.
WebCAD, Target Solutions, Webstaff, Calendar – can't access	These are all Web applicants. Make sure the Internet is working at the station. Did they reboot the computer? Are other computers in the station having the same problem? Notify the help desk 407-665-0311 (0700 to 1700). If this is affecting the entire station or multiple stations elevate the response and notify your Assistant Chief. If isolated to WebCAD notify Communications Center; isolated to the Calendar or Target Solutions, notify Professional standards. B25
Statistical data requests	Forward requests through your Assistant Chief.
Calendar	Professional Standards
How to correct errors on EMS/Fire reports	All corrections will be sent to users through a QA/QI note in ImageTrend. When messages are received, the Inbox located at the top of the Rescue Bridge screen near the user's name will display the number of messages in the user's inbox and the box will be red. All members have the ability to lock/unlock reports when a QA/QI note is received. Access the incident via the inbox.
Outlook	Call the help desk 407-665-0311 (0700 to 1700)
Target Solutions	Professional Standards
Telestaff usage questions	Contact the shift resource personnel, your Assistant Chief



Title: Clearing of Disciplinary Actions

Controller: Administration

Origination Date: January 11, 2007

Revision Date: 2/20/2023

Approved by:  Effective Date: 6/3/2023

Purpose

To clarify the procedure to properly remove a disciplinary action from an individual's personnel file, and still remain compliant with the addendum to the Bargaining Unit contract regarding disciplinary actions. This policy is to provide clear and concise instructions for clearing disciplinary actions, until such time as the Contract can be updated to address current County organizational structure and technological advances.

History

The addendum to the Bargaining Unit Contract regarding disciplinary actions was taken from the old personnel policies and procedures #400-009, which was in effect at the time the Contract was originally signed. The language is contrary to current titles and department names in referring to the Human Resources Division and does not take into account the advent of email communications.

Procedure

To have a disciplinary action cleared from your Division personnel file, that is eligible for removal according to Personnel Policies and Procedures 400-009-05, titled Clearing of Disciplinary Action Records:

1. Send a written request identifying the disciplinary action and requesting that it be cleared from your file. This request can be in a hard copy memorandum or an email format. Policy states it should be addressed to the Human Resources Manager, copied to the appointing authority (Assistant Chief), the Deputy Chief of Admin., the Fire Chief and the Payroll Staff Assistant for the Seminole County Fire Department.
2. If the request is in compliance with the policy, the Payroll Staff Assistant will remove the disciplinary action(s) from the Fire Division's file, and forward same to Human Resources along with the written request.
3. The personnel records custodian in Human Resources would then be responsible for following appropriate procedures for removing the document(s) from the employee's file in Human Resources.



Title: Employee Injury Reporting

Controller: Administration

Origination Date: 4/12/06

Revision Date: 2/1/2023

Approved by: _____

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Effective Date: 2/14/2023

Purpose

For the proper inquiry and submission of reports for on the job injuries and to ensure proper medical treatment is rendered.

History

This policy is designed to provide a standardized set of procedures that address employee injuries. This will ensure that proper procedure and reporting is maintained when evaluating and documenting on-duty employee injuries.

It shall be the policy of the Seminole County Fire Department to ensure that all employee injuries are evaluated to determine the best course of treatment for the employee and that consistent documentation is maintained.

Procedure

On-Duty Injuries- Workers Compensation

1. Employee's Duty- The employee is required to report all injuries/exposures to their supervisor immediately, no matter how minor they appear.
2. Severe Injury- if the injury is severe, immediate notification will be made by radio to the communications center in the form of a "Still Alarm" or via 911 for emergency response, specifying if any additional units are required and requesting that the Battalion Chief of record is notified. Immediate evaluation/treatment will be provided at the scene of the injury. If immediate hospital treatment is required, the injured employee will be transported by Seminole County Fire Department ambulance to the nearest appropriate hospital as outlined in the Seminole County Practice Parameters.
3. ALL injuries no matter how slight they seem must be reported to a supervisor immediately. If the injury is extremely minor and can be treated with minimal first aid (band-aid), no further evaluation will be necessary.
4. The injured employee's supervisor is responsible to complete the "Supervisors Investigation Report" form and to ensure that the employee fills in his portion of the "First Report of Injury or Illness-DWC 1" form, the remainder is then completed and forward through the chain of command to the Assistant Chief of Operations/Personnel. These forms should be forwarded through the chain of command without delay and at minimum be available by 1700 if the injury occurred

- prior to 1400 and by 0830 the following morning if the injury occurs after 1400 hours.
5. Moderate Injury- if the injury is determined to be moderate (but not life threatening) and requires medical follow-up during normal business hours, 0800-1700 Monday through Thursday and 0800-1200 on Friday, the employee will be provided an appointment to see the contracted County Physician. This appointment may be arranged through the Shift Commander or the Department's Administrative Assistant. If the injury is after these hours the employee may be seen at the contracted physician the following business day (Mon-Fri), at one of the Centra Care facilities during the hours they are open (varies from facility to facility) or at any local Emergency Department when Centra Care is unavailable.
 6. Immediate Employee Duty Status will be determined by the health care provider notation in conjunction with a review by the Shift Commander. An employee initially may be assigned to light duty the remainder of the shift or released to go home under Workers Compensation leave if indicated by the provider notation. Additional on-going duty status for the injured employee will be made on an individual basis by an Assistant Chief in conjunction with provider documentation and availability of light duty type work. This may consist of either a no work status or modified work status in either a shift or 40 hour week schedule.
 7. Additional follow-up may be required at the contracted County Physician's office after seeing an initial provider other than the contracted County Physician.
 8. If an employee refuses treatment and has not been evaluated by a health care provider, the employee must utilize his/her own Leave if they desire to leave work.
 9. Minor injuries where the employee declined further treatment shall be documented as such.
 10. Exposures will require additional documentation on an Exposure Control Form and notification to the Department Infection Control Officer- refer to OPS Bulletin #07005: Infection Control for additional information.
 11. An EMS report will be completed for all injuries with the exception of those classified as extremely minor (requires simple first aid). If there is any question as to if a report should be initiated, the appropriate Shift Commander should be contacted. This report must be completed by an appropriate Paramedic or EMT but in no case by the employee themselves.
 12. At any time an employee is injured, notifications up to and including the Shift Commander must be made. The Shift Commander will determine if notification of the Deputy Chief(s) and/or Fire Chief is appropriate.
 13. A Battalion Chief will schedule additional staffing if required to fill a vacancy created by an injured employee that has been sent home or elects to go home.
 14. ALL firefighter injuries must be documented with the completion of a Florida/National Fire Incident Report (NFIRS), including a Firefighter Casualty report. If the injury/illness occurs as a result of an alarm, the Casualty report should be filled out as a component of that alarm report on the Firefighter Casualty Report.
 15. If the injury IS NOT a result of an alarm- an incident number (Still alarm by radio or phone) must be generated and the NFIRS form should be filled out completely identifying such. Please refer to handbook entitled NATIONAL FIRE INCIDENT

- REPORTING SYSTEM- QUICK REFERENCE GUIDE for specific report criterion.
16. If an employee must report to a hospital or other medical facility for treatment while on duty, it is recommended that their Battalion Chief accompany them or meet them at the hospital or other treatment center if they are transported by ambulance..
 17. Follow-up care and eventual release back to work will be coordinated by Risk Management in conjunction with the County's Workers' Compensation provider where applicable. Employees are not to return for follow-up care until authorization has been granted.

Off-Duty Injuries

1. Notify the appropriate supervisor if you are unable to report for duty
2. Personnel are to return to duty after their physician has released them to return to full duty status.
3. Personnel must supply the appropriate release documentation to the Department's Management Support Specialist, copying their chain of command, prior to returning to work.
4. At the discretion of a Deputy Chief or Shift Commander, personnel returning to work from a debilitating injury, illness or communicable disease (occupational or non-occupational) may be scheduled to be cleared by the contracted physician (or designee) prior to resuming job duties.

First Report of Injury or Illness DWC-1 Form Instructions

A sample of the "First Report of Injury or Illness" form is available online in the "Shared" folder (Shared\Fire\Rescue\Forms\WC sample form) as a guide.

1. The form can be handwritten, but must be neat and legible.
2. The "Name" block must include full first name, middle initial and last name.
3. If you do not know the rate of pay, leave it blank and it will be filled in by support staff.
4. Employee must sign the form. If unable to get a signature right away, deliver or fax a copy of unsigned original to the Seminole County Fire Department Administration Office at (407) 665-5010, then process original with signature as outlined in section "D" under "On Duty Injuries" but in all cases the goal is prior to the end of shift.
5. Give as detailed a description of accident as possible, given the limited space provided.
6. "Last Date Employee Worked" is the date of the incident.
7. "Agree with Description of Accident"- Leave Blank
8. If you return to work the same day or know that you will return on the next shift, put that date in the "Returned to Work" block. If not, leave it blank.
9. Leave the line for "Employer Signature" blank. This is the signature of Fire Chief or Assistant Chief.
10. Minor injuries not requiring follow-up treatment or time off by the employee will be noted as "Declined Treatment" on the DWC 1 form in the block entitled "Name, Address of Physician or Hospital".

11. If injured on an alarm- document the incident number in the Employee's Description of Accident section.

Static information (blocks that will always have the same information as indicated on the attached form):

1. Company Name – Seminole County BCC, Attn: Risk Management, 200 W County Home Rd, Sanford
2. Employer's Location Address - Seminole County Fire Department, 150 Eslinger Way, Sanford, FL 32773
3. Policy/Member Number - 017028
4. Nature of Business - Public Safety

Workers Compensation Disclaimer: An injured/Ill Employee that is released from work by a Fire Department Supervisor and/or health Care provider for a potential Workers Compensation claim is NOT guaranteed that such claim will be upheld and that it may be denied by the County's Worker Compensation Provider.

Quick Look Injury Care/Report Matrix

On Duty Injury

1. Notify Immediate Supervisor
2. Provide immediate care as required
3. Complete First Report of Injury/Illness- DWC 1
4. Complete Supervisors Investigation Report
5. If injured on an alarm- complete an EMS report using the same alarm number, indicate a firefighter "casualty" in appropriate check box on the NFIRS report and complete the firefighter casualty section of the report.
6. If injury is NOT the result of an alarm- call a "Still Alarm" so an incident number is generated- complete the remainder of the reports as indicated in item #5
7. Make the appropriate additional notifications
8. Provide for additional treatment (initial office visit, etc.) at appropriate facility
9. Follow up with Risk Management
10. If an exposure has occurred, complete an Exposure Incident form and notify the Department Infection Control Officer.

Off Duty Injury

1. Notify Supervisor if you are unable to report to duty
2. Provide documentation (release to work)
3. Provide additional follow-up or be cleared by the County's contracted physician as indicated by direction of an Assistant or Shift Commander.



Title: Customer Care Feedback Procedures

Controller: Administration

Origination Date: 5/24/06

Revision Date: 1/1/2023

Approved by: _____

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Effective Date: 2/14/2023

Purpose

To provide a procedure for receiving and documenting feedback, both positive and negative, that is presented to the Seminole County Fire Department (SCFD) regarding their personnel or services. If a concern or complaint is received, an investigative procedure has been established.

History

It is the policy of the Seminole County Fire Department to receive and document all customer feedback. Positive feedback will be documented and forwarded to the supervisor and employee(s), if they can be identified. Complaints against the agency and personnel will be investigated with the intent to resolve the situation or, if warranted, closed. Customer care feedback is received in many forms that include, but are not limited to, online survey, phone call, social media, e-mail, customer walk-ins and written letter. If an internal complaint is made, an investigation is conducted in an effort to provide conflict resolution between personnel through thorough, expeditious, and impartial procedures.

Procedure

Positive Feedback

Positive feedback will be documented in the Employee Recognition Log located on SharePoint and forwarded to the employee, if identified. Positive feedback is forwarded to the Fire Chief's Office for review and documentation.

Complaint Procedure

1. Any citizen who wishes to file a complaint with the Seminole County Fire Department shall be immediately assisted by the person receiving the complaint.
2. Anyone may register a complaint to the Seminole County Fire Department or its employees in person, by telephone or in writing. Any supervisor or office staff member may accept a complaint.
3. If the complaint is initiated against Department personnel and received by staff when the particular shift in question is not on active duty, action shall be taken to notify the Battalion Chief and Assistant Chief responsible at the time of the incident.
4. Upon receipt of a citizen complaint or inquiry, and even if resolved immediately, the complaint taker shall document the information in the **Citizen Complaints Database** (located in SharePoint), and assure the citizen initiating the complaint of a timely review, resolution and follow up, if one is requested.

5. In the event an internal complaint or inquiry is received, even if resolved immediately, the complaint taker shall document the information in the **Internal Complaint Database** (located in SharePoint), assuring the individual initiating the complaint of the review, resolution and follow up process.
6. When concerns or inquiries regarding call dispatch, handling, address locations or Communication Center of E911 are identified, the person identifying the concern will notify, via e-mail, his/her respective Battalion Chief (BC). The Battalion Chief will review the concern for legitimacy. The BC will complete the **Communication Center Inquires** database form in SharePoint and forward to the Operations Assistant Chief for review and assignment.
7. If follow-up is requested, the form shall be "Assigned to" (the field in the Complaint Database) an Assistant Chief for review and action, and/or reassignment for follow-up. Note: The complaint can be reassigned by changing the "Assigned to" field in the Complaint Database form, at which time an e-mail is sent to that person.
 - a. Upon resolution of all complaints, the person assigned to handle the complaint will forward the file to the respective Assistant Chief for final review and closing.
 - b. All entries into either complaint database, once resolved, will be reviewed and closed by an Assistant Chief.
8. Resolutions should be completed within 5 working days unless documented extenuating circumstances apply (example: an involved employee is on leave).
9. During initial contact with a complainant, a supervisor may make a determination whether the conduct cited was proper or not. Supervisors at the Battalion Chief Level and above are authorized to resolve the complaint to the satisfaction of the complainant, if possible, by:
 - a. Resolving any misunderstanding leading to the complaint.
 - b. Correcting any deficiencies.
 - c. Counseling the employee regarding the reason for the complaint.
10. If a complaint cannot be resolved during the initial contact with the complainant, or if the complaint involves a significant breach of Department policy, the complainant will be placed in contact with an Assistant Chief.
 - a. An attempt will be made to obtain a written statement from the complainant. If the complainant is unwilling to provide such, the Assistant Chief will document the complaint as warranted.
 - b. The complainant will be informed that an inquiry will be taking place.
 - c. Based on the seriousness of the allegation, the Assistant Chief will determine if the complaint is processed as an Informal Inquiry or forwarded to the Fire Chief with a recommendation for an Administrative Review. The Assistant Chief, at his/her discretion, may assign a supervisor to handle the investigation process, if warranted.
 - d. Informal Inquiries and/or Administrative Reviews/Investigations will be held in accordance with Operations Bulletin #01013 Incident Inquiry/review Procedures.

Customer Care Review

1. A Quarterly Customer Care Report will be provided by the Planning/Analytics Office. This will highlight both positive feedback and will establish any trends or significant changes or concerns involving negative feedback or complaints.
2. All data will be exported from the Citizens Complaint Database and will be defined by numbers received and percentages in the following categories:
 - a. Accident/Loss/Damage
 - b. Attitude/Demeanor
 - c. Billing
 - d. Burning/Smoke
 - e. Driving
 - f. EMS Protocols
 - g. Equipment
 - h. Patient Care
 - i. Professionalism
 - j. Other
3. The report will allow SCFD to create a baseline and provide the ability to identify issues or concerning trends based on the categories.
4. The information is reviewed by the Assistant Chief of Planning/Analytics quarterly to implement any training and/or policy change.
5. Any identified training needs will be provided and documented through a classroom setting or on the Department on-line training system.



Title: Incident Inquiry Review-Procedures

Controller: Administration

Origination Date: 5/24/06

Revision Date: 3/2/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "Mark W. K.", is written over a horizontal line.

Effective Date: 8/8/2023

Purpose

To provide guidelines for conducting investigations involving Seminole County Fire Department incidents of concern, complaint, or violation of policy. Nothing contained within this operational bulletin is intended to deny due process, the Firefighter's Bill of Rights, or any other civil/legal rights of members, with regard to investigations. Its intended design is to establish consistent procedures.

Scope

It is the policy of the Seminole County Fire Department to investigate and resolve complaints, potential infractions of County and Department Policy, and potential infractions of the law against the agency and its personnel through thorough, expeditious, and complaint procedures. Some complaints are resolved quickly and informally by supervisors and this is acceptable in most cases. There are some cases that involve a greater degree of research in order to resolve the complaint. In those cases, two types of investigations are outlined – Formal Inquiry and Formal Investigation.

General

- Guidelines for proper investigation procedures, once a complaint or action is initiated, are essential to efficient, orderly problem resolution.
- Any employee who is the subject or witness in a Formal Inquiry, or a Formal Investigation, is instructed not to discuss any information about the inquiry or investigation unless directed to do so by the leading supervisor. Employees, at any time, may discuss the matter with their legal counsel, Union Representative (if applicable) and the supervisor conducting the inquiry.

Definitions

- A. *Formal Inquiry*: Designated Supervisors conduct Formal Inquiries to investigate any allegations including, but not limited to: misconduct, discourtesy, misunderstanding, individual performance deficiencies, or lesser violations of the Seminole County Fire Department policies. Formal Inquiries may be carried out by any supervisor with oversight by either an Assistant Chief or Deputy Chief.
- B. *Formal Investigation* At the direction of the Fire Chief, an Assistant Chief or their designee conducts Formal Investigations involving complaints unable to be resolved through the Formal Inquiry process. It shall be the policy of the Seminole County Fire Department to conduct a Formal Investigation of all cases for which an employee was placed under arrest while in the employment of the Seminole

County Fire Department, and for serious violations of Seminole County Fire Department written directives, or other Seminole County applicable policies, which may include:

1. Commission of crimes
2. Acceptance of bribes
3. Malfeasance in office
4. Theft
5. Unauthorized release of confidential information
6. Official misconduct
7. Intoxication
8. Employee and sexual harassment/hostile actions
9. Employee substance abuse
10. Other acts of a serious nature

C. *Finding or Conclusion of Fact:* A finding, or conclusion of fact, is the outcome of an inquiry, or review by a supervisor. All inquiries/investigations shall be summarized with an outcome:

1. *Not Sustained:* Evidence does not clearly prove the alleged act did or did not occur,
2. *Exonerated:* Specific acts did occur, but were justified, lawful and proper,
3. *Unfounded:* Specific acts did not occur or did not involve Fire Department personnel,
4. *Sustained:* A preponderance of the evidence that the alleged violation occurred,
5. *Policy Failure:* The conduct of the employee was improper; however, no specific policy was violated. This finding may necessitate a revision of policy.

Procedure

I. Formal Inquiry Procedure

- A. All externally generated complaints, except those resolved during the initial contact with the complainant, are forwarded, along with a statement from the supervisor, through the chain of command to an Assistant Chief. The Assistant Chief determines if the complaint is processed as a Formal Inquiry or defers to the Fire Chief's office for Formal Investigation consideration.
- B. The Assistant Chief prepares a file containing copies of all written statements and other supporting documentation. A complaint number is assigned by the Administrative Assistant to the Fire Chief and the file is forwarded to a designated supervisor, unless the Assistant Chief believes the complaint requires the personal attention of the Fire Chief for Formal Investigation determination.
- C. Inquiry Reviews may include contacting any witnesses and, if applicable, the complainant to gather the facts in written and/or verbal form.

- D. Written Statements from employees accused of misconduct are taken pursuant to Florida Statute 112.82-*Rights of Firefighters* (Firefighters Bill of Rights).
 - 1. Subject employees are informed of the nature of the complaint and the name of the complainant.
 - 2. The subject employee will be allowed to review any complaint and witness statements that are available.
 - 3. The subject employee will be directed to complete a written statement concerning their actions related to the complaint.
 - 4. No verbal statements made by the subject employee will be included as part of the inquiry.
 - 5. If the employee requests to consult with a representative before providing a statement, a reasonable amount of time will be afforded.
 - 6. If requested by the employee, they will be provided with a copy of their statement.
- E. Supervisors should complete Formal Inquiries within 20 days of receipt. Anticipated delays, and the reasons, are communicated to an Assistant Chief or the Fire Chief. If an extension is needed, the Union and the affected employees must be notified by electronic mail of the extenuating circumstances, reasons and the extension timeframe.
- F. When completed, the findings and supporting documentation are submitted, for review, to an Assistant Chief. The Assistant Chief may return the inquiry if additional information or further investigation is needed. complete, the Assistant Chief forwards the inquiry and any written recommendations, through the chain of command, to the Fire Chief.
- G. If disciplinary action is recommended as a result of the Formal Inquiry, it shall be issued to the employee no more than 5 of the employee's regular shifts for 56-hour employees or 5 full working days for 40-hour employees following the date of approval by the Fire Chief. If the employee is absent from work on his/hers 5th shift after the date of approval from the Fire Chief, the discipline shall be issued on the first shift that the employee returns to duty.
- H. If during the course of a Formal Inquiry, the facts suggest a law violation or a serious violation of an agency directive, the supervisor may recommend to an Assistant Chief that the inquiry be forwarded to the Fire Chief for reclassification as a Formal Investigation.

II. Formal Investigation Procedure

- A. Only the Fire Chief or an Assistant Chief may initiate a Formal Investigation.
- B. The Fire Chief reports all Formal Investigations and results to the Human Resources Department.
- C. Unless otherwise directed by the Fire Chief, an Assistant Chief conducts Fire Department Formal Investigations.
- D. Law enforcement shall be included in all investigations related to criminal charges. If an investigation may likely result in criminal charges, the Seminole County Sheriff's Office, the State Attorney's Office, or the Florida Department of Law Enforcement is consulted.

E. Procedure:

1. If externally generated, the complainant is advised that a complaint has been received and is being processed according to agency policy.
2. The complaint is assigned a complaint number.
3. The Assistant Chief assigned begins the Formal Investigation by arranging for the collection of all available documents and interviews with witnesses.
4. A complaint, the existence of a complaint, and information obtained pursuant to a Formal Investigation are confidential until the case is completed.
 - a. A review is considered active if proceeding in a timely manner with a reasonable expectation of a finding or conclusion of fact. A reasonable time for concluding an investigation is 45 days. This may be extended if the Fire Chief determines extenuating circumstances exist and the investigation is proceeding in good faith. If an extension is needed, the Union and the affected employees must be notified by electronic mail of the extenuating circumstances, reasons and the extension timeframe. Confidentiality is preserved in all cases until they are concluded and findings are reached.
 - b. In a prolonged investigation, the complainant will be notified of the review status.
 - c. A Formal Investigation is considered "closed" when reviewed and approved by the Fire Chief.
5. Formal Investigations are conducted to gather facts and are unbiased and impartial
6. If disciplinary action is recommended as a result of the Administrative Review, it shall be issued to the employee no more than 5 of the employee's regular shifts for 56-hour employees or 5 full working days for 40-hour employees following the date of approval by the Fire Chief. If the employee is absent from work on his/hers 5th shift after the date of approval from the Fire Chief, the discipline shall be issued on the first shift that the employee returns to duty.

III. Interview Procedures

1. Procedures for taking statements from Fire Department employees, who are the subject of review, are governed by the Firefighters Bill of Rights, and other applicable state and federal court decisions affecting employees' rights.
2. Statements will be obtained from all identifiable witnesses, whenever possible, before interviewing subject employees
3. Before beginning an interview, employees are given the complainant's name, the nature of the complaint, and the allegations against them. They are also given all complainant and witness statements.
4. Interviews are free of intimidation or coercion and will not violate an employee's constitutional rights. No promises are made to induce answers.

5. Interviews are of reasonable duration and employees are entitled to intermissions for personal necessities, meals, and rest periods.
6. Employees are required to respond to all inquiries in the interview and are obligated to answer questions truthfully. Refusal to answer questions is a violation of Fire Department policy, which may result in disciplinary action.
7. Formal Investigation interviews are recorded. At their own expense, employees may record any part or all of an interview.
8. Interviews are limited in scope to activities, circumstances, events, conduct or acts that pertain to the subject of the investigation.
9. Employees may have a representative present during an interview. This representation is limited to the presence and not actual participation in the interview.

IV. Reporting Format for Inquiries and Investigations

Upon completion of a Formal Investigation, the lead supervisor prepares a comprehensive report for submission to the Fire Chief which includes:

- a. A description of the incident, physical evidence or other pertinent information.
- b. Statements taken in the course of the investigation.
- c. An evaluation of the complaint, with a statement indicating that which can be substantiated and that which cannot.
- d. A description of any policy violations or violations of law.
- e. Whether the Sherriff's Office, State Attorney's Office or Florida Department of Law Enforcement was consulted (if applicable).
- f. Supporting documentation
- g. A finding or conclusion of fact:
 1. Not Sustained
 2. Exonerated
 3. Unfounded
 4. Sustained; and/or,
 5. Policy Failure

After a review is concluded, the complainant and the employee are notified in writing of the results.

Policy Failure

If failure of a Fire Department policy is a significant contributing or sole factor for an allegation, the Fire Chief will direct that a policy be initiated, updated, or revised.

Miscellaneous

All Fire Department employees will make information available to the public regarding the procedures for registering complaints against the Fire Department and its employees.



Title: Firefighter Near Miss-Reporting System

Controller: Planning and Resource Management

Origination Date: 5/1/06

Revision Date: 2/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

Provide instructions for the National Fire Fighter Near-Miss Reporting System. The Seminole County Fire Department supports this reporting system and encourages all department members to utilize this program.

History

The National Fire Fighter Near-Miss reporting is voluntary, confidential, non-punitive system with the goal of improving firefighter safety. By collecting and analyzing information on near-miss events, improvements can be made system wide.

This project is funded by grants from the Department of Homeland Security, Fireman's Fund Insurance Company, and is supported by Firefighter Close Calls in mutual dedication to firefighter safety and survival.

The project is endorsed by the International Association of Fire Chiefs, the International Association of Fire Fighters and the Volunteer and Combination Officers Section of the IAFC.

Procedure

Reporting your event to the national system can help prevent injuries and save the lives of other fire fighters. Since near-miss reporting has worked so effectively in other industries, the natural conclusion is that it will have similar results for the fire service.

Analyzed data will be used to identify trends, which can assist in formulating strategies to reduce firefighter injuries and fatalities. Depending on the urgency, information will be presented to the fire service community via program reports, press releases and e-mail alerts.

All members of the Seminole County Fire Department are encouraged to submit a report when he/she is involved in, witnesses, or is told of a near-miss event.

A near-miss event is defined as an unintentional unsafe occurrence that could have resulted in an injury, fatality, or property damage. Only a fortunate break in the chain of events prevented the injury, fatality or damage. Situations that qualify as near misses are essentially in the eyes of the reporter. If you are involved in or witness an event you believe is a near miss, then you are encouraged to submit a report.

Reports can be electronically submitted or the report form can be printed, completed by hand and mailed or faxed. Reports can be obtained from the website at: www.firefighternearmiss.com.

On average, it takes about 3-5 minutes to enter the demographic and event information. You should then spend as much time needed, being descriptive of the event(s) and the lessons learned.

Within 72 hours of report submission, reports are read and analyzed by a reviewer who will:

1. Remove or generalize any names, departments, dates, times and other related information, in order to protect the identity of the reporter.
2. Identify any safety hazards requiring immediate action.
3. Code the reports into a database in order to analyze trends.

Once the report is de-identified and reviewed for content, the report may be posted on the website for other firefighters to use as a learning tool.

Reports can be submitted anonymously, but there is an OPTIONAL contact information section if you want to include your name, phone number and/or e-mail address so a reviewer can contact you if further information is required. The contact information collected will not be posted, used, or made available to third parties for any other reason

Two reviewers and two administrators will have access to reports. All four have signed confidentiality agreements. The reviewers are fire service professionals with at least 20 years' experience in urban, suburban and rural service areas. The administrators perform system maintenance and data collection.

The National Fire Fighter Near-Miss Reporting System does not take the place of any reporting system required by a department, local, state or federal government.

The Seminole County Fire Department supports this process as outlined and will make the opportunity available for its members to forward any submitted information (anonymously if the individual desires) to the office of the Fire Chief for review within our own organization. Information provided will be utilized internally to refine, adapt or adopt additional safety policy to benefit all members of the organization



Title: Incident Documentation and Records Management

Controller: Administration

Origination Date: 06/01/06

Revision Date: 2/1/2023

Approved by: _____

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Effective Date: 2/14/2023

Purpose

This policy establishes procedures for proper documentation of emergency incidents in which Seminole County Fire Department has jurisdictional responsibility or has participated in the mitigation of all hazards or rendering care of any kind in accordance with federal, state, regional and local laws, rules or requirements. It is also the intent of this policy to comply with all public records laws and records retention laws.

History

Seminole County Fire Department utilizes a combination of written and electronic records management system to collect and document pertinent information, actions taken and response data on all incident responses for the purposes of recordkeeping, billing, aggregate data collection, research, trending and statistical analysis. The data is collected, aggregated and reported in accordance with the requirements set forth by the National Fire Incident Reporting System (NFIRS), the National Emergency Medical Services Information System (NEMSIS), Florida's Emergency Medical Services Tracking and Reporting System (EMSTARS), Florida's Trauma Transport Data Set, Florida Statutes and Administrative Rules.

Procedure

1015.01 Reporting Requirements of all Personnel

1. Personnel assignment
 - a. The on-duty company officer is responsible to place the correct personnel assigned to each unit at shift change on the current staffing software.
 - b. The unit staffing will normally transfer over from staffing software (Telestaff) automatically. It is the responsibility of the station lieutenant to ensure that the personnel listed on the staffing is current and correct.
 - c. Changes to the staffing during the shift need to be completed as promptly as possible and confirmed in the reporting software staffing section.
2. Report completion
 - a. Report creation:
 - i. All incidents in which SCFD responds are assigned an incident number generated by the Computer Aided Dispatch (CAD) software.
 - (a) An "incident" is defined as – anytime a unit is dispatched to an incident or whenever a unit self-dispatches to an incident (commonly termed "still alarm").

- (b) The incident number will be used/attached to all pertinent incident documentation.
 - ii. The incident information, CAD number and response times must be imported from CAD to the reporting software utilizing the unit's download option.
 - b. Report status:
 - i. Once a new report is created the report will be listed as "In Progress" while the author completes the report.
 - ii. The author shall change the status to "Lt Review". This notifies the supervisor the report is completed and ready for review.
 - iii. During the PCAP process the Provisional Paramedic will change the status of a PCR to "Requires Mentor Review". The Mentor will sign in and review the PCR for accuracy and completion and change the status to "Lt. Review".
 - c. Report completion timeline:
 - i. Reports must be completed as soon as possible following the incident, depending on call load and response activity but **no later than by the end of the shift.**
 - (i) In the event the report author is scheduled to work additional shift hours immediately upon the completion of the shift (time-trade or overtime), it is acceptable for the person to complete the report during the additional shift but at no time shall the employee leave the additional work assignment without completing the reports assigned to him/her.
 - d. **Report completion shall never be deferred until the following shift**
3. Report review requirements:
 - a. The on-duty company officer and Battalion Chief are responsible for the complete and accurate documentation of all incidents created by their respective personnel.
 - i. The company officer must ensure the appropriate reports are completed and review each report for accuracy, with required fields completed, proper grammar, punctuation and supporting documentation included or attached.
 - (a) Once the supervisor reviews the report and concurs the report is complete and accurate he/she must change the status to "completed" or "BC Review" depending on the incident type.
 - (i) **Report review shall never be deferred until the following shift.** Lieutenants are to mark as "Completed" even those reports being done by personnel working overtime or time-trades.

- (ii) All structure fire incidents must be reviewed/signed-off by the affected Battalion Chief.

1015.02 National Fire Incident Reporting System (NFIRS)

1. Intent – NFIRS is a national database responsible for the coordinated collection, analysis and dissemination of data, information and trends regarding fire and emergency incident responses for fire departments.
 - a. NFIRS utilizes a structured “module” type approach to incident documentation. These modules are completed only when the incident situation dictates its completion.
 - b. Personnel are required to complete all modules necessary to achieve a complete and accurate description of the incident events and actions taken to mitigate the hazards.
2. Modules – The following modules are part of the NFIRS reporting requirements:
 - a. Basic Module: This module is completed on all incidents regardless of type, where units respond to or a still alarm is initiated.
 - b. Fire Module: This module is completed to document situation and actions for fire type incidents.
 - c. Structure Fire Module: This module is used to document situation and actions for structural fire responses. This includes type of situation found 111 and 121.
 - i. All fire reports must first be reviewed by the Lieutenant and then reviewed and closed by the responsible Battalion Chief.
 - d. Civilian Fire Casualty Module: This module is used to report injuries or death to civilians or other Emergency personnel (e.g., police officer, non-fire department EMS personnel) that are related to a fire incident.
 - e. Fire Service Casualty Module: This module is used to report all injuries or death of firefighters, whether as a result of an alarm or if the alarm is initiated as a result of the injury.
 - f. Hazmat Module: The hazardous materials module will be completed anytime specialized Hazmat resources are used to assess, mitigate, or manage a situation involving any type of hazardous material release, either actual, potential, or threatened.
 - i. Specialized resources include specialized equipment, supplies, personnel, skills, knowledge, technical assessment, or technical advice.
 - ii. The hazardous materials module will also be completed if the primary unit lieutenant or the responding Chief Officer deems it appropriate to the intent of this module or a necessary component of specific incident response documentation.
 - (a) The primary report section will be completed by the primary unit lieutenant or designee.

- (b) In the event that the Special Hazards and Operations Team unit responded to the incident, the primary unit lieutenant will then coordinate with the primary SHOT Lieutenant to complete the hazardous materials module and add a narrative specific to the actions taken to mitigate the hazards by the SHOT team.
 - (c) If a SHOT unit did not respond to an incident involving hazardous materials, the primary unit lieutenant will seek assistance from a SHOT lieutenant, as necessary, to complete the hazardous materials module.
 - (i) Final report completion will be the responsibility of the primary unit lieutenant.
 - iii. The purpose of completing the Hazardous Materials Module is to ensure all incidents involving hazardous materials are documented as such and that technical hazardous materials response actions are recorded and maintained with the incident record.
 - g. Wild land Module: This module is to be completed on incidents that involving vegetative fuels, including prescribed fire that occurs in the wild land or urban-wild land interface areas, including fires that threaten or consume structures. Prescribed fires are included to provide a better understanding of the role of fire in the wild land ecosystem. This module is for types 140 – 143, 160, 170 – 173, 561, and 631 – 632. If the Wildland Module is completed, then do not do the Fire module – only one is necessary.
 - h. Apparatus/Resource Module: This module combines the personnel module and the apparatus or resource module. This module is used to track personnel assigned to a unit and the type of unit or units that responded. It is the responsibility of the on duty station lieutenant to assign the appropriate personnel to the unit they will be assigned to a shift change.
 - i. Arson Module: This module is used only to record when an investigation is referred to another agency. In section B of the arson module, record the referred agency's name and their case number.
3. Reference manual
- a. Each station is provided with a National Fire Incident Reporting System in its most current version.
 - i. This manual is the primary reference for the accurate completion of the NFIRS reports.
 - ii. In addition this manual can also be accessed on the Seminole County Intranet site.

1015.03 Emergency Medical Services Reporting

- 1. Electronic Patient Care Report

- a. SCFD utilizes an electronic patient care report system with integrated record management capabilities. This electronic format is the primary tool used for the documentation of all medical incidents and patient contacts.
 - b. Personnel are required to provide complete and accurate information including all actions taken when documenting all incidents. It is incumbent upon the author of the report to submit a highly accurate professional document.
 - i. Completion of incident reports must contain all applicable attachments such as electrocardiograms, 12 Lead diagnostics and any other present or future diagnostic technology information captured via durable medical equipment such as LifePak monitors.
 - ii. This documentation may be submitted with the paper report if the electronic merging capabilities with the reporting software and the device are not available.
 - c. The electronic patient care report system is a highly customizable product that allows the system administrators to make changes and additions to improve the system and documentation accuracy. As such, the patient care report is a living document subject to changes based on federal and state requirements, data entry convenience and internal preferences.
 - i. The SCFD Elite End User Manual/Cheat Sheet for the reporting software is a valuable tool and personnel are required to be very familiar with the information in this document. A link to this manual will be placed on the Station Home Page in Share Point.
2. Patient Field Care Report
- a. The patient field care report is a paper based document designed to serve as a backup to the electronic patient care report at any time that the electronic computer based report system is not available for immediate data entry directly into the reporting software. It is designed to provide personnel a structured format to capture vital information and required signatures during incidents, so it can be entered into an electronic format at a later time.
 - i. All supporting documentation, EKGs, etc. must be attached to the paper report.
 - ii. As soon as the electronic computer based system is available, personnel shall enter the data in the electronic format as soon as possible. Once completed, the paper field care report will be routed to the billing office for entry (scanning) into the records management system.
 - (a) **AT NO TIME** shall a completed paper based report be discarded or destroyed. These reports must be maintained on file in accordance with State Statutes.

The situation types listed below will not require an EMS report unless a patient/occupant is evaluated and/or treated:

Acid Bomb Threats	Illegal burn
Acid spill	Mechanical Alarm Commercial
Alert 1	Mechanical Alarm Residential
Alert 1A	Mechanical chemical alarm
Alert 1B	Mercury Spill
Alert1C	Natural/Propane Gas Leak inside
Alert 1D	Natural/Propane Gas Leak Outside
Alert 2A	Oil/Hydraulic fluid spill
Alert 2B	Oven Fire (Contained)
Alert 2C	Police Assist
Alert 2D	Power lines arcing
Alert 3A	Power lines down
Alert 3B	Public assist of a Structure Nature
Alert 3C	Smoke in structure Commercial
Alert 3D	Smoke in structure Residential
Boat fire	Smoke investigation
Bomb device visible	Smoke odor in structure
Bomb threat	Structure fire- 3rd (or greater) Alarm
Brush fire	Structure Fire Commercial
Chemical explosion	Structure Fire Commercial- 2nd Alarm
Chemical odor	Structure fire out
Chemical spill	Structure Fire Residential
Chlorine gas leak	Structure Fire Residential- 2nd Alarm
Defueling Standby	Suspicious Device/Package Visible
Dumpster fire	Tamper alarm
Electrical problems	Undetermined hazmat Incident
Fire outside structure	Unknown type explosion
Fueling Standby	Unknown type fire
Gas explosion	Vehicle fire
Gasoline/Diesel spill	Water Flow Alarm
Hazardous condition	WMD- Suspicious
Hot Fuel Operation	Controlled Burn

1015.04 Signature Section:

1. All patients, their authorized representative and/or a member of the hospital staff must sign the authorization section. These signatures are crucial in the proper documentation of the incident.
 - a. The patient's or authorized representative signature provides authorization for transport, billing and acknowledges the services provided.
 - b. Failure to obtain the required signatures can cause billing delays and may be subject to scrutiny by federal agencies.
2. There are separate sections for authorization signatures in both the electronic and paper based formats:
 - a. **Paramedic/EMT Report Author Signature:** The Crew Member writing the report is to sign this section. *This signature is required.*
 - b. **Patient Transport Signature:** This signature page is for the Patient or Authorized Representative Signature for the reason of HIPAA acknowledgement/Release and Authorization to release the report for billing.

Authorized Representative / Witness Signature: When the patient is unable to sign, a family member or an authorized representative such as a person holding a power of attorney can sign on the patient's behalf in this section.

 - i. It is important for the person to understand that signing in this area does not constitute an acknowledgment of financial responsibility for services provided to the patient.
 - ii. *Either this signature or the Patient Unable to Sign signature is required.*
 - c. **Hospital Signature:** A Healthcare Provider from the Hospital is required to sign this page: This is an acknowledgement that the patient was transferred to their care and must be completed for all transports. *This signature is required.*
 - d. **Patient Unable to Sign Signature:** If the crew member is unable to obtain an authorized representative signature, the attending crew member will sign in this area
 - i. This area also clearly states that this signature ONLY indicates at the time of service the above named patient was physically or mentally incapable of signing and no authorized representative was available or willing to sign on their behalf.
 - ii. Whenever the EMS Crew signs on behalf of the patient it is imperative that the crew member must document why the Patient was unable to sign.
 - iii. *Either this signature or the Patient Transport signature is required.*
 - e. **Patient Refusal Signature:**
 - i. Any patient or their authorized legal representative may refuse services; care and/or transport recommended by SCFD as long as the individual

is not deemed incapable of providing an informed refusal or under the custody of law enforcement.

- f. The patient or the legal authorized representative must sign the refusal form acknowledging they have been informed of the suspected condition and the possible ramifications of refusing care or transportation to a medical facility for further evaluation.
3. In the event that the patient or legally authorized representative refuses to sign the form, document clearly in the report and obtain the assistance from an independent witness such as a family member or law enforcement to document the refusal decision and their refusal to sign the form. Have them print their name and obtain a telephone number for the witnesses.

1015.05 Patient Privacy and Disclosure Page (Separate Page)

1. The Privacy Disclosure Form is furnished as a separate page. It is a required document for maintaining compliance with the HIPAA.
 - a. Every patient receiving some form of treatment whether medical or psychological and where an electronic medical patient report is generated, shall be offered and provided a copy if requested of the Privacy Act Form before we terminate patient contact. The patient shall receive the Privacy Act form whether they are transported or not. The form spells out how the patient's medical information may be used and disclosed and also directs the patient on how to get access to this information should they so choose. By signing the appropriate section of the electronic or paper EMS report form, the patient is acknowledging their receipt of the Privacy Act form.
 - b. The caregiver is not required to read the Privacy Act to the patient or wait while the patient reads it. Division personnel are ONLY required to give the patient the form. The form shall be presented to a family member or legal guardian should the patient not be coherent enough or too young to receive it, respectively. Should the patient be unconscious and/or no family member or guardians present to receive the form, steps have been incorporated into the billing process for the patient or family member to get the form. The billing service under contract to the Division shall mail the form to the patient with the financial statement of payment for services rendered.

1015.06 Error Correction or Omission on Reports:

1. Error correction in electronic reports:
 - a. All data entry, additions or changes into the electronic patient care report is tracked via the employee's unique personnel sign on and password. This data is readily extractable and provides an accurate timeline of changes and times in which the record was access or modified.
 - i. It is incumbent upon each person to sign-on and off from the reporting system in order to avoid the inadvertent use of their unique identifier by another individual to make changes in the report. Failure to do so allowing another

person to enter data on someone else's behalf is a violation of this policy subject to discipline.

- ii. The employee's unique sign-on and password must be maintained secured from any access at all times.
 - iii. The individual found as the person of record logged in at the time of a change or alteration to an official document will be held accountable for such change or alteration.
 - iv. When Quality Assurance identifies an error or omission associated with a report a QA note will be assigned to the crew members associated with the incident. The supervisor who changed the status of the report to "completed" will ensure the report is corrected. The report author will correct and change status to "Lt Review" by the end of their shift. The appropriate supervisor will then ensure the correction/omission has been rectified and change the report status to "Completed" by the end of their shift.
2. Error correction in paper reports:
- a. In the pre-hospital EMS documentation business "if it is not written down, it wasn't done, and if it was written down wrong, and didn't catch the error, it's the truth".
 - b. Whenever a section of the report is not applicable or needed to finalize the document, the originator shall simply draw a diagonal line through the section.
 - i. The section must be completely **BLANK**.
 - ii. Specific areas where an item is "not applicable", the letters "N/A" shall be written within the area or box.
 - c. On occasion it may be necessary to make corrections to areas of the patient care field report form. A standardized method to make corrections on paper documents is hereby in effect as follows:
 - i. Any time an error is made a single line strike through (e.g. ~~avulsion~~) is made across the incorrect information.
 - ii. Enter the correct information next to the error and place your initials next to the correct information.
 - iii. All EMS report forms shall be completed in blue or black ink. All corrections will be completed in ink.
 - iv. The report author is the only person authorized to make corrections of the original document.
 - (a) Anyone wishing to change or amend a section of a report shall contact the originator of the report to discuss the changes; it is incumbent upon the author to make any and all necessary corrections.

- (b) If an attendant other than the report author wishes to add information or clarification must do so submitted as an addendum to the original document.
- v. After the report is completed any additional information shall be submitted as an addendum to the original report. It must be dated and time stamped at the time of the correction or addition.

1015.07 Records Management and Retention:

1. SCFD shall comply with all applicable records retention, public records laws, administrative rules and ordinances related to incident responses and related documentation.

**Title: Timesheet, completion and submission**

Controller: Administration

Origination Date: 8/15/06

Revision Date: Dec 2009

Approved by: *[Signature]* *[Signature]*Effective Date: 1-4-2010**Purpose**

The timesheet is required to accurately report hours for compensation. The purpose of this policy is to give direction to EMS/Fire/Rescue Division employees on completing a timesheet.

History

The County pay period is bi-weekly, with time starting on Sunday and ending on Saturday. The timesheet is the official record of an employee's work history, and is used for computing compensation of worked hours, as well as paid and unpaid leave usage. As such, hours on the timesheet must be reported accurately.

Procedure

All employees whose work schedules are based on a 40-hour workweek will complete a timesheet. Division Chiefs (56-hr workweek) will also complete a timesheet. All other shift employees' hours are recorded in TeleStaff only.

The Timesheet: The timesheet is in an Excel spreadsheet and can be completed on the computer, then printed. The employee's name, County ID #, and organization number (shown below) are available on the timesheet, from a dropdown list.

056100 - Bargaining Unit

056101 - Non-Bargaining Unit

056104 - Fire Prevention

Dates: The dates on the Excel timesheet can be changed on screen by just putting in the first day of the pay period; all others will fill in, automatically.

Hours: Hours reported as Regular, Holiday, Overtime, PTO, and No Pay (pay codes 900 and 875) are reported in the appropriate rows, all other hours are reported in the "Other" rows.

Workweek: Employees must account for all hours, of each work day, that they are scheduled to work. If scheduled to work eight (8) hours a day you must account for all

eight (8) hours. The only exception to this are those who are approved for flexing hours in a 40-hour workweek.

Flex Hours: When approved, it may be necessary for some 40-hour employees to flex their work schedule to accommodate their duties. When doing so, employees still have to account for at least 40 hours in a work week.

Completed Timesheet: A completed timesheet will accurately reflect all hours in the pay period. It will be signed by the employee and the supervisor. If the employee is unavailable for signature (on extended leave), the timesheet can be submitted with the supervisor's signature only, and "unavailable for signature" written in the space for the employee signature.

Timesheets Due: Employees are to submit a "completed timesheet" to the Division's office staff responsible for processing payroll by the last Friday of each pay period. This is necessary in order to comply with the Monday, noon deadline for submission to the Clerk's Office. NOTE: Early submission may be required for timesheets that have holidays that fall within the pay period, at which time you will be notified by email of when those particular timesheets are due.

Corrections: If you need to make a change to your timesheet after submission, contact the office staff by email and follow it up with a phone call by 9:00 a.m. on payroll Mondays. Any corrections made after that Monday morning, will be made on the following payroll. All corrections to a timesheet must be initialed by the supervisor. If the supervisor is not available, the office staff responsible for processing payroll can initial the change once being appropriately notified by the individual, or supervisor, and having verified the hours in TeleStaff, if working shift.

Advance Timesheets: Employees, who know in advance that they will be on leave when payroll is due, will submit the completed timesheet, with appropriate signatures prior to taking leave.

Pay Codes:

1	Regular
35	Disaster/Emergency
37	Deployment/Out of Area
50	On Call
100	Overtime
110	Overtime Straight
120	OT On Call – Special Rate
130	O/T Disaster/Emergency
131	O/C O/T Disaster Emergency
132	Deployment - OT

140 NX Hours – 40Hr salary reduced to 56-hr rate (BCs only – working O.T. on shift)
801 FF PTO 56-hrs
804 FF PTO Buyback
805 FF PTO WC
806 PTO 40HR
809 FT PTO Buyback-40 hrs
810 PTO WC
816 Sick Leave Bank
817 Sick Leave Catastrophic
818 Sick WC
819 PTO Donate FF
820 Service Recognition
821 PTO Donate Full-time
826 Sick Donate
828 Sick Donate Catastrophic
830 Birthday
831 Work Life Day
832 Bereavement
833 Vote/Court
834 Military Leave
835 Holiday
836 FF Sick 56HR
837 FF Sick 40HR
838 FF Annual 56HR
839 FF Annual 40HR
860 Admin Leave
862 Leave With Pay (Employee of the Month/County Closed)
865 Workers Comp
875 Leave Without Pay
900 Trip count

SAMPLE TIMESHEET:

COUNTY COMMISSION - SEMINOLE
Pay Period Time Sheets

50-On Call
110-OT Str
800- FT-PTO
801- FF-PTO
808- FT-PTO Buy
817- Catastrophic
820- Service Recog
830- Birthday
831- Work Life
832- Bereavement
833- Court/Note
885- Worker Comp
888- Trip Count
889- Trip Table

FIRE RESCUE - ADMIN **HERNANDEZ, ANNIE - 101629 - (056101)**

	9/3/2006 SUNDAY	9/4/2006 MONDAY	9/5/2006 TUESDAY	9/6/2006 WEDNESDAY	9/7/2006 THURSDAY	9/8/2006 FRIDAY	9/9/2006 SATURDAY	Total Hours	
				8	8	8		24	(1=Reg)
		8						8	(835=Hol)
Available									(100=O/T)
			8					8	(PTO)
Comp Time Available									(Other)
									(Other)
									(Other)
									(No Pay)

	9/10/2006 SUNDAY	9/11/2006 MONDAY	9/12/2006 TUESDAY	9/13/2006 WEDNESDAY	9/14/2006 THURSDAY	9/15/2006 FRIDAY	9/16/2006 SATURDAY	Total Hours	
		8	8	8	8	8		40	(1=Reg)
HEREBY CERTIFY									(835=Hol)
THE HOURS									(100=O/T)
RECORDED AS									(PTO)
CORRECT (E)									(Other)
									(Other)
									(Other)
									(No Pay)

BI-WEEKLY TOTALS (Reg) = 64 (Hol) = 8 (O/T) = (PTO) = 8 (Oth) = (No) = BI-WEEKLY TOTAL = 80

Employee _____

Supervisor/Director _____



Title: Firefighter Safety Program/Safety Committee

Controller: Professional Standards

Origination Date: 06/25/2007

Revision Date: 02/18/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 7/29/2023

**MANAGEMENT COMMITMENT AND INVOLVEMENT
POLICY STATEMENT**

The management of this organization is committed to providing employees with a safe and healthy workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. While firefighting and rescue services are inherently dangerous, the Department attempts to mitigate unnecessary risks through the provision of structure, training and equipment; while all involved should understand that some risks are inherent to the task, employees are primarily responsible for their decisions related to their personal safety. Employees must report all accidents, injuries, and unsafe conditions to their supervisors.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority to and provide the resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

Management will be actively involved with employees in establishing and maintaining an effective safety program. The primary responsibility for the coordination, implementation and maintenance of our workplace safety program has been assigned to the Health and Safety Officer.

Safety Strategy

The Seminole County Fire Department shall operate a Safety Program to minimize and eliminate accidents, injuries, medical and hazardous materials exposures, and damage to equipment and facilities. The basic strategy shall be:

1. Reduce the likelihood of sustaining accidents and injury by maintaining a workforce that is physically and mentally fit
2. Provide high-quality equipment and protective clothing
3. Conduct regular safety inspections of worksites and equipment on an annual/semi-annual basis
4. Keep all department members well informed of the status of safety programs and issues, and up to date on department safety performance by providing information
5. via department-wide email or by posting on station bulletin boards Observe safety performance and provide feedback
6. Collect and analyze accident, injury, and exposure information

7. Formulate specific action plans to improve safety

To that end, the Safety Committee, or components thereof in coordination with an Incident Review Committee, is to investigate all workplace accidents, safety-related incidents, illnesses and deaths. For the purpose of this document, the term “incident” may be used for both an “accident” and an “incident”.

Purpose

It is the policy of the Seminole County Fire Department to provide the highest level of safety and health for all members. The prevention and reduction of accidents, injuries and occupational illnesses are goals of the Department and shall be a primary consideration at all times. This concern for safety and health applies to all members of the Fire Department, but also to others who may be involved in Fire Department activities.

The Seminole County Fire Department shall make every reasonable effort to provide a safe and healthy environment, recognizing the dangers involved in the types of services we deliver. All members shall operate with a heightened concern for safety and health. Appropriate training, supervision, procedures, program support and review shall be provided to achieve specific safety and health objectives in all functions and activities.

The Safety Committee’s function is to identify causation and future preventative measures in terms of procedures, equipment, training or culture. Assignment of blame or disciplinary action is outside the scope of the committee’s responsibilities and shall be deferred to management.

This policy statement serves to express management's commitment to and involvement in providing our employees with a safe and healthful workplace. This workplace safety program will be incorporated as the standard of practice for this organization. Compliance with the safety rules will be required of all employees as a condition of continued employment.

History

SAFETY COMMITTEE

To establish a Safety Committee tasked to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards in accordance with Florida Statute 633.522(3)c2. To review injury/accident/exposure cases involving Seminole County Fire Department employees, to determine the extent of preventability, and to make recommendations to keep similar situations from occurring in the future.

To track trends and make recommendations to the Fire Chief on identified safety areas considered as “opportunities for improvement” in department policy and procedure in regards to employee safety and injury prevention.

Procedure

The Safety Committee shall consist of nine (9) Seminole County employees and one (1) representative from the community who has experience in safety and injury prevention. The Seminole County Fire Department Health and Safety Officer will act as a non-voting chairperson.

Committee Members

Committee members will be selected from the following areas:

- The Health and Safety Officer as Chairperson.
- One (1) representative appointed by the Firefighter Bargaining Unit (Local 3254, "A" Unit).
- One (1) representative appointed by the Battalion Chief Bargaining Unit (Local 3254, "B" Unit).
- One (1) representative appointed by the Special Hazards Operations Team Battalion Chief.
- One (1) representative at large from within the ranks of the Department appointed by the Fire Chief or his/her designee.
- One (1) representative appointed by the Assistant Chief of Logistics as a facilities representative.
- One (1) representative appointed by the Assistant Chief of Logistics as a fleet representative.
- One (1) representative from the breathing apparatus repair technician cadre.
- One (1) representative from Professional Standards appointed by the Fire Chief.
- One (1) representative from the Seminole County Risk Management office or a representative from the community who has qualifications involving employee occupational safety and injury prevention (may be from the Medical Director's office).

The chairperson has no committee voting rights unless required to break a tie vote.

Note: Florida Statute 633.522 requires that there must be representation from each Collective Bargaining Unit elected by their peers.

Committee members shall be appointed for an annual term. The term may be renewed at the discretion of the Fire Chief, or by the Local in the case of the Bargaining Unit appointees. The Committee will endeavor to limit member rotation to involve only one (1) member at a time to allow the new member to observe experienced members for at least one meeting. Members may be removed at the discretion of the Fire Chief if it is determined that absences are unexcused or excessive, or for good cause.

Committee members will be well versed in Department Safety Guidelines and will regularly review such as training items. Committee members will also be encouraged to attend specific Fire Department Safety Officer Programs as they are available.

Committee members shall be compensated at their regular hourly wage according to contract while engaged in workplace safety committee or workplace safety coordinator training, meetings, or other duties as prescribed by Florida State Statute(s).

Committee Responsibilities

This Committee will keep safety in the forefront of everything we do, keep it fresh to our members and obvious in its exhibition throughout our operations; to include fleet and facilities. This mission is not just about safety messages. The Committee will identify trends, address preventability, identify department-wide roles and responsibilities, and continually review and revise this program as warranted. If training needs are identified during this process, recommendations will be made to the Professional Standards Section. The Committee will look at specific areas including incident scene safety, work station safety, health and medical safety, accident/injury review (not including vehicle accidents addressed by Ops Bulletin #1018, *Vehicle Accident Review Board*).

The Committee will:

- Be responsible for assisting management in reviewing and updating workplace safety rules. These rules are based on accident investigation findings, inspection findings, employee reports of unsafe conditions or work practices; and accepting and addressing anonymous complaints and suggestions from employees.

Review incidents through the process indicated below and referred to as Accident, Injury and Exposure Case Review. This includes, but not limited to, review accidents and injury reports from work station, emergency incident, physical fitness accident/injury and Medical or Hazardous Materials exposures. NOTE: Board members will maintain confidentiality for any exposure as outlined by the Health Insurance Portability and Accountability Act (HIPAA).

- The Safety Committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees from safety and health hazards in the workplace.
- The Safety Committee will be responsible for assisting management in evaluating employee accident and illness prevention programs, and promoting safety and health awareness and co-worker participation through continuous improvements to the workplace Safety Program.
- Safety Committee members will participate in safety training and be responsible for assisting management in monitoring workplace safety education and training to ensure that it is in place, that it is effective, and that it is documented.
- Develop a procedure and coordinate work station safety inspections in conjunction with Florida State Statute(s) and the BFST Safety Office recommendations.

- Develop and release safety bulletins and/or operational policy(s) in coordination with Fire Department Administration.
- The Safety Committee will be responsible for assisting management in updating the workplace Safety Program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence.

Meeting Frequency

Safety Committee meetings are to be held within a reasonable time from occurrence, as required, but not less than once every quarter (months). The Safety Program coordinator will post the minutes of each meeting within one week after each meeting.

Meeting Documentation

The Committee will make available to the Fire Chief, the minutes of each meeting, along with all pertinent information collected for the meeting. These records must be maintained on file and are subject to inspection by the Division of the State Fire Marshal in accordance with Florida State Statute(s). The particular accident information will also be tracked in a database consisting of all accident information, regardless of being reviewed by the Committee or not. This will be done by accident type, outcome, change recommendations, and any disciplinary action outcome. Confidential patient information will be protected whenever reasonable measures permit or required by law.

Bargaining Unit

The composition, selection and function of the workplace Safety Committee shall be a mandatory topic of negotiations with Local 3254 per Florida Statute(s).

What Should Be Investigated?

- To identify root causes and methods of future prevention.
- To determine compliance with existing safety procedures/protocol.
- To meet Florida Statutory requirements.

*The Safety Section of the Bureau of Fire Standards and Training (BFST) is tasked with conducting its own investigation regarding severe injury (i.e. fatality, loss of limb, loss or impairment of a bodily member, loss of organ or mental faculty, more than 24 hours of hospitalization, or permanent disfigurement to a commonly visible portion of the body) and injuries resulting from equipment failures.

*BFST will attempt, and prefers, to conduct a joint investigation with an active investigative arm of the department's Safety Committee.

SAMPLE FORM

SAFETY COMMITTEE MINUTES

Date of Committee Meeting: _____

Time: _____

Minutes Prepared By: _____

Location: _____

Members in Attendance:

Previous Action Items:

Review of Accidents since Previous Meeting:

Recommendations for Prevention:

Recommendations from Anonymous Employees:

Suggestions from Employees:

Recommended Updates to Safety Program:

Recommendations from Accident Investigation Reports:

Safety Training Recommendations:

Comments:

Accident, Injury and Exposure Case Review

The following Accident, Injury and Exposure Case Review will be conducted on all incidents in which the Fire Chief does not designate an Incident Analysis (Operations Bulletin #1007) conducted by an Incident Review Committee.

These case reviews will look at the following standard items for each accident, injury or exposure, in order to determine appropriate action:

1. Root cause(s)
2. Variables, such as weather or extenuating circumstances
3. Warning notifications and/or departmental communications
4. Facility, apparatus or equipment changes
5. Education and/or training needs
6. Retraining, as required

When reviewing these cases, the Committee will:

1. Be provided with a brief description of the accident/incident (*Supervisor's Investigation Report* form) or other documentation, as available, including supervisor's notes, exposure incident forms, incident report narratives, etc.
2. Identify the specific act or action that caused the accident/injury/exposure (e.g., using axe without gloves, etc.)
3. As applicable, inspect equipment, accident site, or other items related to the cause of accident/injury.
4. Root cause categorized as one of the following:
 - a. Environment
 - b. Assignment
 - c. Culture
 - d. Education/Training
 - e. Supervision
 - f. Equipment
 - g. Procedure/Protocol
 - h. Human error
 - i. Malicious intent
5. Classify the injury as preventable or un-preventable.
6. If classified as preventable, will assign a degree of preventability, as listed in the list on page 8.
7. Identify unsafe condition(s) that caused the accident/injury (grease on floor, etc.).
8. Identify contributing factors (fatigue, low light, etc.).
9. Identify procedures that apply.
10. Identify procedures or equipment that could eliminate or reduce the severity of future incidents.
11. Specify actions that will be taken to eliminate the occurrence of similar future accidents or injuries.
12. Take direct action to eliminate hazards and effect safety attitudes.

Recommendations will be made, based on available facts and information. If said facts or information is inadequate, further inquiry will be made by the Committee (directly or indirectly) to improve the understanding of events leading to the mishap in question. This analysis will take place prior to final recommendations being made by the Committee. These recommendations will then be forwarded to the Fire Chief for review and possible implementation.

A preventable accident or injury shall be defined as:

Any accident, injury or exposure involving a Seminole County Fire Department employee which results in personal injury/exposure or property damage, regardless of who is injured, what property was damaged, and to what extent or where it occurred, in which a participant or system process failed to exercise every reasonable precaution to prevent the occurrence.

The degree of the prevention taken on the part of the participants shall be taken into consideration. The incident shall be classified into one of the following categories:

1. Participants did all they reasonably could to prevent the incident in accordance with Seminole County Fire Department policy regarding safety accepted safety standards.
2. Participants or process not totally responsible, but contributed to the incident, and/or did not abide by Seminole County or Seminole County Fire Department policy regarding safety or accepted safety standards.
3. Participants did not employ standard safety practice, which resulted in an injury/accident/exposure, and/or did not abide by Seminole County or Seminole County Fire Department policy regarding safety.
4. Participant(s) demonstrated total disregard or gross negligence, which contributed to the incident, and/or did not abide by Seminole County or Seminole County Fire Department policy regarding safety.

Case Review Documentation

The Committee will make the findings available to the Fire Chief and Deputy Chief of Administration. All pertinent information will be tracked in a database by accident type, outcome, change recommendations, and any disciplinary action outcome.

SAFETY AND HEALTH TRAINING

Safety and Health Orientation

Workplace safety and health orientation begins on the first day of initial employment or job transfer. Each employee has access to a copy of this safety manual, through his or her supervisor, for review and future reference, and will be provided access through the internet to a copy of the safety rules, policies, and procedures pertaining to his or her job. A copy of this entire program manual will be maintained in every station. Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies, and job-specific procedures described in our workplace Safety Program manual.

All employees will be instructed by their supervisors that compliance with the safety rules described in the workplace safety manual is required and a condition of continued employment.

Job-Specific Training

1. Supervisors will initially train employees on how to perform assigned job tasks safely.
2. Supervisors will carefully review with each employee the specific safety rules, policies, and procedures that are applicable and that are described in the workplace safety manual.
3. Supervisors shall ensure that employees are “trained commensurate to duty” prior to assigning them to any task.
4. Supervisors will give employees verbal instructions and specific directions on how to do the work safely.
5. Supervisors will observe employees performing the work. If necessary, the supervisor will provide a demonstration using safe work practices, or remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
6. All employees will receive safe operating instructions on seldom used or new equipment before using the equipment. This training should occur optimally at least once annually and documented by station supervisors. It is suggested that this occur during the annual designated “Safety Stand Down.”
7. Supervisors will review safe work practices with employees before permitting the performance of new, non-routine, or specialized procedures.

Periodic Retraining of Employees

All employees will be retrained periodically on safety rules, policies and procedures, and when changes are made to the workplace safety manual. Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work

practice, and when a supervisor observes employees displaying unsafe acts, practices, or behaviors.

Fitness for Duty

It is the responsibility of each individual employee to maintain a condition of physical fitness for duty. There shall be a schedule of physical examinations by the department's physician, who shall determine an employee's fitness for duty. Any employee not certified fit for duty may be reassigned to a non-combative position / Light Duty status, until certified by the department's physician as fit for duty. **(See the Seminole County Fire Department's Health and Wellness Initiative)**

FIRST AID PROCEDURES

NOTE: Injuries to firefighters will be handled according to standardized first aid procedures as dictated by the level of training (Emergency Medical Technician or Paramedic) maintained by the individual providing the care.

ACCIDENT / INCIDENT INVESTIGATION

Preliminary Accident Investigation Procedures

The supervisor at the location where the accident occurred will perform an accident investigation. The Safety Coordinator is responsible for seeing that the *Supervisor's Investigation Report* is filled out completely, and that the recommendations are being addressed. Supervisors will investigate all accidents, injuries, and occupational diseases using the following investigation procedures. Please note that SIGNIFICANT injuries will be reviewed by the Safety and Injury Review Committee. Remember, investigations conducted by first level supervisors are to determine **what** went wrong.

- Implement temporary control measures to prevent any further injuries to employees.
- Review the equipment, operations, and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other person who might provide clues to the accident's causes.
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- Complete the *Supervisor's Investigation Report*.

- Provide recommendations for corrective actions.
- Indicate the need for additional or remedial safety training.

For employee injuries, follow the procedure as outlined in Ops Bulletin #01011 *Employee Injury Reporting*.

The *Supervisor's Investigation Report* shall be submitted to the Health and Safety Officer prior to the end of shift.

A memo to the Health and Safety Officer will be generated whenever an occurrence could have resulted in an injury or property damage, but was somehow avoided. The intent of this memo is to point out a hazardous condition, which can be corrected through better training or engineering. These memos are to be handled with the same urgency and gravity as an injury report. Participation in the *Firefighter Near-Miss Reporting System*, Ops Bulletin # 1014, is highly encouraged and expected.

RECORDKEEPING PROCEDURES

Record Keeping Procedures

For employee injuries, follow the procedure as outlined in Ops Bulletin #01011, *Employee Injury Reporting*.

The Deputy Chief of Administration, in coordination with Seminole County Risk Management, will control and maintain all employee accident and injury records. Records are maintained for a minimum of three (3) years and include:

- *Supervisor's Investigation Report*
- Workers' Compensation *First Report of Injury or Illness*, Form DWC-1
- Log & Summary of Occupational Injuries and Illnesses.

The Deputy Chief of Administration, in coordination with Seminole County Risk Management, is responsible for recording every accident / incident report in such a manner as to enable tracking and identification of trends for the purposes of corrective action and training.

The Health and safety Officer shall serve as liaison between the Safety Committee and the Deputy Chief of Administration.

In cases of serious injury requiring hospitalization, the Health and Safety Officer shall be notified immediately. The Health and Safety Officer, in coordination with the duty Assistant Chief, is responsible for notifying the family of the injured employee if the employee is unable to do so. The Deputy Chief of Administration is responsible for ensuring timely notice has been provided to the Seminole County Risk Management or Workers' Compensation Insurance carrier as well as any other agency(s) mandated by law or rule.

SAFETY RULES, POLICIES, AND PROCEDURES

The safety rules contained on these pages have been prepared to protect you in your daily work. Firefighters are to follow these rules, review them often, and use good common sense in carrying out assigned duties. **Compliance with safety rules is a condition of continued employment.** All Fire Department employees should strive to comply with State firefighter safety rules and/or with safety and health standards, rules, policies, procedures, and work practices established by their fire department Safety Committee. .

In addition to the policies presented in this document, all employees are also required to review and understand the following additional documents:

Employee Injury Reporting, Ops Bulletin #1011

Incident Inquiry Review Procedures, Ops Bulletin #1013

Firefighter Near-Miss Reporting System, Ops Bulletin #1014

Vehicle Accident Review Board, Ops Bulletin #1018

Extraordinary/Unusual Event Reporting, Ops Bulletin #1026

Uniforms and Dress Code, Ops Bulletin #2003

Vital Sign Assessment Guidelines for Physical Training, Ops Bulletin #2012

Fitness for Duty, Ops Bulletin #2013

Hearing Protection Program, Ops Bulletin #2015

Peer Support Team, Ops Bulletin #2019

Severe Heat/Humidity, Ops Bulletin #2030

Personal Alert Safety System (PASS) Device Guidelines for Use, Ops Bulletin #4011

Emergency Traffic Light Preemption System (OPTICOM), Ops Bulletin #4012

Respiratory Protection Standard, Ops Bulletin #4015

Personal Protective Equipment, Ops Bulletin #4016

Apparatus Inspection and Maintenance, Ops Bulletin #4021

Body Armor, Ops Bulletin #4029

Infection Control, Ops Bulletin #7005

Responses during Major Wind Events, Ops Bulletin #9006

Alarm Responses, Ops Bulletin #12002

Traffic and Safe Vehicle Operations, Ops Bulletin #12008

Scene Safety, Ops Bulletin #12014

Emergency Incident Rehabilitation, Ops Bulletin #12017

Emergency Incident Rehab, Ops Bulletin #12029 (pending)

Live Fire Training Evolutions, Ops Bulletin #12022 and NFPA Standard 1403

Seminole County Communications Center Fire Department Radio Handbook, sections:

- 2.26 Procedures for Electrical Wires Down
- 2.27 Incident Emergencies
- 2.36 Law Enforcement Notification
- 2.37 Scene Security
- 5.01 Emergency Traffic
- 5.02 Firefighter down Notification
- 5.03 Firefighter Evacuation Procedure
- 5.04 Emergency Button Activation
- 16.05 Helicopter Landing Procedures

Seminole County and Cities Incident Management System Manual

Hazard Notification

Employees should notify their immediate supervisor or employer as soon as they detect or even suspect an imminent danger situation in the workplace. If the supervisor takes no action to eliminate the danger, an employee or the authorized employee representative should notify the Health and Safety Officer or the [Safety Committee](#) (via email). If no action is taken within a reasonable time frame, an employee, by State law, may notify the nearest office of the Bureau of Fire Standards and Training and request an inspection.

The request should identify the workplace location, detail the hazard or condition, and include the employee's name, address and telephone number. Although the employer has the right to see a copy of the complaint if an inspection results, the name of the employee will be withheld if the employee so requests.

The Safety Program Manager of the Bureau of Fire Standards and Training reviews the complaint and determines whether there is a reasonable basis for the allegation. If it is decided the complaint has merit, the Bureau of Fire Standards and Training representative or the Safety Program Manager will conduct an immediate inspection of the workplace.

ROUTINE SAFE PRACTICES

Lifting Procedures

(These methods apply to everything from boxes to patients.)

1. Plan the move before lifting; ensure that you have an unobstructed pathway.
2. Test the weight of the load before lifting by pushing the load along its resting surface.

3. If the load is too heavy or bulky, use lifting and carrying aids such as hand trucks, dollies, pallet-jacks and carts, or get assistance from a co-worker.
4. If assistance is required to perform a lift, coordinate and communicate your movements with those of your co-worker.
5. Position your feet 6 to 12 inches apart with one foot slightly in front of the other.
6. Face the load.
7. Bend at the knees, not the back.
8. Keep your back straight.
9. Get a firm grip on the object using your hands and fingers. Use the handles when they are present.
10. Hold the object as close to your body as possible.
11. While keeping the weight of the load on your legs, stand to an erect position.
12. Perform lifting movements smoothly and gradually; do not jerk the load.
13. If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
14. Set objects down in the same manner as you picked them up, except in reverse.
15. When lifting an object from the floor to a level above your waist, rest the load on a table or bench at an interim level and then adjust your grip before lifting it higher.
16. Wear protective gloves when lifting objects that have sharp corners or jagged edges.
17. Slide materials to the end of the tailgate before attempting to lift them off a pick-up truck. Do not lift over the tailgate or walls of the truck bed.

Station Safety

1. Use a ladder or stepstool to retrieve or store items that are located above your head.
2. Avoid placing a ladder at a blind corner or doorway. If you must place a ladder in front of a door, always divert foot traffic by blocking or roping off the area.
3. Replace all ladders that “wobble” or lean off-center.
4. When using stairs, always take one step at a time.
5. Use the handrails when using stairs or ramps.
6. Avoid jumping from trucks, platforms, ladders, roofs, or other elevated positions.
7. Follow and observe posted safety instructions, warning signs, procedures, and rules.
8. Mop or clean-up oil, hydraulic fluid, water or grease from apparatus floors and accesses, immediately upon detection.
9. Walk around any wet floor or whenever the yellow "Freshly Mopped" sign has been placed on the floor.
10. Clean up all spills immediately, especially wet spots around drink and coffee machines, in bathrooms, kitchens and hallways.
11. Always run extension cords or other electrical power cords along walls and out of the travel paths. Extension cords are to be used as temporary installations only.
12. Always point a charged compressed air hose away from anyone and never use it to clean your clothing.

13. Oxygen is only to be used as a life saving or sustaining tool. Only use compressed air for cleaning work surfaces. Whenever possible, the use of a vacuum device is preferred over compressed air.
14. Use a dolly or hand truck when carrying large or bulky objects, or get assistance from a fellow firefighter.
15. Make sure to close all drawers and cabinet doors before leaving them unattended.

Office Safety

Pens, pencils, knives, scissors, staplers and letter openers are but a few of the useful tools found in the administrative environment. Responsible employees use the proper office tools for each task and respect the injury risk involved with pointed and cutting instruments.

Be aware of the potential for paper cuts.

Store heavy materials in the bottom drawers of file cabinets to prevent the cabinet from falling forward when loaded top drawers are opened. When working in lower drawers of file cabinets, ensure the top drawers are closed to prevent serious head injuries that may result from striking the upper drawers when attempting to stand.

Many injuries occur from bumping into or against an open file, desk or cabinet drawer. Always close drawers / doors when they are not attended to prevent these injuries.

Do not operate office machines until properly trained or authorized to do so. Any machine with exposed moving parts must have the appropriate guards in place prior to operating.

Ladder Safety

All ladders shall be inspected on a regular schedule and recorded in the station log. Ladders shall be inspected to ensure the side rails and rungs are sound and free of defects, oil, grease, etc.

1. Ladders that have broken steps, rungs, cleats or side rails must be placed out of service or destroyed (cut into 3 foot long sections and discarded).
2. Look up and avoid overhead electrical power lines before raising or lowering ladders.
3. Ladders must always be placed on a stable and solid base.
4. Face the ladder when climbing up or down.
5. Use a "heel man" to prevent the ladder from slipping.
6. Always ensure the ladder in use is of sufficient height to prevent standing or working on the top three rungs of any ladder.
7. Only use ladders or personnel hoisting devices for human access to the roof or upper levels.

Training Safety

Every training exercise, evolution or event shall be treated as if under actual fire event. All safety rules are applicable to and strictly enforced on the training ground as anywhere. The training ground, whether at our training facility or a live burn event, must be the safest environment possible for our employees. The training ground is the one place where errors in tactics need to be immediately corrected so they do not re-occur at the fire scene. The training ground is our opportunity to sharpen skills and identify flaws in our practices. There is no excuse for injuries to occur on the training ground and supervisors and training officers will be held accountable for placing trainees in excessively dangerous conditions. The training ground is a controlled environment, regardless of the level of training. Any and every training exercise can and shall be halted when conditions become excessively dangerous. Any person who endangers the safety of others by their intentional disregard for safety rules shall face disciplinary action, up to and including termination.

A person shall be designated as a Safety Officer to observe every training exercise. Any time the Safety Officer determines that conditions are excessively dangerous; he/she is authorized to halt the exercise. Any training officer who knowingly places a trainee in a position beyond their capabilities or creates excessively dangerous conditions for training purposes shall face disciplinary action, up to and including termination.

This department will not tolerate "freelancing" activities. We are engaged in a life threatening profession where any one of us can lose our lives in the practice of saving other lives and property; we have no need to, nor will we, ignore attempts to heighten this risk.

Fire Ground Safety Rules

1. When arriving at the fire scene, firefighters must wait until the apparatus has come to a complete stop before removing their seatbelts.
2. Wait for the apparatus officer's directions before getting off the apparatus.
3. When working at fire scenes, prevent trips and falls by walking rather than running.
4. Do not "freelance" as an individual or with a crew. Always work in teams of at least two, and do not separate for any reason. Operate within the fire department's accountability system and the incident command system.
5. Never enter a structure fire by yourself for any reason.
6. Never enter a burning structure if you are not wearing your self-contained breathing apparatus and full turnout gear.
7. Avoid entering any structure which is displaying the signs of "breathing" (back draft).
8. Make sure the Incident Commander or the group/division officer knows when your crew relocates.
9. Prior to entering a burning structure, the hose line must be opened and operationally tested outside the structure in order to ensure it is fully functional (charged): pull back on the nozzle valve handle to the "open" position and allow air to escape to

- the point at which a solid stream of water is flowing from the nozzle (excluding standpipe operations).
10. Firefighters must use full protective clothing, including hoods, gloves and SCBA, for interior firefighting.
 11. Firefighting teams within a burning structure must have constant radio communication with the incident commander.
 12. Interior crews must stay together and must maintain constant communication between each other and the incident commander outside the structure.
 13. If, for any reason, one member of a team must leave the interior of a structure, the entire team of firefighters must leave the structure.
 14. Do not "straddle" charged hose lines.
 15. Open valves to charged hose lines slowly to prevent injuring the firefighters at the end of the hose.
 16. Before "shutting down" any charged line, or when a low water situation exists, the pump operator must notify the firefighters at the working end.
 17. Firefighters operating in or near streets or roads must wear their helmets and reflective traffic vests, or full protective clothing, for visibility to oncoming traffic.
 18. When utilizing pike poles to clean out hot spots or while conducting salvage and overhaul operations, always push the debris down and away from your body.
 19. Self-contained breathing apparatus must be worn during all phases of property conservation and overhaul, unless the incident commander tells you otherwise. Atmospheres that appear clear may have high carbon monoxide or other dangerous gas levels.
 20. Always ensure that "running" power tools are never left unattended.

Vehicle Fires

1. Always use full protective equipment / clothing, including hoods, gloves and SCBA, when attacking a vehicle fire.
2. Prior to attacking a vehicle fire, "open" and operationally check the hose line from a safe distance to be sure it is fully functional: pull back on the nozzle valve handle to the "open" position and allow air to escape to the point at which a solid stream of water is flowing from the nozzle.
3. Use the wheel blocks to chock the wheels of the burning vehicle, when possible, to prevent it from rolling.
4. Always approach a burning vehicle that is equipped with a shock-absorbing bumper, from the side of the car; cars that have shock-absorbing bumpers have approximately a 4-inch space between the grill and the bumper.
5. When possible, approach vehicle fires from upwind, from uphill, and in a low crouch, with the hose nozzle opened to the appropriate pattern.
6. Only "pop" hoods open when there is another firefighter present with a charged and tested hose line, standing by to attack the potential flare up of fire once the hood is opened.

Acetylene and other cutting tools

1. Place valve protective caps on all cylinders that are stored, not in use, or being transported.
2. Always “blow out” (partially crack open) the cylinder valve before attaching the regulator.
3. Stand to one side of the regulator when opening the valve.
4. Always wear the face shield, helmet, filter eye protection, your “turn-out” gear, and welding gloves when performing cutting operations.

Tactical Positioning

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

1. Above the fire (floors/roof)
2. Where fire can move in behind them
3. When involved with opposing fire streams
4. Combining interior and exterior attack
5. Where sector cannot control position/retreat
6. With limited access - 1 way in/out
7. Operating under involved roof structures
8. In areas containing hazardous materials
9. Below ground fires (basements, etc.)
10. In areas where back draft, flashover, and smoke explosion potential exists

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

When operating in a defensive mode, your operating position should be as far from the involved area as possible and still remain effective. Position and operate from behind barriers if available (fences, walls, etc.). The intent is for personnel to utilize safe positioning where possible/available, in an effort to safeguard against sudden hazardous developments such as back draft explosion, structural collapse, etc.

When operating in an offensive mode, *be aggressive*. Effective interior attack operations directed toward knocking down the fire eliminates most eventual safety problems.

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

1. Be positioned in staging.
2. Be assigned to a company or sector.
3. Having completed an assignment and no other assignments are available, crews should be assigned to a resource, staging, or rehabilitation sector until such time as they can either be reassigned back to an operating area or released to in-service status.

The intent of this procedure is to minimize fire ground confusion / congestion and, more importantly, to limit the number of personnel exposed to fire ground hazards to only those necessary to successfully control the operation. Individuals or crews shall be restricted from wandering about the fire ground or congregating in non-functional groups. If you have not been assigned to a crew or you do not have a necessary staff function to perform, **stay off the fire ground.**

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

In situations where crews must operate from opposing or conflicting positions, such as front versus rear attack streams, interior versus exterior streams, roof crews versus interior crews, etc., utilize radio or face-to-face communications to coordinate your actions with those of the opposing crew in an effort to prevent needless injuries.

Ground crews must be notified and evacuated from interior positions before master streams or aerial streams go into operation. Do not operate exterior streams, whether hand lines, master streams, ladder pipes, etc., into an area where interior crews are operating. This procedure is intended to prevent injuries to personnel due to stream blast and the driving of fire and/or heavy heat and smoke onto interior crews.

When laddering a roof, the ladder selected shall be one which will extend 2'- 3' above the roofline. This shall be done in an effort to provide personnel operating from the roof with a visible means of egress. If possible, when laddering buildings under fire conditions, place ladders near building corners or firewalls, as these areas are generally more stable in the event of structural failure.

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

Many safety principles revolve around action that takes place on the fire ground. For the purpose of our operations, the fire ground perimeter can be defined as: the area inside an imaginary boundary that has been determined by safety considerations according to the

foreseeable hazards of the particular incident. The flexible boundary that determines the fire ground can be altered by various safety factors.

All personnel entering the fire ground perimeter shall:

1. Wear protective clothing and required respiratory protection
2. Have crew intact

ALL OTHERS STAY OUTSIDE.

Structural Collapse

In recent times, structural collapse has been one of the leading causes of serious injury and death to firefighters. For this reason, the possibility of structural collapse shall be a major consideration in the development of any tactical plan.

Structural collapse is always a possibility when a building is subject to intense fire or when extreme water loads are applied. In fact, if fire is allowed to affect a structure long enough, some structural failure is inevitable. Regardless of the age and exterior appearance of the building, there is always the possibility that a principal structural supporting member is being seriously affected by heat and may collapse suddenly, inflicting serious injury to firefighters.

In the typical fire involved building, the roof is the most likely candidate for failure; however, failure of the roof may very likely trigger a collapse of one or more wall sections. This is especially true if the roof is a peak or dome type, which may exert outward pressure against both the bearing and non-bearing walls upon collapse. In multi-story buildings or buildings with a basement, the floor section above the fire may collapse if supporting members are directly exposed to heat and flames.

A knowledge of various types of building construction can be invaluable to the fire officer from a safety standpoint, as certain types of construction can be expected to fail sooner than others. For example, under fire conditions, lightweight truss and bar joist roof construction can be expected to fail after minimal fire exposure.

Structures have been known to collapse without warning, but usually there are signs which may tip off an alert fire officer. Action might be taken to avert any imminent hazard.

Tell-Tale Signs: (Red Flags)

1. Cracks in exterior walls.
2. Bulges in exterior walls.
3. Sounds of structural movement - creaking, growling, snapping, etc.
4. Smoke or water leaking through walls.
5. Flexible movement of any floor or roof where firefighters walk.

6. Interior or exterior bearing walls or columns leaning, twisting, or flexing.

The following construction features or conditions have been known to fail prematurely or to contribute to early structural failure when affected by fire.

Contributing Factors:

1. Large (unsupported) areas - supermarkets, warehouses, etc.
2. Large signs or marquees, which may pull away from weakened walls.
3. Cantilevered canopies, which usually depend on the roof for support and may collapse as the roof fails.
4. Ornamental or secondary front or sidewalls, which may pull away and collapse.
5. Buildings with lightweight truss, bar joist, or bow string truss roofs.
6. Buildings supported by unprotected metal beams, columns, etc.

Buildings containing one or more of the above features must be constantly evaluated for collapse potential. These evaluations should be of major consideration toward determining the tactical mode; i.e. offensive/defensive.

It is a principal Command responsibility to continually evaluate and determine if the fire building is tenable for interior operations. This on-going evaluation of structural/fire conditions requires the input of company officers advising Command of the conditions in their area of operation.

Structures of other than fire protected/heavy timber construction are not designed to withstand the effects of fire, and can be expected to fail after approximately twenty minutes of heavy fire involvement. If, after 10-15 minutes of interior operations, heavy fire conditions still exist, Command should initiate a careful evaluation of structural conditions and should be fully prepared to withdraw interior crews and resort to a defensive position.

If structural failure of a building or section of a building appears likely, a perimeter must be established a safe distance from the area that may collapse. All personnel must remain outside this perimeter.

Evacuation

Interior firefighting operations should be abandoned when the extent of the fire prohibits or the structure becomes unsafe to operate within. When such conditions become untenable—evacuate, regroup, communicate, and redeploy.

When a hazard which may affect the safety of firefighting personnel becomes apparent, our primary concern is the welfare of those personnel. In an effort to protect personnel from hazards such as structural collapse, explosion, back draft, etc., a structured method of area evacuation must be utilized, one which will provide for the rapid/effective notification

of those personnel involved, and one which will be able to accurately account for those personnel.

The method of evacuation selected will vary depending on the following circumstances:

1. How immediate is the hazard
2. Type and extent of hazard
3. Perception of the area affected by the hazard

The emergency traffic announcement is designed to provide immediate notification for all fire ground personnel of a notable hazard that is either about to occur, or has occurred. The use of "Emergency Traffic" should be initiated only when the hazard appears to be imminent. Any member has the authority to utilize the "Emergency Traffic" announcement when it is felt that a notable danger to personnel is apparent; however, considerable discretion should be applied to its use; emergency traffic announcements become ineffective if overused.

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

Upon receipt of the emergency traffic evacuation order, company officers shall assemble their crews and promptly exit to a safe location, where the company officer will again account for all crewmembers (IMS# 3.8, Personnel Accountability Report - "PAR"). Shortly after the evacuation order, sector officers shall begin the process of accounting for all evacuated crews. When all affected crews and crewmembers are accounted for, the evacuation process is complete. At this time, a more specific determination as to the reality/extent of the hazard can be made and efforts initiated to redeploy/redirect attack forces.

Building evacuation generally involves a shift from offensive to defensive as an operational strategy. In such cases, Command must develop a corresponding operational plan and must communicate that plan to all operating elements. This can be a difficult shift to complete as units are committed to positions in an offensive manner. It is extremely important that everyone gets the word that a strategic shift has been made.

Hazards noted of a less than imminent nature should usually be handled by a consultation of Command, sector and/or the company officers or outside agency authorities. These officers or specialists should make a determination as to the nature and possible effect of the suspected hazard and advise Command so that he/she can make a more knowledgeable decision as to the proper course of action.

See also: IMS Manual; Section 3 page 17 *Firefighter Down Procedures* and Section 3 page 16 *Emergency Radio Alarm Activation.*

Search and Rescue

Search and rescue should be performed according to an efficient, well-planned procedure, which has included the safety of search crew personnel. The object of the search effort is to locate possible victims, not create additional ones by neglecting the safety of the search crew. Prior to entering the search area, all search team members should be familiar with a specific search plan including the overall objective, a designation of the search area, individual assignments, etc. This may require a brief conference among crewmembers before entering the search area to develop and communicate the plan.

Wherever possible, individual search activities should be conducted by two or more members. Company officers must maintain an awareness of the location and function of all members within their crew during search operations. A brief look around the floor below the fire may provide good reference for the search team, as floors in multi-story occupancies usually have a similar layout.

Whenever a search is conducted that exposes search crews to fire conditions (particularly above the fire floor) the search team should be protected as soon as possible with a charged hose line in order to insure a safe escape route. If search personnel are operating without a hose line, lifelines should be used when encountering conditions of severely limited visibility.

Fire fighting is inherently dangerous with the amount of heat, toxic gases and obscuring smoke increasing as more and more products made of synthetic materials are found everywhere from dwellings, to general businesses and vehicles. Even so, great strides have been made in recent years with regards to firefighter safety. Much of this has not been due to improved technology and equipment as much as it has been an improvement in training, organization, and a conscientious effort to work safer. The accountability system, staying with your crew and other such practices may seem to be inconvenient, but they are for our safety and need to be followed.

Staying home may be the safest practice, but ours shall be that we will aggressively attack fire in the pursuit of saving lives and protecting property. Even so, we shall include ourselves in the equation of "Is the risk worth the gain?"

Hose loading Operations

The reloading of hose on moving vehicles SHALL NOT be permitted. The vehicle shall be in neutral or park with the emergency brake applied. Helmets and gloves shall be worn while loading hose onto the apparatus.



Title: Vehicle Accident Review Board

Controller: Administration

Origination Date: 08/1/07

Revision Date: 2/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. J.', is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To review collision cases involving Seminole County Fire Department vehicles and determine the extent of responsibility of the vehicle operator.

To track trends and make recommendations to the Fire Chief on identified safety areas considered as “opportunities for improvement” in department policy and procedure in regards to safe vehicle operation.

History

This policy pertains to all Fire Department vehicle operators. This includes fire apparatus, administrative staff vehicles, and day staff utilizing pool vehicle transportation

Procedure

The Vehicle Accident Review Board shall consist of between five (5) and seven (7) Seminole County employees, and one (1) representative from a neighboring fire department within our first response system. The Seminole County Fire Department Assistant Chief of Professional Standards will act as chairperson and will only vote in the event of a tie.

Board Members

Board members will be selected from the following areas based on vehicle usage and special knowledge:

- The Assistant Chief/Chairperson
- One (1) representative appointed by the Firefighters Bargaining Unit (Seminole County Professional Firefighters Local 3254)
- One (1) representative of the Fire Department appointed by the Fire Chief
- One (1) Chief Officer appointed by the Fire Chief
- One (1) representative from the Sherriff’s Office Traffic Investigation Division (as needed)
- One (1) representative from Fleet Services (as needed)
- One (1) representative from the Seminole County Risk Management office.
- One (1) representative from a neighboring fire department within our first response system.

Board members shall be appointed by the Fire Chief for an annual term (with the exception of the first Board established, for which there will be a two (2) year term). The

term may be renewed at the discretion of the Fire Chief. Member rotation should involve only one (1) member at a time to allow the new member to observe experienced members for at least one meeting. Members may be removed at the discretion of the Fire Chief for excessive unexcused absences, or for good cause.

Board Responsibilities

The responsibilities of the Board shall be to review particular collision cases involving Seminole County Fire Department vehicles, and to determine the extent of responsibility of the vehicle operator after reviewing the facts involved in the collision. Such as:

- Police report
- Supervisor's Investigation report
- Driver statements/reports
- Witness statements
- Diagrams/photographs
- Any other pertinent information

The key question before the Board shall be: **Could the driver have prevented this collision?**

Review Procedures

It shall be the responsibility of the Assistant Chief to:

1. Assure that all pertinent information is collected and reviewed
2. The employee shall be notified in writing that a review process is underway. If any disciplinary action is needed it may be delayed pending the Board's recommendation.
3. Schedule Board review of each case within 45 days of the collision date, when practical.
4. Assure that each driver is advised of the Board's decision within seven (7) working days from the date of the hearing.

Collisions in which the investigating officer(s) (which would normally be the immediate supervisor) has determined are minor in nature, do not involve injury, the cause is evident and the preventative factors are readily identifiable do not require referral to the VARB.

Collisions that cannot be classified as minor, involve injury, involve collision with another moving vehicle or where the cause and preventative factors cannot be readily determined shall be referred for VARB review.

Any employee, operating a Seminole County Fire Department vehicle, that is involved in a collision which has been determined to require VARB review will have an opportunity to appear before the Board, and will be notified as to the date and time of the review by the Assistant Chief. Employees unable to attend the review as scheduled and who wish to be entered on the next review docket shall notify the Assistant Chief in writing within

three (3) days after notification of the review date. If an employee opts not to appear, the Board will make determination based on supplied information as identified in Board Responsibilities.

NOTE: Two appearance dates will be the maximum offered by the Board before a determination is made based on the facts available. All decisions may be appealed as per the guidelines contained herein.

Process

The Board will be responsible by democratic process to classify the accident into one of the categories as listed below. When the chairperson is satisfied that all facts and discussions have been sufficiently presented, the group will make a consensus decision. After the hearing, the chairperson will notify the Fire Chief or designee, in writing, of the classification.

The chairperson is responsible for notifying the driver of the Board's decision. The Fire Chief or designee is responsible for informing the driver what personnel action, if any, will be taken.

Collision Classification

The act of classifying collisions as preventable is extremely complex. An effort will be made to assign members to the Board that have an understanding of the principles of vehicle operation and the causes of motor vehicle collisions.

Defensive driving principles shall be expected from all drivers while operating Seminole County Fire Department vehicles. The Seminole County Fire Department provides defensive training (EVOC- Emergency Vehicle Operators Course) and expects drivers to drive defensively.

PREVENTABILITY becomes the most important decision the Vehicle Accident Review Board shall determine.

A preventable collision shall be defined as:

Any collision involving a Seminole County Fire Department vehicle which results in property damage and/or personal injury, regardless of who is injured, what property was damaged, and to what extent or where it occurred, in which the driver in question failed to exercise every reasonable precaution to prevent the collision.

The degree of the prevention taken on the part of the driver shall be taken into consideration. The collision shall be classified into one of the following categories:

1. Driver did all he/she reasonably could to prevent the collision in accordance with defensive driving practices.

2. Driver is not totally responsible, but his/her actions contributed to the collision, and/or did not abide by Seminole County or Seminole County Fire Department policy regarding the safe operation of vehicles.
3. Driver did not employ standard defensive driving techniques which resulted in a collision, and/or did not abide by Seminole County or Seminole County Fire Department policy regarding the safe operation of vehicles.
4. Driver demonstrated total disregard or gross negligence while operating a County vehicle, and/or did not abide by Seminole County or Seminole County Fire Department policy regarding the safe operation of vehicles.

Fire Chief's Guidelines When Considering Vehicle Accident Review Board Decisions

Upon receipt of the determination from the Vehicle Accident Review Board, the Fire Chief or designee should review the employee's personnel file including past discipline and performance records. Additionally, the Assistant Chief will submit a report with the employee's previous 5 year, work related driving record for consideration. For this reason, documentation will be maintained on employee work related accidents for a 5 year period, separate from their personnel file. Suggested remedial action for the first occurrence of a vehicle collision is listed below. The Fire Chief or designee may tailor the discipline to the particular case. Multiple occurrences of collisions may result in "progressive" discipline.

Components of a written discipline may outline a suggested "Action Plan" for the employee, to provide opportunities for improving their driving habits. This may include, but not limited to, mandatory attendance and completion of a designated defensive driving program.

1. Driver did all he/she reasonably could to prevent the collision in accordance with defensive driving practices.
 - a. No discipline
2. Driver is not totally responsible, but his/her actions contributed to the collision, and/or did not abide by Seminole County or Seminole County Fire Department policy regarding the safe operation of vehicles.
 - a. TIPS on Performance
 - b. Verbal Warning
 - c. Written Warning
 - d. Written Reprimand
3. Driver did not employ standard defensive driving techniques which resulted in a collision, and/or did not abide by Seminole County or Seminole County Fire Department policy regarding the safe operation of vehicles.
 - a. Verbal Warning
 - b. Written Warning
 - c. Written Reprimand

d. Suspension

4. Driver demonstrated total disregard or gross negligence while operating a County vehicle, and/or did not abide by Seminole County or Seminole County Fire Department policy regarding the safe operation of vehicles.
 - a. Suspension
 - b. Demotion
 - c. Termination

NOTE: Defensive driving retraining should be considered for all classifications other than #1 above. The Department Director or designee may exceed these guidelines when there is a history of multiple collisions.

NOTE: Remedial Action shall be able to be grieved/appealed as defined by Seminole County Fire Department policy.



Title: Fire and EMS Reporting; Records Maintenance

Controller: Planning and Resource Management

Origination Date: 12/11/06

Revision Date: 2/5/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'Matt W. K.', is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish a procedure for protection against potential disasters and ensuring that all information related to Seminole County Fire Department's Management Information System (MIS) is protected. Records for the purpose of this document refer to the National Fire Incident Reporting System (NFIRS) and Emergency Medical Services (EMS) reports digitally recorded by the Seminole County Fire Department. The records are maintained as required and set forth in the State of Florida General Records Schedule for Fire Department GS4, and Schedule GS4 for Public Health Care Facilities and Providers.

Procedure

Reports are digitally collected in a web-hosted environment provided by ImageTrend Inc. The ImageTrend environment meets all State requirements for data collection and industry requirements for hosting. The database contains all transactions recorded since its inception and database security restricts users from purging data from the database.

Data is either collected in a field environment and uploaded to the ImageTrend host or entered directly to the host site via a secure internet connection. ImageTrend secure hosting facility stores the data at its secure hosting facility in downtown Minneapolis, MN.

Data Destruction Process

Data stored in ImageTrend Inc.'s secure hosting facility will be erased upon notification from Seminole County Fire Department according to General Records Schedule GS4 for Public Health Care Facilities and Providers.

Data Integrity

ImageTrend Inc. performs daily data backups and features triple redundant, high-speed internet connections over fiber optics for data collection. Security features include dual power supplies; power protection via an in-line 80kVa UPS with a 150 KW backup diesel generator. Servers are located in a temperature controlled, secure site with steel vault doors and concrete walls, as well as off-site idle emergency backup servers. Network monitoring is performed 24/7/365. ImageTrend is a Health Insurance Portability and Accountability Act (HIPPA) business associate, with HIPPA trained employees, secure servers, applications, using multi-tiered security access, which is continuously monitored.



Title: Bulletins

Controller: Administration

Origination Date: 3/25/08

Revision Date: 1/1/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

The purpose of this Operations Bulletin is to establish the Information Bulletin (IB), Safety Bulletin (SB), and the Training Bulletin (TB) communication process. Bulletins are incorporated to enhance communications amongst all department employees. These bulletins may be issued for instances such as, but not limited to, county policies, operations bulletins, incident management system, training, safety, and/or vital informational communication to all department employees.

History

The creation of the bulletin process is to avoid inconsistent verbal dissemination of vital division information. It is imperative that vital information affecting the administration, operations, logistical, and planning sections of the division be communicated accurately and consistently throughout all positions, ranks, stations, and shifts.

Procedure

Bulletins may be developed/submitted from the Battalion Chief rank or above and forwarded through the chain of command for approval by an Assistant Chief or Fire Chief, prior to dissemination. After completion of the final draft of a bulletin, a number shall be issued to the bulletin by the Administrative Assistant to the Fire Chief. The number will be issued in chronological order by year; for example, the first information bulletin for year 2008 will be IB 08-001. Each IB will be emailed to department personnel and linked to the department's intranet site under the heading "Information Bulletins". Each employee will be required to review and be familiar with "IB's" as disseminated. The same process will apply to safety bulletins, information bulletins, and training bulletins.

Information Bulletins will be identified with a royal blue border surrounding the perimeter of each page.

Safety Bulletins will be identified with a bright yellow border surrounding the perimeter of each page.

Training Bulletins will be identified with a bright green border surrounding the perimeter of each page.

The department heading will appear on the top of each page with the Bulletin number at the top of each page.



Title: Water Usage Reporting System

Controller: Planning and Resource Management

Origination Date: 03/28/08

Revision Date: 11/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "Mark W. [unclear]", is written over a horizontal line.

Effective Date: 1/7/2024

Purpose

To establish a consistent process to document the use of non-metered potable water.

History

The St. Johns Water Management District requires tracking of water usage. Water usage must be reported to the Seminole County Environmental Services Department Water/Sewer Division.

Procedure

Anytime water is used (including for firefighting and training exercises) from a potable water source (fire hydrant, etc.), it shall be recorded and reported via the "**Water Loss Report**" located on the Seminole County Fire Department's PSTrax System. The Lieutenant or their designee will complete the form as indicated.

It is not necessary to make a determination whether or not the hydrant is connected to a County water distribution system. Reporting members are asked to utilize their "Best Estimate" when determining amounts used.

Reporting water utilized in conjunction with the delivery of scheduled training at the Fire Training Center will be the responsibility of Professional Standards.

WATER USAGE/LOSS REPORT

Fire Department Water Usage/ Loss Report	
The St. Johns Water Management District allows Seminole County a certain amount of water waste per month. The Fire Department is exempt from this. It is very important that we fill these reports out so that our water usage does not cut into their allotted water loss totals.	
Lost Water Type	
<input checked="" type="checkbox"/> <input type="checkbox"/>	Fire Department
Date of Usage	
<input checked="" type="checkbox"/> <input type="checkbox"/>	Date Enter Notes
Address of Hydrant	
<input checked="" type="checkbox"/> <input type="checkbox"/>	Nearest address to the hydrant or a hydrant number Enter Notes
System Used	
<input checked="" type="checkbox"/> <input type="checkbox"/>	Development name, or area of the county, i.e. NW, SE, etc., if development is not known. Enter Notes
GPM Produced by this Hydrant	
<input checked="" type="checkbox"/> <input type="checkbox"/>	Hydrant GPMs Enter Notes
Start Time	
<input checked="" type="checkbox"/> <input type="checkbox"/>	What time did you start using the hydrant? Enter Notes
End Time	
<input checked="" type="checkbox"/> <input type="checkbox"/>	What time did you stop using the hydrant? Enter Notes
Total Time Water was Flowing	
<input checked="" type="checkbox"/> <input type="checkbox"/>	In minutes Enter Notes
Total Gallons Used	
<input checked="" type="checkbox"/> <input type="checkbox"/>	As close an approximation as you can get. Enter Notes
Used by	
<input checked="" type="checkbox"/> <input type="checkbox"/>	They need to know who initially opened the hydrant. Enter Notes



Title: Records Requests and Releases

Controller: Administration

Origination Date: 08 Sep 09

Revision Date: 5/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 7/1/2023

Purpose

To establish a specific procedure for the Fire Department's personnel to handle internal and external records release requests.

History

The Fire Department maintains records of all responses through a comprehensive reporting system. These records are frequently requested by the owners of properties, patients, attorneys, relatives, State Law Enforcement agencies, State Attorney's Office, Medical Examiner, Hospitals or any number of Federal and State Agencies. Additionally, fire personnel may also request copies of reports for review with the Medical Director and for Medical Quality Assurance purposes. The release of these documents must be accomplished following strict guidelines and in compliance with the Health Information Portability and Accountability Act (HIPAA) rules.

Procedure

All records requests must be submitted to the designated record custodian for review, approval and processing.

Section 401.30(4), Florida Statutes, makes specific provisions for records of emergency calls:

Records of emergency calls which contain patient examination or treatment information are confidential and exempt from the provisions of s. 119.07(1) and may not be disclosed without the consent of the person to whom they pertain, but appropriate limited disclosure may be made without such consent:

- (a) To the person's guardian, to the next of kin if the person is deceased, or to a parent if the person is a minor;*
- (b) To hospital personnel for use in conjunction with the treatment of the patient;*
- (c) To the department;*
- (d) To the service medical director;*
- (e) For use in a critical stress debriefing. Any such discussions during a critical incident stress debriefing shall be considered privileged communication under s. 90.503;*
- (f) In any civil or criminal action, unless otherwise prohibited by law, upon the issuance of a subpoena from a court of competent jurisdiction and proper notice by the party seeking such records, to the patient or his or her legal representative; or*

(g) To a local trauma agency or a regional trauma agency, or a panel or committee assembled by such an agency to assist the agency in performing quality assurance activities in accordance with a plan approved under s. 395.401. Records obtained under this paragraph are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

Documentation that is NOT PUBLIC RECORD: EMS reports that indicate a notification has been made to the State of abuse will have that specific information redacted or blacked out so as not to be visible. When releasing an EMS report, take a quick glance at the last paragraph of the narrative to see if this statement is listed: **“The following information IS NOT SUBJECT to public record release or distribution in accordance with Florida Statute Chapter 39.202 (5) and Chapter 415.107 (1) which protects the reporter from disclosure when making legal notification reporting abuse, abandonment, or neglect.”**

If that is the case, under F.S. 39.202, that portion of the report must be redacted prior to the release to the requesting party. This applies to all cases of abuse, including elderly abuse.

Documentation required, based on who requests the records:

Please refer to Deputy Chief if there’s any documentation requirement issues.

1023.01 Patient/Attorney Representing Patient Section 401.30, FL Statutes

Patient/in person:	Photo ID, signature on EMS Release form
Patient/by Mail:	Notarized Medical Release from patient and copy of photo ID
Attorney by Mail:	Accept the medical release provided to attorney by patient

1023.02 Subpoenas

Subpoena only
If for Defendant’s Attorney: Subpoena, plus a copy of the Notice to Non-Party

1023.03 Parent or Guardian of Child

In Person:	Photo ID, copy of Birth Certificate, signature on EMS Release form
By Mail:	Notarized Release from Parent or Guardian stating that they are the legal Guardian or Parent, copy of Birth Certificate and copy of photo ID

1023.04 Parent or Guardian of Adult

- In Person: Photo ID, copy of Power of Attorney for Medical, and signature on EMS Release from Parent or Guardian.
- By Mail: Notarized Release from Parent or Guardian, with copy of Power of Attorney for Medical and copy of photo ID

1023.05 Relative of Deceased

- In Person:
- Photo ID, copy of Death Certificate naming the person as next of kin (informant), and signature on EMS Release form
- By Mail:
- Notarized Request from next of kin (informant)
 - Copy of Death Certificate naming that person as next of kin (informant), or a Power of Attorney for Medical
 - Copy of photo ID

1023.06 Medical Examiner

Request for records

1023.07 Hospital or Physician

- If the hospital is the treating hospital, no documentation needed.
- Physician will need notarized medical release from patient unless he/she is the treating physician (documented, signed and notarized medical record release form submitted).

1023.08 Law Enforcement Agency or State's Attorney

Subpoena

1023.09 Tissue, Eye or Organ Bank

Pursuant to Florida State Statutes 765.515 Part V, Anatomical Gift

EMS reports can be sent using Seminole County's password protected files share program

By Mail remember to ask for:

A Return Self-Addressed Envelope and \$3.50 handling fees, and \$0.15 per page .

1023.08 INTERNAL RECORDS REQUESTS:

A. Fire Reports

Submit a report request via e-mail to Records Custodian.

B. EMS Reports

- Submit a request of the incident number and the specific records needed via electronic mail through the requester's supervisor to the EMS Battalion Chief. Allow at least five business days for processing and return.
- EMS Battalion Chief will process the request through the appropriate staff member.
- Records requested for Medical Director Review during the precepting/mentoring process will have all specific patient identifiers redacted prior to release and can be retrieved directly by EMS Performance Management or Medical Director's staff for quality assurance purposes only.

C. Records for Medical Director Review and Training

- EMS Patient Field Care Report
- Any EKG tracings (4 lead and 12 lead)
- Final completed electronic report
- Copies of the requested reports will be forwarded to the requesting employee via their chain of command.

D. Other

Any other records requests outside of the above parameters must be submitted to the Operations Chief via the Chain of Command for review and authorization.

- Fire Chief**
Matt Kinley
- Administration**
John Thibert,
Deputy Chief
- Operations**
Ben DeCuir,
Deputy Chief
- Special Operations**
Jason Prather, Assistant Chief
- EMS Operations**
Sam Thurmond, Assistant
Chief
- Professional Standards/
Training**
Greg Harlow, Assistant Chief
- Fire Support/Logistics**
Matt Hettler, Assistant Chief
- Planning**
Don Harkins, Assistant Chief
- Fire Prevention**
Christina Diaz, Fire Marshal
- A Shift Commander**
Jolene Joyce, Assistant Chief
- B Shift Commander**
Bryon Chaney, Assistant Chief
- C Shift Commander**
Bradley Hawver, Assistant
Chief



150 ESLINGER WAY
SANFORD FL 32773
TELEPHONE (407) 665-5175
FAX (407) 665-5010
WWW.SEMINOLECOUNTYFL.GOV

SEMINOLE COUNTY FIRE DEPARTMENT



REQUEST FOR RECORDS RELEASE

AUTHORIZATION TO RELEASE

Incident Date: _____ Incident #: _____

Incident Location: _____

In accordance with Seminole County Government/Seminole County Fire Department Guidelines, I acknowledge that I am requesting a copy of the following for

- myself:
- E-911 audio recording
 - Patient care report (EMS medical record)
 - Fire Incident report (non-medical report)
 - Other – please specify: _____

OR

I am instructing that a copy of the records indicated in the preceding are to be provided to:

- Individual or party listed below:

Printed name and mailing address: _____

Signed _____ Date _____

Printed name _____ Picture ID (current DL#/other picture ID) _____

Affidavit
State of Florida – County of _____

Before me, personally appeared the said _____ who states that he she is the: - Patient - Parent/Guardian - Personal Representative

Acting on behalf of the patient: _____
Printed full name of patient

And has executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore. Sworn to and subscribed in my presence this _____ day of _____, 20____.

NOTARY: _____
Notary Public Signature



Title: Public Records Management

Controller: Administration

Origination Date: 12/05/2008

Revision Date: 2/4/2023

Approved by: _____

Effective Date: 6/3/2023

Purpose

This policy defines the procedure for the management of paper and digital public records.

Procedure

Records will be handled in the manner defined by:

- Florida State Statutes Chapter 257 Public Libraries and State Archives
- Florida State Statutes Chapter 119 Public Records
- Florida Administrative Code:
 - Rule 1B-24 Public Records Scheduling and Dispositioning
 - Rule 1B-26.0021 Records Management-Standards and Requirements-Microfilm Standards
 - Rule 1B-26.003 Records Management-Standards and Requirements-Electronic Record-keeping



Title: Donations and Contributions

Controller: Administration
Origination Date: 1/28/09

Revision Date: 2/1/21

Approved by: _____

A handwritten signature in blue ink, appearing to be "J. H. H.", written over a horizontal line.

Effective Date: _____

5/20/21

Purpose

Citizens, organizations or businesses commonly donate or contribute money, services, and/or other items of value to the Department for various reasons. This policy defines the procedure needed to properly and legally account for all donations and contributions.

Procedure

Personnel shall adhere to Seminole County Administrative Code 105.0 *Solicitation/Acceptance of Gifts, Gratuities, Benefits, or Things of Value and Promoting Private Business* and 106.0 *Bribery* for responsibilities related to accepting gifts, benefits, and gratuities as an employee of Seminole County. At the time of origination of this operations bulletin the internet link to this document is: http://www.seminolecountyfl.gov/ca/admin_code

Upon receiving a request to donate money to the Department via a fire station, residence, or business, personnel shall provide a receipt to the donor that includes the donor's printed name, mailing address and signature, as well as the employee name, date, amount and type of donation, a brief description of the circumstances and signature of the employee accepting the donation. The Seminole County Fire Department donation form can be used when available.

The donor shall receive a portion of the form as receipt of donation.

The form and donation shall be placed in an interdepartmental mail envelope and forwarded through your chain of command for processing.

For any donations or contributions that are non-monetary, complete the Seminole County Fire Department donation form and forward it also through your chain of command. Instructions will be given for the procedure required for acceptance.

Seminole County EMS/Fire/Rescue Division Form
DONATIONS AND CONTRIBUTIONS

This form documents a donation or contribution by a donor per Operations Bulletin #1025.

Date: _____

Donor's First Name: _____ Last Name: _____

Donor's Mailing Address: _____
(Street) (City) (Zip)

Phone Number: _____

Type of donation: _____ Approx. Value: _____

Make: _____ Model: _____ Serial #: _____

Describe the circumstances:

Donor's Signature: _____ Monetary donations require two witness signatures

Witness #1: _____ Witness #2: _____

Print Witness #1 Name: _____ Print Witness #2 Name: _____

SCFD Donation Receipt

Date: _____

Donation received in the amount of: _____ in the form of: _____

Received by: _____ Signature: _____
(Printed Name)

Your donation was received by the Seminole County Fire Department and may be considered tax deductible. Consult your tax advisor for more information.



Title: Extraordinary/Unusual Event Reporting

Controller:

Origination Date: 2/23/2009

Revision Date: 1/1/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

Using already established Operations Bulletins, this document summarizes the path personnel will take to report extraordinary events, making it easier to find the procedure necessary to comply with those policies.

Definition of extraordinary or unusual events requiring reporting: Any significant situation that occurs that is not normally reported on a scheduled basis and falls out of the normal daily operating practice is considered an extraordinary event.

History

Governmental, economic, organizational, societal, and industry changes over time require the addition or alteration of guidelines for procedure, reporting, and tracking of events, information, and interactions. The multitude of documents can be confusing, making it necessary to create a reference guide to improve workflow.

Procedure

The procedures noted for each example are not all-inclusive and are a brief summary of what actions are to be taken in the field.

1. **Employee injury:** These are the steps needed to report an on-duty employee injury/illness.

References: Operations Bulletin 01011

Forms: First Report of Injury or Illness (DWC-1), Supervisor's Investigation Report, NFIRS with Firefighter Casualty Section, EMS Report

Procedure Summary:

On Duty Injury

- a. Provide immediate care as required.
- b. Notify immediate supervisor.
- c. Complete forms and submit through current method.
- d. If injured on an alarm: complete EMS report using the same incident number, indicate a firefighter "casualty" in appropriate check box on the NFIRS report and complete the firefighter casualty section of the report.
- e. If injury did not occur on an alarm: initiate "Still Alarm." Complete the remainder of the reports as indicated in item 5.
- f. Provide for additional treatment (initial office visit etc.) as appropriate.
- g. Follow up with Risk Management.

2. **Significant exposure:** Used when personnel are exposed to any infectious disease as a result of patient contact.

References: Operations Bulletin 07005, EMS Practice Parameter 1.19

Forms: Exposure Incident, Fire Report of Injury or Illness (DWC-1), Supervisor's Investigation Report, NFIRS with Firefighter Casualty Section, EMS Report

Procedure Summary:

- a. Immediately wash and disinfect with soap and water, MyClyns, or other appropriate product as currently provided by the Department.
- b. Immediately report the exposure to the supervisor by phone or in person.
- c. Supervisors will immediately relay the information to the on duty Battalion Chief to activate the Post-Exposure Prophylaxis Protocol as required.
- d. Submit the above forms as soon as possible through the chain of command to the Infection Control Officer. The forms must be completed before the end of the shift.
- e. If a possible exposure occurred, medical evaluation by the contracted Infectious Disease Physician or the County Physician will be arranged by the ICO no later than 48 hours post-exposure.

3. **County vehicle accident/damage:** These are the steps needed to report an accident or damage to a County vehicle.

References: Operations Bulletin 04020, Operations Bulletin 01018

Forms: Accident/Incident Loss Report, Notice of Action/Inquiry Memorandum

Procedure Summary:

- a. Take photos if possible.
- b. Complete all forms.
- c. Individual statements should be taken if required.
- d. The police report number must be obtained if applicable.
- e. Submit to supervisor or via reporting medium within 24 hours.
- f. Provide Notice of Action/Inquiry Memorandum to employee.

4. **Apparatus breakdown delaying response:** These are the steps needed to report an apparatus breakdown delaying response.

References: Operations Bulletin 04017

Forms: Apparatus or Fire Equipment Breakdown Report located on the Forms page of SharePoint

Procedure Summary:

- a. Immediately notify the Communications Center and appropriate Battalion Chief of breakdown.
- b. Communications will dispatch the next closest and most appropriate unit as a replacement.
- c. Request that Fleet be notified and contact unit via cell phone.
- d. Fleet will determine if unit needs to be evaluate at location of breakdown, closest station, or be driven to Fleet.
- e. Supervisor will complete Apparatus or Fire Equipment Breakdown form.

5. **Critical failure of medical equipment:** These are the steps needed to report the critical failure of any medical equipment utilized during patient care only.

Reference: Operations Bulletin 07021

Form: Adverse Event Report

Procedure Summary:

- a. Repair or replace faulty equipment per procedure.
- b. Complete form and submit through online system.

6. **Facility repair and maintenance:** These are the steps needed to report facility repair or maintenance needed.

Reference: Operations Bulletin 03001

Form: None for field personnel

Procedure Summary:

- a. For non-urgent routine requests, submit requests via e-mail
SCFDFacilities@seminolecountyfl.gov.
- b. For urgent items or non-urgent items requiring notification, notify the overseeing Battalion Chief, and during business hours the Fire Department Facilities contact by phone.
- c. After hours, if necessary the shift commander or designee will contact Communications, to notify after hours emergency contacts.

Emergency repairs are defined as any problem that may endanger health, life, damage to County property, or prevent or slow response to alarms. These would include water leaks, sewer backups, overhead doors at facilities where there is only one way in or out, any door that will not close or lock, or any breach in the building security.

7. **Accepting donations and/or contributions:** Used when someone visits a fire station and wishes to donate money or contribute some other type of service or asset to the agency.

Reference: Operations Bulletin 01025

Form: Donations and Contributions

Procedure Summary:

- a. Complete the Donations and Contributions form.
- b. Monetary donors should receive the donation receipt.

8. **Handling complaints from customers:** These are the steps needed to report a customer complaint in the field.

Reference: Operations Bulletin 01012

Form: Concerns and Inquiries

Procedure Summary:

- a. Notify the chain of command of the concern.
- b. Collect or provide information as requested.
- c. Battalion Chiefs or above will complete the form and assure the citizen a timely resolution and follow-up.

9. **Disciplinary action:** These are the steps needed to report disciplinary action on an employee.

References: Bargaining Unit Agreement (Article 46), SC Administrative Code P&P (Section 24.15), Personnel Policies and Procedures (Section 703.0)

Forms: Tips on Performance, Discipline 1, 2, and 3, Notice of Action/Inquiry

Procedure Summary:

- a. Complete correct form and submit through the chain-of-command.
- b. Investigation:
 - i. Provide employee with Notice of Action/Inquiry.
 - ii. Procedures for the investigation will be handled per individual policy referenced.

10. **Employee recognition:** These are the steps needed to recognize an employee for doing something good.

Reference: Operations Bulletin 02051

Form: Employee Recognition Form, Awards Nomination Form, Tips on Performance

Procedure Summary:

- a. Any member may electronically submit the Employee Recognition Form or the Awards Nomination Form through the appropriate designated channel.
- b. Supervisors may complete a positive Tips on Performance and provide it to the employee at any time. It is recommended to share the information two-steps above the employee being recognized.



Title: LODD Flag Protocol

Controller: Administration

Origination Date: May 2009

Revision Date: Feb 2021

Approved by: _____

A handwritten signature in black ink, appearing to be 'Mark W. [unclear]', is written over a horizontal line.

Effective Date: 2/1/2023

Purpose

To provide standing order on lowering of flags in the event of an LODD (Line of Duty Death) in Seminole County or its regional response area.

Procedure

LODD (Seminole County)

Flags are to be lowered immediately and will remain at half-staff until sunset the day of the final committal. Notification to be made to the County Manager's office.

LODD (Local Fire Departments)

Under authority of the County Manager policies, the Fire Chief or his/her designee, by standing order may execute for fire stations, fire support offices, and fire administrative office to fly the American flag at half- staff. This will commence on notification of the LODD and terminate at sunset on the day of the funeral.

Local fire department is defined as any agency within Seminole County's regional membership to include Lake, Osceola, Orange, Volusia, Brevard, St. Lucie, Indian River, and Martin Counties.

For those agencies outside of the region, the Fire Chief or designee will provide direction based upon consultation with the County Manager's office and other agencies.

For additional LODD protocol information, refer to the Seminole County LODD manual.

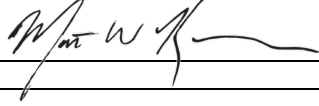


Title: Resignation / Retirement

Controller: Administration

Origination Date: June 16, 2009

Revision Date: 7/10/2024

Approved by:  Effective Date: 12/30/24

Purpose

To provide a consistent and standardized method of completing procedural requirements and processes associated with resignation/retirement notifications to ensure all administrative and logistical matters are identified, tracked, and processed.

Procedure

1. Notification of resignation or retirement shall be submitted via the 'Resignation / Retirement Notification' form, located in the Forms Directory of the Intranet Site. Standard language has been inserted for ease and accountability; however, additional space is available for the employee to express their parting thoughts. The form is to be completed electronically, printed, signed, and scanned through the chain of command to the Fire Chief's Office. The form can be found here: <Y:\FORMS\DPS\SCFD\FormsforWebsite\Resignation Retirement form letter.doc>
2. The employee will be responsible for returning all logistical items to the Fire Department warehouse. The employee will be issued a receipt, signed by a warehouse staff member, indicating that the employee is in good standing regarding county-issued equipment and gear being returned.
3. Steps will be taken to ensure all County property is returned, including taking all legal measures available, to retrieve either the equipment or its replacement value.
4. The Fire Chief or employee may request an exit interview before the employee's separation. Additionally, the employee is encouraged to complete an online exit survey. The office of the Deputy Chief of Administration will provide the employee with a link via department email to the survey upon receipt of the employee's resignation/retirement notification.



Title: Media Relations Procedures

Controller: Administration
Origination Date: July 2009

Revision Date: 2/9/2021

Approved by: _____

A handwritten signature in blue ink, appearing to be "J. H. [unclear]".

Effective Date: _____

5/20/21

Purpose

To establish a process for the Department's Public Information Office (PIO) staff to interact with the media in regard to both emergency scene and non-emergency information. This Operations Bulletin was developed to work in conjunction with the Seminole County Incident Management System (IMS) and the Seminole County Government Media Policy.

History

The news media requires information in order to fulfill its responsibility to the public. The Department provides media coverage in order to support public awareness of our services as well as emergency scenes. The Department strives to provide accurate and timely information.

Procedure

1. Roles and Responsibilities for the lead Public Information Officer are defined as follows:
 - a. Establish policies and procedures for media interaction for emergency and non-emergency scenes.
 - b. Schedule staffing in TeleStaff for on-call Public Information Officers.
 - c. Coordinate all media activity, including emergency and non-emergency information that include all hazards emergencies, news releases, trade publications and media inquiries for 911 calls, reports and other administrative documents.
 - d. Coordinate social media posts.
 - e. Coordinate photography for events, ceremonies, etc.
 - f. Serve in the Emergency Operations Center as a Fire Department PIO as needed.
2. Media Contact.
 - a. Media can contact the Public Information Office through the designated media line at 407-665-5060 or at scfdpio@seminolecountyfl.gov.
 - b. All Chief Officers can provide information and interviews on emergency incidents. All other personnel contacted by the media shall refer them through the chain of command or to the Public Information Officer.
3. On-call Public Information Officers are designated by the Fire Chief's Office and their responsibilities include:
 - a. Monitor and respond to media inquiries made to the on-call media relations phone lines, e-mail and social media.
 - b. Respond to emergency scenes to coordinate media activity and social media posts.

- c. On-call PIO's can self-deploy in the event of a two alarm or greater incident generating multiple media calls or fire fatalities.
 - d. It is at the discretion of on-scene command or the PIO to coordinate interviews with the first due officer or crew member.
4. Investigations will be coordinated by the lead or on-call PIO with SCFD's Fire Marshal's Office or referred to the appropriate agency.
5. Controversial or sensitive issues will be reported to the County Manager's Office designee immediately.
6. With respect to medical emergency inquiries, PIO's shall adhere to the Patient Privacy Security Act (HIPAA).
7. Media reports are to be completed in SharePoint at the end of each shift and forwarded to the Chief Officers and County Manager's Office.

Please refer to the Seminole County Incident Management System (IMS) and the Seminole County Government Media Policy for additional policies and procedures.



Title: Operational Impact of Family Relationships

Controller: Administration

Origination Date: 2/11/09

Revision Date: 2/1/2023

Approved by: _____

Effective Date: 2/1/2023

Purpose

The intent of this Operations Bulletin is to provide direction on the operations management of personnel that may be related and in the position to supervise through the chain of command or manage family members.

History

Fire Department history and tradition has shown that family members have become interested in other family members occupations. While trying to hold on to the fire department traditions and history, we must assure that a policy clearly provides direction to those members that are in a supervisory position or rank that will not violate County Policies and /or Florida Law as it relates to the definition of Nepotism. This is covered by County Personnel Policies.

Though we believe that our personnel understand the expectations of professional behavior, we must assure that operations are inadvertently impacted by failure to realize the potential impact of family relationships on the organization.

Procedure

1. A Department employee shall not interview, directly supervise, evaluate, promote, advance or advocate for the employment, promotion or advancement of a relative to a position within the division.
2. Family members will not be assigned for purposes of evaluation to the same direct supervisor.
3. Family members working the same Battalion is discouraged but anticipated to happen from time to time. In the event an assignment is unavoidable or deemed operationally necessary, as in an overtime situation, all effort will be made to adjust the assignment immediately to assure members are not in the same station. This will assist in assuring they are not under the same direct chain of command. Assignment under the same direct chain of command is to be avoided.
4. In the event a Chief Officer and a family member, below the rank of a Chief Officer, respond to and arrive on an emergency incident, the Chief Officer shall not establish command as the first arriving Chief Officer, they must transfer or relinquish command as the first arriving Chief Officer, unless tactical priorities and command/control would be compromised.
5. It is understood that issues may arise that have impact beyond what is identified in this policy including the desire to secure appropriate career pathing for members.

Final department decision on placement relative to operational impact is accountable to the office of the Fire Chief.

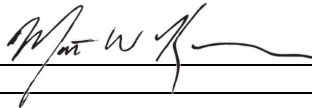


Title: Controlled Substance Main Storage Policy

Controller: Administration

Origination Date: 04/01/10

Revision Date: 02/06/23

Approved by:  Effective Date: 7/15/2023

Purpose

To provide a comprehensive structure for purchasing, storing, managing, and transferring bulk storage controlled substances among registered EMS agencies in the Seminole County Emergency Medical Services System.

This Operation Bulletin does not apply to the day-to-day security and inventory procedures for ALS units and on-site controlled storage medication safes located at designated fire stations for the Seminole County Fire Department. Please refer to Operations Bulletin #7006, "Controlled EMS Medications: Documenting, Replacing and Storage" for more information.

History

The Seminole County Emergency Medical Services System provides pre-hospital care under the direction and authorization of a Medical Director. Practice Parameters have been established by the Medical Director under Chapter 64J-2, Florida Administrative Code and Chapter 401, Florida Statutes authorizing the use of controlled substance medications in the pre-hospital care setting.

The Seminole County Fire Department has been designated, by the Medical Director, to be the Controlled Substance Medication Coordinator (CSMC) for all the EMS agencies working under the Seminole County Emergency Medical Services System. The CSMC is responsible for procuring, custody/control of bulk storing, transferring/returning of medications, and proper record keeping of the main storage supply of controlled substances for the county. This includes storage of expired controlled substances until they can be returned to their manufacturer.

This Operation Bulletin provides a comprehensive policy for establishing and maintaining effective controls and procedures to prevent controlled substance diversion. It pertains only to the main storage supply of controlled substance medications as well as the roles/responsibilities of the CSMC. Management, inventory control policies/procedures and safekeeping according to federal guidelines once the controlled substance medications have been properly transferred/assigned to any of the other registered EMS agencies working under the Seminole County Emergency Medical Services System, are the responsibility of the respective agency as approved by the Medical Director.

Authority

This Operation Bulletin was developed in accordance with the controlled Substances Security Manual from the Controlled Substances Act of 1970, and meets the minimum

Federal requirements specified by the United States Department of Justice, Drug Enforcement Administration in Title 21, Code of Federal Regulations Food and Drugs, Part 1300 to END, Chapter I, April 1, 2000, and minimum State requirements in Chapters 499 and 893, Florida Statutes and rules adopted thereunder.

Procedure

General Security Requirements

- A. Federal law regulates the handling of controlled substance medications requiring proper safeguarding of these products at all times. Access to controlled substance medications must be restricted to the minimum number of employees necessary to perform the tasks related to these products.
- B. For this reason, the EMS Assistant Chief, EMS Battalion Chief, EMS 1 Lieutenant or a designee of the EMS staff will be assigned the responsibility of inventory control and access to the designated controlled substance medications storage area located in the Public Safety Building.
 - 1) Only one individual will be assigned as the security manager of the main storage of controlled substance medications at any given time.
 - 2) Storage procedures for controlled substance medications include a separate safe for expired controlled substance medications to preclude any confusion of expired supplies from current ones.
- C. The designated security manager is responsible and shall ensure the security of the medications is maintained in both storage safes under the required lock control devices.
 - 1) Any keys, cards or access devices to the controlled substance medication safe and expired medication safe are not to be duplicated.
 - 2) The appropriate keys, cards or access devices to the controlled substance medication safe and expired medication safe will be carried on the security manager's person at all times to maintain accountability.
- D. At no time shall there be any gaps in accountability. Upon reassignment of a new security manager, proper documentation shall be completed in the inventory logbook.
- E. All bulk storage controlled substance medications must be secured in a locked safe. The controlled substance medication main storage safe is required to have UL-approved locks and lock cylinders that are rated as burglary resistant. The safe must be securely affixed to the designated area as part of the required theft prevention requirements.
- F. The main storage medication safes must be secured in an area with limited or no public access ensuring it is isolated from entry foyers or the reception area to prevent unauthorized entry. This area/room should be of block construction with only one access point. The access point should contain a 2-hour fire-rated door with the use of a UL-approved locking system. The storage area must be climate controlled in accordance with the manufacturer's specifications. The EMS Group will have access into the main medication storage area, but only one person will have access/accountability of the controlled substance medication safes. These measures maintain the "double lock" security mandated by regulatory agencies.
- G. Controlled substances are not to be left out unattended where unauthorized personnel would have access to them.

H. Routine inventory inspections and audits shall be performed on the controlled substance main storage safe by the EMS Group.

Approved Controlled Substances

- A. The following controlled substance medications are approved for purchase/use by the Medical Director:
- 1) Diazepam (Valium)
 - 2) Midazolam (Versed)
 - 3) Morphine Sulfate
 - 4) Ketamine
- B. Controlled substance medications may be added or deleted at any time at the discretion of the Medical Director.

Approved Maximum Quantities

- A. The maximum/minimum quantities of controlled substance medication on hand shall be determined by the Medical Director.
- B. Written authorization from the Medical Director shall be placed in the controlled substance medication safe inventory logbook and kept on file for reference and audit purposes.

Controlled Substance Medication Safe Inventory Logbook

- A. All entries into either of the controlled substance medication safes (main and expired medications) shall require documentation into the PSTrax.
- B. Each safe shall have a separate inventory-in PSTrax.
- C. Only the security manager's signature is needed in the inventory logbook for the daily inventory/accountability audit.
- 1) Two signatures are required (security manager and witness) in the PSTrax inventory for any controlled substance medications being placed in the safe, transferring to a registered EMS agency in Seminole County, or being returned to its manufacturer.
 - 2) Witnesses from the Department of Public Safety must be certified as an EMT or Paramedic with the State of Florida.
 - 3) Representatives from the registered EMS agencies in Seminole County who receive and/or transfer controlled substance medications through the CSMC shall receive authorization to do so by their respective employer.
- D. The inventory in PSTrax will be date and time-stamped and the reason for entry must be clearly documented.
- E. The inventory in PSTrax will have a running inventory tally of all controlled substance medications remaining in the safe each time the safe is accessed.

Inventory Control

- A. All controlled substances inventory in the main safe and expired medication safe must be accounted for at all times.
- 1) Inventory/inspection of both safes is required every 24 hours.

- 2) An exception to this rule will be allowed during weekends and holidays when EMS Group personnel are not scheduled to work.
- B. Inventory audits are performed each time that controlled substance medications are added to or transferred out of the safes. The audit requires two individuals to open/access the safe and to verify all additions or transfers in the inventory logbook match the physical inventory in the safe.
- C. Periodic audits/reconciliation of medication counts against the logbook record will be performed to ensure all controlled substance medications are accounted for and there are no recordkeeping errors.
- D. Audits/reconciliation responsibilities will be performed by the EMS Group, the Medical Director or his/her designee, or a member of management from the Department of Public Safety.

Transferring of Controlled Substance Medications

- A. Transferring of controlled substance medications among agencies within the Seminole County EMS System requires complete and accurate records from the receiving agency. Agencies included in the Seminole County EMS System include:
 - 1) Seminole EMS/Fire/Rescue
 - 2) Longwood Fire Department
 - 3) Sanford Fire Department
 - 4) Oviedo Fire Department
 - 5) Lake Mary Fire Department
 - 6) Orlando/Sanford Airport Fire Department (currently not an ALS provider)
- B. Required records of transfer include:
 - 1) EMS Drug Order form for Seminole County
 - 2) Copy of the agencies' drug logbook completed with date, time, signatures, run number, quantity of medication used/wasted.
- C. Procedure to obtain controlled substance medications include:
 - 1) CSMC confirms the accuracy of all paperwork from receiving agency.
 - 2) Match the run numbers and usage documentation with all requested medications.
 - 3) Confirm the type of medication requested.
 - 4) Write all lot numbers and expiration dates in the space provided on request form.
 - 5) Obtain signatures from both parties on the request form.
 - 6) Both parties are to make an entry in the controlled substance in PSTrax confirming the accuracy of the inventory transferred to the receiving agency and balance left in the main storage safe.
 - 7) Make a copy of the request form, keeping the original in the inventory book and copy to the receiving agency.
 - 8) Request forms and copies of the other agency's drug logs are filed together in the inventory logbook.

Ordering Procedures

- A. Controlled substance medications will be re-ordered in accordance with the written guidelines established by the Medical Director. Written medication order authorizations are stored in the inventory logbook.
- B. The assigned security manager shall complete the required DEA 222 form and obtain the Medical Director's signature. A copy of the form shall be filed in the controlled substance medication main safe area.
- C. DEA 222 forms are mailed to the pharmaceutical supply company on contract with Seminole County.
- D. Fire Department staff members shall ensure the safety and security of the controlled substance medication packages once they are delivered to the Public Safety Building.
- E. The EMS Assistant Chief, EMS Battalion Chief, EMS 1 Lieutenant, or their designee shall be responsible for retrieving the unopened package and securing it until it can be opened, inventoried, and placed in the main storage safe by the security manager and a witness. It is preferred the person who retrieved the unopened packages and took accountability for it be the witness with the security manager documenting the inventory addition in PSTrax.
- F. It is preferred the person who places the purchase request for the controlled substance medications (finance) must be different from the person who receives and inventories such order. For this reason, the security manager will place the order for medications and the finance section staff shall process the payment for them once an invoice is received.

Accountability of Expired Controlled Substance Medications

- A. All expired controlled substance medications shall be placed in a safe designated solely for expired medications. Expired controlled substance medications should be clearly labeled as "expired" so they are not confused with the main stock.
- B. The security manager shall be responsible for the accountability of all expired controlled substance medications including daily inventory responsibilities.
- C. Expired controlled substance medications will be returned to the corresponding manufacturer biannually or sooner if needed.
- D. Procedures for verification of returning expired controlled substance medications will be accomplished in accordance with DEA regulations and each manufacturer's specifications and guidelines.
- E. All expired controlled substance medications shall be returned to their respective manufacturers by using a traceable carrier with the signature required package to ensure accountability.

Broken/Damaged Controlled Substance Medications

- A. In the event a controlled substance medication is broken or damaged, a memo will be sent from the CSMC security manager to the EMS Assistant Chief via the chain of command.
- B. This memo should outline what happened to the medication, who witnessed the occurrence, and what actions were taken to properly dispose of the remaining medication, if any.

- C. A notation must be completed in the controlled substance medication inventory PSTRax (either main stock or expired stock) outlining the related events.



Title: Daily Events Calendar

Controller: Professional Standards and Training

Origination Date: 11/11/13

Revision Date: 2/1/21

Approved by: _____

A handwritten signature in black ink, appearing to be "Matt W. K.", is written over a horizontal line.

Effective Date: 6/3/2023

Purpose

To ensure that all Fire Department personnel are familiar with the features and operation of the Daily Events Calendar including which personnel are allowed to make changes (i.e.; adding, removing or editing events) within the different calendar options below.

1. SCFD Operational Master Calendar (All personnel at the rank of Battalion Chief or above, members of the Training Staff, Operations Staff Assistant, Fire Prevention Staff Assistant and the three Shift Scheduling Lieutenants who input training for their respective shift)
2. Station Daily Reminders (All personnel at the rank of Lieutenant or above)
3. FTC External Calendar (Training Staff Only)
4. System-Wide Combined Calendar (View Only “no input”)

Procedure

Access the Daily Events Calendar as you normally would or navigate to the website at this address: <http://seminolecountyfl.mhsoftware.com>. Log in utilizing your User ID and Password. Click on the down arrow to the right of the box that says “SCFD Operational Master Calendar” and you will find four calendar view options.

1. SCFD Operational Master Calendar
2. Station Daily Reminders
3. FTC External Calendar
4. System-Wide Combined Calendar

The “SCFD Operational Master Calendar” view will include only those events that directly impact field operations. This would entail training, public education or other events affecting units by taking them out of their first due area or having them in an Unavailable status.

Important note: There will remain a maximum of eight unavailable units at one time unless approval for additional units has been approved by the shift Assistant Chief.

Examples of events that would be included on this calendar include Engine display, Medical Director Meetings, Multi-agency, company drills, Rescue standby, etc.

The “Station Daily Reminders” view is designed to aid field personnel in tracking their daily responsibilities and any company training within their first due area. These are events that do not directly impact field operations.

Examples of events that may be included in this calendar include AC filter changes, company training due dates, station supply orders, FF Andrew's driver training, etc.

The "FTC External Calendar" view will include any classes or training taking place at the Seminole County Fire training Center (FTC) that do not affect field operations.

Examples of events that would be included in this calendar include Fire Officer Classes, CPAT, Technical Rescue classes, etc.

The "System-Wide Combined Calendar" will display events entered on our own operational calendar, as well as any events entered by our first-response partners. These agencies include the cities of Sanford, Lake Mary, Oviedo, Longwood, and the Orlando-Sanford Airport Authority.

Examples of events that would be included in this calendar would include LMFD-Roof Ops Training, SCFD-Smith Driver Training, etc.



Title: Annual Review of Programs

Controller: Administration

Origination Date: 08/2014

Revision Date: 7/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to read 'Matt W. K.', is written over a horizontal line.

Effective Date: 7/24/2023

Purpose

To establish a policy to review all Seminole County Fire Department Programs. In accordance with CFAI Core Competencies and Performance Indicators the departments schedule for conducting quarterly and annual program appraisals and performance gaps our outlined in the SCFD Accreditation Program Fiscal Compliance Schedule.

Procedure

Completion of the annual program appraisals is coordinated with the position or committee listed in the assigned month.

Fiscal Compliance Schedule

STRATEGIC PLAN (Strategic Plan committee) November and May

- 3D.1 (CC): Review department's goals/objectives
- 3D.2 (CC): Review overall system performance

CRA/SOC (CRA/SOC committee) November and May

- Review site visit recommendations/progress
- Review CRA/SOC recommendations/progress

PROGRAM APPRAISALS

- 5F: Emergency Medical Services (EMS) (AC EMS) **November**
- 5G: Technical Rescue Program (AC Special Operations) **November**
- 11B: Wellness/Fitness Program (AC Professional Standards) **November**
- 5K: Wildland Fire (AC Special Operations) **December**
- 9B: Communications Systems (ECC Manager) **March**
- 5H: Hazardous Materials (Hazmat) (AC Special Operations) **May**
- 5D: Domestic Preparedness (AC Special Operations) **May**
- 8B: Training and Education Program Performance (AC Professional Standards) **May**
- 5C: Fire Investigation, Origin, and Cause (Fire Marshal) **June**
- 5E: Fire Suppression (DC Operations) **June**
- 5L: Community Paramedicine (BC EMS) **June**
- 5A: Prevention (Fire Marshal) **September**
- 5B: Public Education (PIO) **September**
- 5J: Marine and Shipboard Rescue and Firefighting (AC Special Operations) **September**

BENCHMARK AND BASELINE PERFORMANCE REVIEW

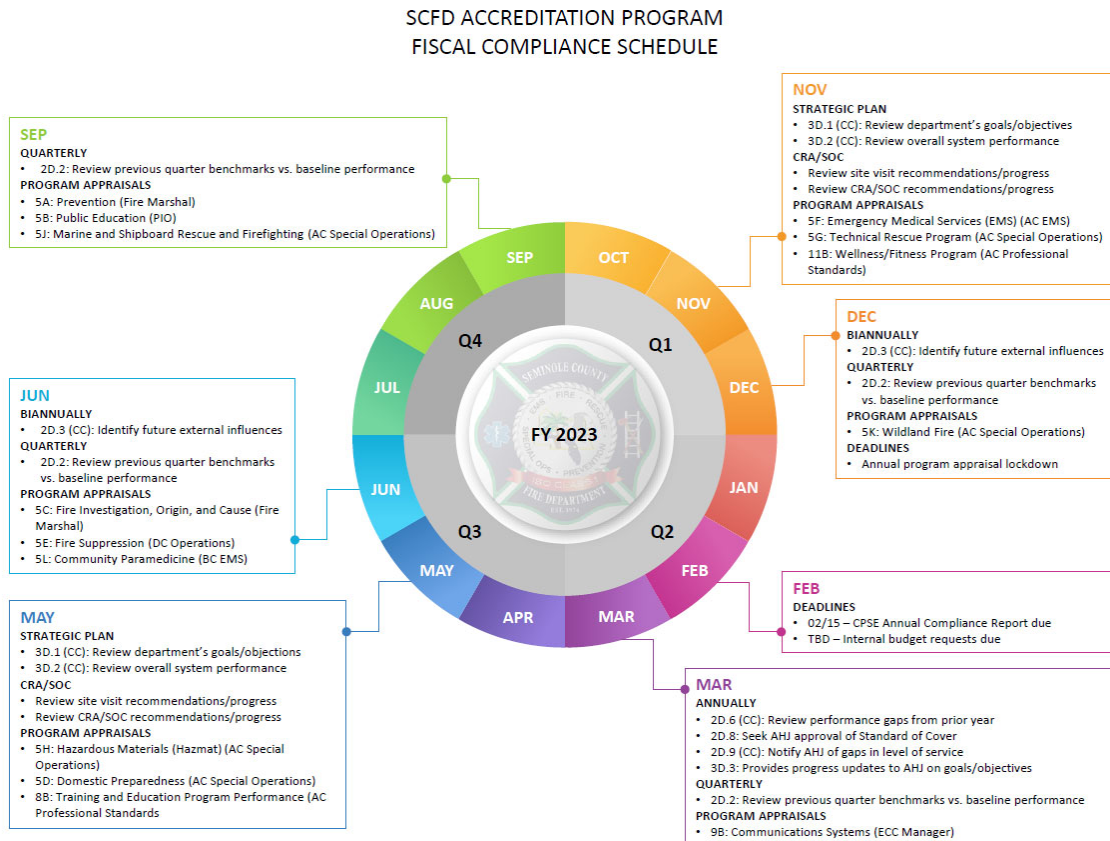
- 2D.2: Review previous quarter benchmarks vs. baseline performance **December, March, June, September**

Each program will be reviewed for relevance, updates, or any recommendations that may change the current program. This could include but is not limited to:

1. Change in FTE numbers
2. Equipment Needs
3. Organizational changes
4. Response readiness
5. Reporting Capability
6. Deployment of Resources

These recommendations should support the strategic plan goals and also help develop further planning and goals for the strategic plan. The process should use “SMART” goals that will support the need to keep or change current programs.

The Program Manager of each section will forward their report to the Accreditation Managers Office by December 15th in preparation for CPSE Annual Compliance Report submission every February 15th. All program appraisals will be reviewed and approved by the Fire Chief’s Office.





Title: Annual Review of Documents

Controller: Administration

Origination Date: 8/27/14

Revision Date: 2/5/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish guidelines for important organizational documents to be reviewed for accuracy and relevancy and to ensure appropriate and timely updates are recorded and disseminated. The review schedule is meant to ensure all personnel are engaged in organizational document review without burden. Shift assignments shall be delegated as appropriate to ensure reviews are completed within the scheduled timeframe.

History

During the accreditation process it became evident that the Department needed to establish a method to fulfill the requirement of document review; annually or prior to the expiration dates.

Procedure

Annually, the Seminole County Fire Department shall review the following documents – not limited to those listed. The Assistant Chief of each Section will be responsible for the document review and a report of any recommended changes will be submitted to the Fire Chief’s Office by December 15 of each year.

Operations

1. All Interagency Agreements
2. Memorandums of Understanding (MOU)
3. Operational Bulletins Sections
 - a. 02000
 - b. 04000
 - c. 07000
 - d. 08000
 - e. 09000
 - f. 12000
 - g. 14000
 - h. 15000
4. Rope Rescue Manual
5. Radio Manual
6. IMS Manual

Planning and Resource Management

1. Strategic Plan
2. Operational Bulletins Sections

- a. 03000
- b. 05000
- c. 06000
3. NIFIRS Manual
4. Warehouse Forms
5. Training Standards
6. Station Inspection Form
7. Station & Medication supplies form
8. Training Agreements/Contracts
9. Citizen Publications and forms

Administration

1. Purchasing Agreements
2. Phone Lists
3. Accreditation Review Documents
4. Operations Bulletins Sections
 - a. 00000
 - b. 01000

Prevention

1. Operations Bulletins Section
 - a. 13000
2. Citizen Publications and Forms



Title: Emergency Contact Information for Department Personnel

Controller: Planning

Origination Date: 6/2/2015

Revision Date: 2/1/2023

Approved by: _____

Effective Date: 2/1/2023

Purpose

To establish a method to capture, maintain, and retrieve updated emergency contact information for Department personnel.

Procedure

1. Emergency contact information is stored in Vector Solutions and can be retrieved when needed.
2. Emergency contact information will be required annually to assist in keeping data as current as possible but may also be entered at any time throughout the year by following the procedures below:
 - a. Log into Vector Solutions and click the “Self-Assign” icon.
 - b. Select “Information – Emergency Contact Information”.
 - c. Complete the information for the primary and secondary emergency contact.
 - d. Click the “Submit as Complete” button.

Retrieving Emergency Contact Information

1. Log into Vector Solutions and select the “Administration” tab (available to supervisors only).
2. Click the “Generate Reports” tab in the left-hand column.
3. Click the “Create New Report” button.
4. Click the “Type” drop-down box.
5. Select the “Custom Activity Details” report near the bottom of the list.
6. Enter User Information for the individual you’re trying to locate. (Last name might be sufficient, if it’s unique)
7. Under “Custom Activity”, click the drop-down arrow and scroll the pick list to select “Information – Emergency Contact Information”.
8. Click the “Display” button to view report.



**Title: Firefighter Injury/Fatality Notification
to State of Florida, Division of State Fire
Marshal**

Origination Date: 7/20/18

Revision Date: 1/1/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To establish a procedure for notification of firefighter significant injury or death to the Division of State Fire Marshal (SFM) as required by Florida Firefighters Occupational Safety and Health Act (FFOSHA).

History

Florida State Statutes (FSS) 633.502 thru 633.536, known as “Florida Firefighters Occupational Safety and Health Act,” set forth the requirements for the Division of State Fire Marshal of the Department of Financial Services of the State of Florida as it pertains to firefighter health and safety. Florida Administrative Code (FAC) 69A-62 provides the details on how the Division will meet the requirements in the statutes. One of the primary functions of the Division is contained in FAC 69A-62.032, Division Inspection or Investigation. Under the Act, the Division is authorized to conduct inspections or investigations for the purpose of ensuring compliance with the Act and Division rules.

Florida Administrative Code (FAC) 69A-62.032 goes on to state: (11) Fatality or Serious Incident Investigation or equipment failure. (a) Each firefighter employer shall notify the Division of any fatality or serious on-duty injury that required a hospitalization period of greater than twenty-four (24) hours. The employer shall notify the Division via the Division’s 24-hour phone number (352) 427-4401 within four hours of the occurrence. (b) The Division shall conduct an investigation of each fatality or serious incident. (c) The Division shall conduct an investigation of a fatality or serious incident involving equipment failure.

Procedure

1. The Safety Section of the SFM’s Office shall be notified by the Incident Commander or designee within four hours of occurrence for the following events:
 - a. Any Firefighter Injury during an incident in which arson or malicious intent is suspected
 - b. Significant On-Duty Injury (greater than 24 hours of hospitalization)
 - c. Multiple Firefighters Injured (resultant from a common root cause)
 - d. Firefighter Injury involving equipment failure
 - e. Firefighter Fatality
2. The 24-hour phone number is **(352) 427-4401** to make requisite report(s).
 - a. The following information should be made available:
 - i. Department’s name

- ii. Date and time of incident
 - iii. Address of incident
 - iv. Description of property damaged (single family, restaurant, etc.) and extent of damage (if arson suspected)
 - v. Firefighters' name and nature of injury
 - vi. The name or names of the owner or owners of property damage, if known (if arson suspected)
 - vii. Hospital or Facility where taken
 - viii. Facts and Circumstances as known
3. For alternative/expedited notification:
 - a. Health and Safety Section during "business hours" (352) 369-2836
 - b. Safety Field Representative via cell phone
 - c. Email firefightersafety@myfloridacfo.com
4. This notification is not meant to replace any other internal processes required and shall be completed in addition to, not in lieu of. Seminole County Fire Department's documentation associated with worker's compensation injuries (i.e., First Report of Injury, Supervisor's Investigation Report, Patient Care Record, etc.) must be completed.
5. E-mail notification to the Fire Department Safety Officer (or designee) shall be made as soon as possible.

Cases in which the facts and circumstances considered by the local fire official or law enforcement officer constitute probable cause to believe that the fire or explosion was the result of intent, carelessness or design, must also be reported to the SFM Division of Investigative and Forensic Services, Bureau of Fire and Arson Investigations. This may be accomplished by the Incident Commander or designee requesting the Fire Marshal or designee for the respective jurisdiction or directly to the SFM Investigator via Seminole County Communications Center.

References:

https://www.myfloridacfo.com/division/sfm/bfst/Safety/default.htm#Safety_Who

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0600-0699/0633/Sections/0633.502.html

<https://www.flrules.org/gateway/ChapterHome.asp?Chapter=69A-62>

<https://www.flrules.org/gateway/RuleNo.asp?title=RULES%20OF%20THE%20BUREAU%20OF%20FIRE%20AND%20ARSON%20INVESTIGATIONS&ID=69D-4.001>



Title: Citizen Observer Program

Controller: Ben DeCuir, Deputy Fire Chief, Operations

Origination Date: December 1, 2022 Revision Date:

Approved by: *[Signature]* Effective Date: 12/5/22

Purpose

Seminole County Fire Department's Observer Program provides interested citizens an insight into Fire Department activities and functions. It is a vital part of service excellence, community awareness, Department recruitment, and employee retention.

History

The program is open to family members of Fire Department personnel, County officials, members of the press, visiting fire personnel from other cities, qualified Cadets/Explorers, individuals interested in the process of becoming firefighters, and on a limited basis, the general public. Qualified medical personnel will be scheduled through Emergency Medical Services to ride with applicable units. All requests will be scheduled through the appropriate Battalion Chief's office.

Procedure

BASIC QUALIFICATIONS:

Due to Operational and Security Requirements Observers must meet the following baseline criteria:

1. At least 18 years old OR a qualified member of the Seminole County Fire Department Cadet/Explorer Program.
2. Upon request, the prospective Observer must consent to a background check. Observers with a known, disclosed or discovered criminal history contrary to the Department's mission as determined by a Chief Officer (specifically violent, exploitative, or divisive behavior) will not be allowed to participate in the Observer Program.
3. Have a completed Seminole County Fire Department hold harmless/waiver of liability on file for each occasion.
4. If riding as a member of the General Public, observer must not have participated in a department ride along in any one of the preceding four (4) months prior to the scheduled date.
 - a. Members of County or City government, members of the press, visiting police and fire personnel, qualified Seminole County Fire Cadets/Explorers, individuals in the process of becoming Seminole County Fire Department firefighters (in testing process, in mentorship, etc.) may be allowed to ride as observers on multiple occasions.
5. No more than one observer per unit at any scheduled interval shall be considered.

ADMINISTRATIVE PROCESS:

It is critical for the safety and protection of the organization and SCFD Members that anyone who is not an employee has completed the hold harmless/liability waiver and, upon request, consents to a background check through Seminole County Human Resources. This may be at the Observer's expense. It is the responsibility of the Observer, not SCFD Members, to complete requisite forms and this process.

1. Observer completes request.
2. If required, staff will complete a background check.
3. Approved Observers will be forwarded to the appropriate Fire Department representative for his/her approval.
4. Observers receiving authorization will be forwarded to the applicable Shift Assistant Chief to be scheduled through the respective Battalion Chief's Office. The Battalion Chief will notify the appropriate Station/Company Officer as soon as the Observer has been scheduled with a minimum one shift notice to the impacted crew. The information will be entered on the activity calendar.
5. Those previously approved Observers with a pre-existing department relationship may request dates and times through the respective Battalion Chief.
6. Company Officers have the final say on whether an Observer will ride on his/her apparatus during the scheduled shift. However, denial must be done so with reason and cause.

OPERATIONAL GUIDELINES:

Citizen Observers are required to:

1. Dress in an appropriate and conservative manner for the current activity. When riding on apparatus, this includes long or short sleeved collared shirts, long pants (non-patterned blue, black or khaki), and closed toes shoes. Seminole County Fire Cadets/Explorers should wear the appropriate uniform.
 - a. Any observer failing to meet the appropriate dress and hygiene requirements, or failing to conduct themselves appropriately, will be asked to leave the station by the Company Officer and be excluded from any future ride along programs.
 - b. If the observer is directed to leave the station the Company Officer will notify his/her Chain of Command and the Observer may, without further cause, be excluded from future Observer opportunities.
2. Wear Fire Department safety vest when observing County operations on scenes and/or in areas of potential hazards
3. Citizen Observers will be scheduled to ride between 0800 to 2000 hours. Exceptions to these hours will be at the discretion of the appropriate Battalion Chief.
4. Observers must conform to all County policies regarding a smoke and drug free workplace.
5. Complete survey at the end of their observation period for quality assurance purposes. Completed survey should be forwarded to Deputy Chief of Operations via the Chain of Command.

Citizen Observers are restricted from the following:

1. Riding in the front of a rescue apparatus.
2. Taking photographs, audio recordings or videos during scheduled time without prior consent from the PIO/Community Outreach Office.
3. Entering any atmosphere that has been deemed, or is likely to be determined, Immediately Dangerous to Life and Health (IDLH).
4. Touch, for any purpose, a SCFD patient. For the purposes of this Operation's Bulletin, 'Observers' are individuals not otherwise part of a medical internship/precept program.
5. Accessing or reviewing any documentation related to the Patient Care Record (PCR).
6. Wearing a SCFD Uniform other than the safety vest.
7. Participation may be restricted during declared emergencies, natural disasters, pandemics, etc. Furthermore, scheduled time for Observations may be cancelled without advanced notification at the discretion of Chief Officers.
8. Observers are not permitted in crew dormitory/sleeping quarters without the express consent of the Company Officer which will be granted only for the purposes of a station tour.

The Company Officer will brief the Citizen Observer on the Fire Department's expectations for observation period and assure that the Observer is aware of all safety requirements (seat belts, vests, etc.). The Company Officer will explain to the Observer the appropriate action to follow should the entire crew be away from the apparatus during a major incident, or an incident in which the Citizen Observer is prohibited from being in the immediate area (hazardous or potentially hazardous areas). Additionally, the Company Officer should document the following information in the Station Log: Observer Name, Affiliation (if applicable), and time (hours of start and completion).

Due to the sensitive nature of some EMS calls, the observer may be required to stay with the apparatus. It is the Company Officer's responsibility to ensure that the Observer has the opportunity to observe the incident where possible but must not allow the Observer access to a sensitive EMS situation that could embarrass the Observer, the patient or the patient's family. Additionally, the Observer is prohibited from any participation other than observation.

Under no circumstance will fire personnel (or anyone else) ride in an unsafe position on any apparatus to accommodate an Observer.

It is the Company Officer's responsibility to assure that all requirements of this Operations Bulletin are strictly followed during the ride time.

Company Officers have the final say on whether an Observer will ride on his/her apparatus during the scheduled shift so long as declination is determined with cause and/or justification.

SAMPLE:



**Seminole County Fire Department
Observer Program
Waiver of Liability (Hold Harmless)**

I am an observer or student participating in an authorized program or event (herein designated as “ride time”) as determined and approved by the Seminole County Fire Department Fire Chief or his/her designee. I understand that these programs and ride times may be offered in affiliation with other organizations but that Seminole County Fire Department’s permission to participate as an observer/student may be rescinded at any time, with or without cause.

I acknowledge the following:

(a) **RISKS.** I am aware that during the course of my ride time with Seminole County Fire Department that I am subject to certain risks that are inherent to the fire service and emergency medical services industry. These risks include, but are not limited to, serious and debilitating injuries as a result of accidents involving emergency medical service vehicles, violence directed at fire department and emergency medical service providers and exposure to infectious diseases as well as environmental concerns.

(b) **INFECTIOUS DISEASES.** I understand that by the very nature of providing or observing the provision of emergency medical care I am at a greater risk of exposure to infectious diseases. Infectious diseases may include, but are not limited to, Human Immunodeficiency Virus (HIV), which can progress in to Acquired Immune Deficiency Syndrome (AIDS), any of varieties of Hepatitis (HBV, HCV), COVID-19, and Tuberculosis (TB). I further understand that any one of these illnesses can have devastating ramifications on my quality of life including, but not limited to hospitalization, long-term adverse health complications, loss of employment and even death. I understand and agree that prior to my ride time; I must have received at minimum the first and second immunizations in the three immunization series for Hepatitis B, and wear CDC approved personal protective equipment per Department and County Directive(s) and best practices. In addition, I acknowledge that vaccination against COVID-19 is highly recommended. I also understand that, facial hair, with the exclusion of a mustache that cannot extend below the corner of the mouth, is prohibited.

(c) **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA).** I understand and agree that HIPAA guarantees privacy to all medical clients and that I will refrain from any and all activity that might even remotely jeopardize the patient’s right to privacy. Such activities might include the audio, video or photograph recording and verbal communication of confidential or identifying patient information beyond what is required by the College for course completion. I understand and agree that video and still photography are strictly forbidden while performing ride time with Seminole County Fire Department. The only permitted exception to this

(d) **PROFESSIONAL CONDUCT.** I understand and agree that my presence on Seminole County properties and vehicles is that of an invited guest and that any ill behavior or disruptions that I might cause may result in my immediate and permanent expulsion from all agency properties and vehicles. Additionally, I agree to conduct myself in a professional manner at all times.

(e) COMMUNICATIONS. I understand and agree the presence of cellular telephones, radios and other communication devices on Seminole County Fire Department vehicles is allowed providing that they are placed in to a silent mode and do not cause any disruption to crews nor service provision. Students/observers are forbidden to converse on cellular phones while the apparatus or crews are involved in agency business.

(f) RELATIONSHIP WITH SEMINOLE COUNTY FIRE DEPARTMENT. I understand and agree that my relationship with Seminole County Fire Department is that of a "student" or "observer" participating in a program may require, under law, an affiliation agreement with a licensed emergency medical services transport provider. In no way will I construe this relationship as a temporary employee, a contracted employee, a part-time employee or a full-time employee with Seminole County Fire Department or Seminole County, Florida. Based upon this "student" or "observer" relationship, I understand and agree that I do not have the right to, nor will I assert, any claims to the respective entities Workers' Compensation coverage or benefit packages, including health insurance.

(g) MEDICAL COVERAGE AND CARE. I understand and agree that I am solely responsible for the procurement and maintenance of medical care and recognize the benefits of maintaining health insurance to provide for my immediate and long term care in the event I suffer from an injury, illness or communicable disease exposure during my observer experience. In addition, I agree to hold harmless Seminole County Fire Department and its designees from any and all claims regarding the coverage of medical expenses incurred either directly or indirectly as a result of my participation in the "observer program".

(h) I hereby understand and agree to assume all risk to myself involved in riding in and/or participating with Seminole County Fire Department and fully assume all responsibility for any personal injury that may result from said participation. It is my intention that this shall be binding on my spouse, heirs, legal representatives and assigns and that its coverage extends to my heirs, legal representatives and assigns.

_____	_____
PARTICIPANT'S SIGNATURE	DATE
_____	_____
PARTICIPANT'S NAME	TELEPHONE

STATE OF FLORIDA:
COUNTY OF SEMINOLE:

The foregoing instrument was acknowledged before me on _____ by _____ by _____
Date
_____ who is personally known to me or who has produced _____
Name of person acknowledging
_____ as identification and who did (did not) take an oath
Type of identification
Name of Notary (typed, printed or Stamped, include Commission Number)

EXAMPLE



**Seminole County Fire Department
Observer Program
Checklist of Completion for Ride-Time**

- _____ Letter of Request to participate in Observer Program

- _____ Background Screening (or waiver by Assistant Chief or higher-ranking Chief)

- _____ Executed (signed and notarized) Waiver of Liability "Hold Harmless"

- _____ Schedule of Observation times submitted to Battalion Chief

- _____ Receives copy of Observer Operations Bulletin and comprehends Operational Guidelines contained within.

- _____ Assistant Chief initials (confirms approval)

- _____ Battalion Chief initials (confirms approval)

- _____ Company Officer Initials (confirms approval)

***Once complete, please forward to Deputy Chief of Operations for approval and archival.



Title: Employee Assistance Program

Controller:

Origination Date: 1/87

Revision Date: 5/17/23

Approved by: _____

Effective Date: 7/1/2023

Purpose

Personal problems at one time or another affect everyone. For many, these problems can be resolved independently with help from a personal resource. But in many cases it is not only difficult to determine what steps to take to resolve the problem, but also difficult to follow through with the necessary steps. In such cases, the personal problems may gradually begin to get out of hand. As these personal problems worsen they will most likely affect the employee on the job; absenteeism may increase, job performance may decline, accidents may be more frequent, and termination may become more likely.

The objective of the Employee Assistance Program (EAP) is to benefit both the employee and the Department by providing professional and confidential personal assistance to employees and family members who are experiencing any type of personal problems. Thus, the effects of personal problems on-the-job can be minimized and employees can receive meaningful help in improving their personal and family life. The Employee Assistance Program benefits the Department by improving the on-the-job results of employees. The program is also part of the Department's continuing concern for the wellbeing of its employees

History

The Department recognizes that virtually all personal problems can be successfully dealt with and resolved provided that they are identified at an early stage and referral is made to an appropriate form of care. This applies whether the problem is one of physical illness, distress, financial or legal problems, or other concerns.

The Employee Assistance Program is established within the following framework:

- A. The Department recognizes that any employee having a work hampering personal problem should receive the same careful consideration and offer of professional and confidential assistance that is presently extended to employees having health problems.
- B. The Department's concern with personal problems is strictly limited to the effect of these problems on employees' work performance and attendance.

- C. It is expected that the Department's concern with the effects of personal problems will encourage employees to take early advantage of the professional problem assessment, counseling and treatment services available through the Employee Assistance Program.
- D. It is the responsibility of supervisors at all levels to implement this policy by remaining alert to all instances of substandard work performance and to bring these to the attention of the employee, along with an offer of assistance at the earliest indication of a recurrent pattern. Supervisors are not to attempt to diagnose the nature of the personal problem responsible for the pattern of poor performance. Also, supervisors should not discuss the personal problem with the individual unless led to do so by the employee.
- E. It is the responsibility of the employee to seek assistance through or accept referral to the Employee Assistance Program and to comply with the recommended action plan when personal problems are affecting the employee's performance. An employee's continued failure to take constructive action to resolve a work-hampering personal problem will be handled in the same way that similar refusals or treatment failures are handled for all other problems, when the results of such refusals or failures continue to effect job performance.
- F. The Department assures that the decision to seek or accept assistance through the Employee Assistance Program will in no way be detrimental to an employee's job security or advancement opportunities. It is the supervisor's responsibility to evaluate employees only in terms of work performance.
- G. Participation in the Employee Assistance Program in no way relieves the employee of the responsibility to meet acceptable work performance standards. Participation in the Employee Assistance Program must never be used as a "crutch" for poor work performance.
- H. All records pertaining to the Employee Assistance Program kept by the provider will be treated with the same degree of confidentiality afforded employee medical records. Voluntary self-referred individuals seeking assistance will be able to do so with complete anonymity, making the provider unable to share information with the Department without the employee's written consent.
- I. Since employee work performance and attendance can be affected by the problems of an employee's spouse and/or family members, the Employee Assistance Program is also available to the immediate family members of Department employees.

- J. Treatment and/or rehabilitation benefits for any condition identified through the Employee Assistance Program will be provided in accordance with the Department's Group Health Insurance as delineated in the existing Program of Insurance Benefits.
- K. Implementation of this policy will not require, or result in, any special regulations, privileges or exceptions from standard Department administrative practices applicable to job performance standards. Likewise, nothing in this statement of policy or in the Employee Assistance Program is to be interpreted as constituting any waiver of Management's responsibility to maintain discipline, or the right to invoke disciplinary measures in the case of misconduct that may result from a personal problem.

Procedure

Employees may obtain professional assistance through the Employee Assistance Program in one of the following ways:

- A. Self-referral
- B. Supervisor referral

The following procedures are designed to facilitate each type of referral to the Program.

A. Self-referral

A.1. An employee, or a member of an employee's family, who desires confidential assistance for a personal problem should call the provider and ask to speak to an Employee Assistance Counselor.

A.2. The Employee Assistance Counselor will either provide the necessary assistance on the telephone, or will arrange to see the individual for further confidential consultation in the provider's office. If the employee feels in need of immediate consultation, they shall request to be seen on the same day. If this is denied, the employee should request to speak to the EAP's director. .

A.3. All communication between the employee and the counselor will be held in the strictest confidence, unless the employee requests in writing that the Department be notified.

B. Supervisor Referral

B.1. The basis of a referral to the Employee Assistance Program by a supervisor must be:

- a) A request by an employee for assistance with a personal problem which threatens to affect work performance;
- b) A decline in work performance on the part of the employee; or
- c) A particular on-the-job incident which indicates the possible presence of a personal problem; excluding incidents of flagrant misconduct which require immediate suspension, termination, or other severe disciplinary action.

B.2. When an employee has come to a supervisor to seek advice regarding a personal problem, the supervisor should make the employee aware of the professional assistance available through the Employee Assistance Program and offer to assist the employee by arranging for an appointment with an Employee Assistance Counselor.

B.3. When an employee's performance is the basis for a supervisor referral to the EAP, the supervisor should prepare a written account of the performance problem that has been observed. This account should be as detailed as possible, including the dates, times and descriptions of behaviors which have become a part of a pattern of decline, or particular incident which warrants supervisory action. This document is for the supervisor's use in talking with the employee and should be recorded in the Supervisor's Working File. Only when written disciplinary action is required, as outlined in the County Personnel Policies or Bargaining Unit Contract, is anything added to the employee's personnel file.

B.4. The supervisor should then have a meeting with the employee to discuss the performance problem and communicate as clearly as possible the consequences of failure to resolve the problem. The supervisor should not speculate as to the cause of the performance decline. Also, the supervisor should not engage in a discussion with the employee about any personal problem that may be hampering the employee's performance unless led to do so by the employee. This meeting should focus solely on work performance. (For additional assistance, the supervisor may consult with an EAP counselor prior to his meeting with the employee.)

B.5. After the employee has been confronted with the performance problem, the supervisor must review the Employee Assistance Program Policy with the employee, advise him or her of the availability of confidential professional assistance for any work hampering personal problem, and strongly encourage the employee to allow the supervisor to arrange an appointment with an EAP counselor. Though the final decision to use the program must be left up to the employee, the supervisor should emphasize the importance of the EAP.

B.6. If the employee agrees to accept assistance, the supervisor should call and arrange for a meeting between the employee and the Employee Assistance Program counselor. The counselor will advise the supervisor on any further action that might be necessary.

B.7. The supervisor should make available to the EAP Counselor all information relevant to the performance problem of the employee prior to the arranged meeting. If necessary, the EAP Counselor will request a conference with the supervisor to further discuss the situation.

B.8. If the employee chooses not to accept assistance at this time, the supervisor should reinforce the Department's expectation for improved performance and the consequences for failure to improve as set forth in the policy. The supervisor should also point out that the EAP would be available should the employee change his or her mind in the future.

B.9. All information pertaining to the employee's referral to the EAP and information offered by the provider service to the supervisor should be accorded the same high standards of confidentiality as applied to other disciplinary procedures and personnel records.



Title: Personnel Management

Controller: Administration

Origination Date: 3/87

Revision Date: 2/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'Mark W. [unclear]', is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish guidelines for the conduct of individual members of the Seminole County Fire Department.

History

Certain special personnel rules and regulations are necessary in order to ensure the proper safety, morale, and working conditions of the members of the Seminole County Fire Department.

These personnel rules and regulations are in addition to, but not in conflict with, the Personnel Policies and Procedures adopted by the Board of County Commissioners.

Procedure

1. Knowledge of the Personnel Policies – Each Seminole County Fire Station and the various offices of the Department are furnished with a copy of the Personnel Policies and Procedures of the Board of County Commissioners which is available online via SharePoint. Each member is to be familiar with the content of these policies and is responsible for complying with all rules and regulations contained within.
2. Service to Citizens – Seminole County Fire Department personnel are employed to serve the citizens of Seminole County. Personnel must perform their duties consistent with this duty to serve. Courtesy and respect must always be displayed when dealing with the citizens we serve.
3. Representation of the Seminole County Fire Department – Members are to properly represent the Department both on and off duty. Conduct at duty stations, on the telephone, at alarms, at public education programs and all other public contact is to be in a manner that is to the credit of the Department. Personnel shall not use their position to solicit special consideration from business persons, law enforcement officials, or other persons of influence or authority.
4. Personnel Records – Members are required to maintain their personnel files in a current condition. Members are to promptly notify Human Resources and Department administration of any changes in marital status, address of residence, personal telephone number or other similar information. In addition, members are to submit any copies of certificates, letters of praise and commendation, promotion or other important documents as soon as practical. The responsibility for maintaining a current personnel record rests with the individual member.

5. Personnel Conduct – Members must always be truthful and avoid speech or conduct that is subversive to good order. Members shall not destructively criticize the organization or its personnel and shall avoid all gossip. Members shall always speak with respect to or about other members, shall avoid demeaning statements, jokes or names. Members shall conduct themselves in a professional manner at all times. Horseplay or loud boisterous behavior is not permitted. Whenever members are operating in response to an alarm or emergency incident, they shall act together in a firm, calm manner and remain under the direction of the appropriate supervisor.
6. Questions of Citizens – Members shall accurately answer any questions from citizens regarding fire and life safety practices, the daily operations and organization of the Department, goals and objectives and other subjects of legitimate concern. Questions of a nature that the member is not qualified to answer should be referred to the appropriate supervisor. Questions relating to the conduct of individuals in response to specific alarms or other actions of an official nature, investigations, fire losses, accidents or other specific business of the Department should be held as confidential information and the citizen referred to the appropriate supervisor.
7. Identification of Members – Members shall promptly identify themselves and their supervisors to any citizen who requests such information.
8. Stewardship of Public Property – Members shall protect all public property from unlawful or inappropriate use. They shall act to prevent careless damage to this property and shall use property for its intended purpose only.
9. Official Notices and Documents – Members shall maintain all notices, memos, manuals, signs, bulletin boards and other such information in good order. Members shall not damage or deface these notices or documents. Personal notices or documents shall only be posted with the approval of the appropriate supervisor.
10. Misappropriation of Property – Members shall not take any property belonging to any individual, business or group, or to the County government and appropriate it for personal use. When members become entrusted with the property of others or the County government in the course of their official duties, they shall act to protect that property. Property acquired through actions at emergency incidents such as wallets, jewelry, or other valuables shall be brought to the attention of the appropriate supervisor immediately. Supervisors shall make every effort to return property to its lawful owners as soon as practical.
11. Cooperation with Investigations – Members shall not fabricate, withhold or knowingly destroy any evidence relating to a fire, accident, or other official investigation efforts as directed by the appropriate supervisor. Personnel shall cooperate with all official investigation efforts as directed by the appropriate supervisor.
12. Respect for National Symbols – Members shall honor all flags, banners, colors and dignitaries of the United States of America, allied nations, and the State of Florida. During the playing of the National Anthem, anthems of allied nations or the raising or lowering of these colors, members shall stand in an attitude of respect. Whenever the National colors pass in review, members shall render a hand salute with their right hand over their left breast.

13. Telephone Required – All members shall maintain a telephone, in working order, at their place of residence and shall keep Department administration advised of the proper telephone number via the chain-of-command.
14. Reporting for Duty – Members shall report promptly at their assigned work place, at the scheduled time, ready for duty.
15. Members Unable to Report for Duty – Members who are unable to report for duty due to illness or any other reason shall contact the TeleStaff System no later than 60 minutes prior to the beginning of the assigned shift. Members who contact the TeleStaff system later than 60 minutes prior to the beginning of the assigned shift must also report their absence to the appropriate supervisors as soon as possible. Members assigned to staff or administrative duties shall notify their appropriate supervisor as soon as practical, but no later than 30 minutes after the beginning of the workday.
16. Members Receiving a Report of a Member Unable to Report for Duty – Members who receive a report that another member is unable to report for duty shall alert the appropriate supervisor as soon as possible.
17. Duty to Obey – Members shall obey all lawful rules and regulations, as they apply to the Department. All lawful orders of a supervisor shall be promptly carried out.
18. Care of County Property – Users or custodians of County property shall be responsible for its care, maintenance, and proper use.
19. Duty to Report Loss or Damage – Members shall promptly report the loss, damage, or unserviceability of any County property assigned to them or under their control.
20. For Official Use Only – Members shall ensure that all County property is used for official purposes only. Members shall report all violations of this requirement of which they have knowledge.
21. Visitors to Individual Members – Members shall seek permission from the appropriate supervisor for personal visits by others of any duration. Members shall be responsible for the conduct of any personal visitors.
22. Official Visitors – Citizens who visit Seminole County Fire Stations or other Department offices or facilities shall be greeted in a courteous and businesslike fashion. Supervisors shall ensure that the business of visitors is promptly handled.
23. Objectionable Materials – Publications, films, videotapes, or other media that are sexually explicit, racially demeaning, or otherwise objectionable or in bad taste will not be permitted in Department facilities.
24. Good Order – Personnel are responsible for the care and maintenance of good order in the Seminole County Fire Stations, Seminole County Fire Department Offices, and/or work areas. Nothing will be allowed that will interfere with the business of the Department.
25. Personal telephone calls will be limited to five (5) minutes duration. Personal long distance telephone calls will not be made from station telephones unless the call is charged to a credit card or the home telephone number of the caller. All such telephone calls shall be recorded in the station or office log. No collect calls will be accepted.
26. Official long distance telephone calls from the Seminole County Fire Stations must be authorized by the supervisor, logged on the daily log, and reported to the

- Battalion Chief's office by memo. The memo will detail who made the call, telephone number called, purpose of the call and person contacted.
27. Whenever a Seminole County Fire Station telephone goes out-of-service, Emergency Communications will be notified via radio (49A) who will, in turn, notify Telecommunications of the problem and request a work order.
 28. Telephone Courtesy – All telephones will be answered in a courteous fashion, as follows: *Seminole County (number), rank, name, or office designation, name.* Business will be conducted in a respectful fashion. Other conversations in the vicinity of the telephone will be lowered.
 29. Standby (holding over) to be relieved from duty – Members shall maintain their duty assignment (standby or hold over) until relieved by another member or supervisor. Members shall also be responsible for passing pertinent information to the oncoming member. Supervisors are responsible for ensuring adequate staffing for assigned units is maintained.



Title: Grooming and Appearance Standards

Controller: Administration
Origination Date: 03/2013

Revision Date: 12/2022

Approved by: *[Signature]* Effective Date: 1/15/2023

Purpose

Defines the accepted personal grooming and appearance standards required of all fire department personnel to ensure a professional image is displayed at all times.

History

Seminole County Fire Department personnel are regarded as trusted emergency services professionals by the public and community. It is imperative that all personnel present a clean, neutral, professional and uniform image to the citizens we serve.

Procedure

2003.01 Authority and Responsibility

1. The Fire Chief and/or designated Chief Fire Officer have final interpretation authority on any article or part of this Operations Bulletin.
2. Immediate supervisors have the responsibility for the continued compliance of this policy by their subordinate personnel. It is incumbent upon immediate supervisors to notify an individual of an infraction as soon as it is identified and to follow up with said individual to ensure compliance.
3. All personnel are responsible to strictly abide by the articles in this policy. Deviation from or violation of this grooming standard is not authorized. Personnel not in compliance will be notified of such violation and given the opportunity to correct the violation. Failure to correct the violation after notification will be grounds for disciplinary action.

2003.02 Grooming

1. Facial hair standards:
 - a. Males will be clean shaven, except that a mustache may be worn according to this policy. Beards, goatee, soul patch or any other type of facial hair arrangement below the lower lip other than a mustache are specifically forbidden.
 - b. Mustaches are permitted so long as they are well groomed and worn in such a fashion as to give a neat and professional appearance.
 - i. Mustaches shall be trimmed at all times so that no part of the mustache extends more than 1½ inch below and ½ inch laterally and outward from the corner of the mouth (for the purpose of this policy defined as the corner/crease

where the upper and lower lips join) or less if required to ensure adequate and proper fit of safety and protective equipment.

- ii. There shall be no facial hair below the lower lip except as described above.
 - iii. Handlebar moustaches and all beards are hereby prohibited.
 - iv. The use of specific gels or products to shape, alter or otherwise arrange the mustache in an unnatural style is prohibited.
 - (a) Sideburns – Shall be trimmed not to extend in a downward fashion below the bottom of the earlobe and shall end in a clean shaven horizontal line without any curvature, bushing, flare or widening at the end of the sideburn.
 - (b) Any hair that comes in contact to or interferes with the proper safety of the outer seal of protective breathing equipment or respirator is not authorized. Personnel's facial and hair grooming must comply with Operations Bulletin 4015 "Respiratory Protection Standard" Mask Fit Testing and the Occupational Safety Health Administration (OSHA) Std. 1910.134 "Fit Testing Procedures".
2. Hair Standards For Uniformed Personnel:
- a. Hair must be neat, well-trimmed and appropriately groomed (combed) at all times.
 - b. Operational Personnel - Hair extending more than (1) inch past uniform collar (Class A, B, C or D) must be "pinned up" and arranged in a way that it does not interfere with the proper safety of job duties. Hair on top of the head and extending into the forehead area will be groomed so that it does not fall naturally below the eyebrows. At no time shall the hair bulk or grooming style interfere with the proper wear of any authorized headgear, SCBA mask ensemble, safety equipment or protective apparel. Hair ornaments such as ribbons shall not be worn. Pins, combs, barrettes or hair ties may be worn as long as they are of a black, dark brown, dark blue color, or material that matches the current hair color.
 - c. Administrative Uniformed Personnel: Hair must be neat and appropriately groomed at all times. When wearing hair loose, hair must not extend (6) inches past the bottom of the uniform collar. During field operations hair must be compliant with subsection b. in the preceding.
 - d. Extreme or eccentric hairstyles are not authorized. If personnel use dyes, tints or bleaches, they must choose those that result in natural hair colors. Colors that detract from displaying a professional appearance are prohibited.
 - i. Members shall avoid using colors that result in an extreme appearance.
 - ii. Applied hair colors that are prohibited include, but are not limited to purple, blue, pink, green, orange, bright red, and any type of fluorescent or neon colors.
 - iii. It is the responsibility of supervisors to use good judgment in determining if the hairstyle or the applied hair colors are unacceptable, based upon the overall effect of the person's appearance.

2003.03 Jewelry

1. Personal jewelry
 - a. Neck chains and charms may be worn, but must remain concealed from view beneath the uniform shirt at all times. Neck chains that may pose an entanglement hazard are not permitted at any time.
 - b. Bracelets, watches, and rings must have a tasteful design and must fit snugly in a way that these items do not interfere with the safe performance of the individual's assigned duties.
 - i. Personnel are discouraged from wearing rings while on duty and assigned to operational response positions. Rings can easily be tangled in equipment and have the potential to cause severe injury to the finger/hand up to and including loss of the finger.
 - c. Any jewelry that due to the size, style or type poses a safety hazard in the performance of emergency operations is hereby prohibited from use while on duty.
2. Earrings for Combat Personnel
 - a. Personnel assigned to operational response positions are not allowed to wear any type of earrings or ear ornamentation while on duty for safety precautions.
3. Earrings for Administrative Personnel
 - a. Earrings worn by female Administrative staff should not interfere with performing assigned duties. Dangle or long type earrings should not extend below the neckline. Piercing holes larger than those necessary to accommodate a small post earring are prohibited.
4. Extreme earrings or devices that create a large opening on the earlobe causing a dilation and/or deformity of the natural curvature of the earlobe are specifically prohibited at all times.

2003.04 Dentition and Dental Decorations

1. Artificial dental ornamentation
 - a. The use of gold, platinum or other style or type of metal or composite veneers or caps for the purposes of dental ornamentation is prohibited unless prescribed by a dentist as a necessary and indispensable part of dental work.
 - b. Teeth whether natural, capped, veneer, implants or other accessories shall not be decorated with any designs, jewels, initials or any other markings.

2003.04 Body Art

1. Definition – body art includes, but is not limited to, tattoos, branding, scarification, mutilation (examples include but are not limited to: splitting of the tongue, surgically implanted modifications, holes/gauges in the ears that cause an exaggerated opening in the ear lobe causing a dilation and/or deformity of the natural curvature of the earlobe.
2. Piercing body art **SHALL NOT** be visible while on duty. Piercings that are visible or noticeable under the uniform cannot be worn while on duty.
3. Visible tattoos are discouraged but will be deemed acceptable and allowed to be visible while on duty as long as it does not meet any of the outlined prohibited tattoos and prohibited tattoo areas.
 - a. At the posting of policy revision dated 02/16/2015, existing tattoos of the head, neck, face, and mouth **WILL BE COVERED AT ALL TIMES**, by whatever adequate means is needed, while on shift. Employees that have a copy of the “Grooming and Appearance Standards Affidavit” on file currently will remain in effect for tattoos of this nature that are not able to be covered by department issued uniform. Any new tattoos of the head, neck, face and mouth are strictly prohibited.
 - b. A written notice of declaration of existing employees with prohibited tattoos, to include description and location will be filed and added to the employee’s personnel file.
 - c. Tattoos that depict, describe, or otherwise refer to sexual conduct, acts, organs, or preferences and/or depict, describe or otherwise refer to intolerance of, or discrimination against, any race, color, religion, sex, national origin, age, disability, marital status, or sexual orientation, or refer to or are commonly associated with any organization or groups which advocate such: intolerance such as hate, terror, or discrimination and those that are detrimental to good order, discipline, and incompatible are hereby prohibited. Existing tattoos meeting the preceding criteria are not permitted to be visible at any time while on duty and must be covered at all times.
 - d. Any visible tattoo that is deemed potentially offensive by a company officer or Battalion Chief, and disputed by employee, will have to be inspected by an Assistant Chief to confirm if tattoo is offensive and needs to be covered while on duty. The Assistant Chief (or higher ranking Chief Officers) determination will stand.
 - e. Any tattoo that meets criteria of stated terms above **SHALL NOT BE VISIBLE AT ANY TIME** while on duty and will be covered with a department-approved garment as outlined in Operations Bulletin 2007 “Proper Wear of Uniforms and Insignia”. There will be no exceptions to this rule, and extra cost may be incurred by violating party “Not County or SCFD” by having to get items to cover tattoos not limited to makeup, turtle neck shirts, gloves, band aids or removal.

2003.05 Hygiene

1. General Hygiene is an important aspect of a professional appearance.
 - a. The Department supplies ample accommodations for personnel to maintain a high standard of personal hygiene.
 - b. Each member is expected to maintain excellent personal hygiene standards to eliminate or reduce the potential for offensive body odor.
2. Nails and Nail Polish:
 - a. Personnel must have nails neatly trimmed. Excessively long nails are not authorized.
 - b. Personnel are authorized to use a single tone clear or light natural nail polish that is in good taste without patterns, stones or other nail accessories. Multiple nail polish colors are not authorized. The use of artificial nails while on duty if interferes with the safe performance of response duties is not authorized.
3. Use of cosmetics, colognes and perfumes while on duty:
 - a. Personnel should be aware that strong perfumes and colognes can trigger allergic reactions, or other illnesses, and should be avoided.
 - b. Antiperspirant and deodorants are permitted as long as they are not heavily perfumed.
 - c. Personnel may use cosmetics “to include previously approved (by Assistant Chief) permanent makeup and/or cosmetics to the eyes, face, and or lips”, as long as these products are conservative in nature with light or natural colors that are not overtly bright or distracting.

2003.06 Affirmation Agreement

1. All new hires will be required to complete a “Grooming and Appearance Standards Affidavit” (see appendix A for New Hire personnel) documenting any visible tattoos present as of the date of hire for initial employment and affirming to abide by all the policies set forth in this document.
2. Any incumbents that have tattoos not coverable by department approved uniforms will be required to sign an affidavit documenting any existing visible tattoos present as of the effective date of this policy (see appendix B for Incumbent Personnel).

Appendix A:

Seminole County Fire Department
New Hire
Grooming and Appearance Standards Affidavit

Before me the undersigned, an EMS/ Fire/ Rescue employee, on this ____ day of _____, 20__ , swears and/or affirms that:

1. I have received and have read a copy of the Seminole County Fire Department Grooming and Appearance Standards.
2. I agree to not add any visible tattoos, body art, scarifications, brandings or any other form of body markings or alterations to my head, face, neck area or mouth that are visible or exposed while wearing department approved uniforms.
3. I certify that I have the following visible body art that is not coverable by department approved uniforms:

Affiant Signature

Printed Name

Witnessed by _____

Appendix B:

**Seminole County Fire Department
Incumbent with Visible / Non-Coverable Tattoos
Grooming and Appearance Standards Affidavit**

Before me the undersigned, a Seminole County Fire Department employee, on this _____ day of _____, 20__ , swears and/or affirms that:

1. I have received and have read a copy of the Seminole County Fire Department Grooming and Appearance Standards.
2. I agree to not add to, any visible tattoos, body art, scarifications, brandings or any other form of body markings or alterations to my head, face, neck area or mouth, that are visible or exposed while wearing department approved uniforms.
3. I certify that I have the following visible body art that is not coverable by department approved uniforms:

Affiant Signature

Printed Name

Witnessed by _____

Section:

**Title: Overtime/TeleStaff Procedures**

Controller: Operations

Origination Date: 1/1986

Revision Date: 8/10/2023

Approved by: _____

A handwritten signature in black ink, appearing to read "Mike W. K.", written over a horizontal line.

Effective Date: 8/14/2023

Purpose

To ensure adequate numbers of personnel are on duty to meet Department operational requirements and to ensure a consistent policy for the hiring of off duty personnel is utilized.

History

The Seminole County Fire Department has tried to maintain a fair and consistent procedure for hiring back personnel for overtime. In an effort to help with this consistency, a program called TeleStaff was purchased. This program allows the Department the ability to ensure that units are adequately staffed and that the overtime called is completed fairly and consistently in concert with the A Unit CBA.

Procedure

- A. Two lists will be maintained for overtime calling. The two lists will consist of a list for Lieutenants and a list for Firefighters that includes Firefighters with Paramedic specialization. Employees will be listed by seniority. Overtime selection will be determined by the employee's seniority ranking on the list and the number of check marks or other designations the employee has accumulated.
- B. If you volunteer for overtime, you will be eligible to select one (1) overtime position that is available. If you volunteer for 24 hours, you cannot select multiple overtimes (ex: St13 from 0800-1600, St43 from 1600-2300 and then St35 from 2300-0800) to avoid a check mark. This creates unnecessary holdovers and also prevents members from going on their approved leave at their scheduled time to be off. After all members volunteering for overtime have been offered a position, the list is refreshed, and the partial volunteer list will be filled prior to the other members being ordered in.
- C. Arranging overtime will be the responsibility of a designated Battalion Chief or Chiefs utilizing an automated staffing and overtime program currently identified as TeleStaff. Other personnel can be assigned the task of making phone calls or other attempts to contact personnel for the purpose of filling vacancies with overtime. During the hours of 1600 through 2200, only the Battalion Chief calling overtime (or designee) is allowed to move personnel on the roster as this may affect staffing assignments.

D. If scheduled leave is placed on the calendar less than 48 hours before the affected shift and the employee is scheduled to attend the following classes (ACLS, PHTLS, CPR, PALS, IPAT, physicals) they will be responsible for re-scheduling/attending the missed class.

E. TeleStaff routinely reviews for approval any request for leave submitted after the forecasted leave limit has been reached at least thirty (45) days in advance of the affected shift and continue to review requests up to the affected shift. TeleStaff runs Auto approval and approves leave for Lieutenants first then Firefighters,

F. Employees desiring to work overtime will sign in or dial into TeleStaff and place their name on the appropriate volunteer list for the shift or the period of a shift they wish to work overtime. Sign up must be accomplished prior to 1600 the calendar day before the affected shift. Personnel may take out or put in any additional overtime requests between 2200 and 0700 the shift before the affected shift. Personnel will not adjust their calendar, or put in, or take out any requests between 1600 and 2200 hours. The employee by signing up for volunteer overtime agrees to work when contacted. The TeleStaff program, Battalion Chief or designee will assign overtime based on employee specialty qualifications, operational need and/or employee preference. An employee can be excused from working if it is determined the employee is sick (refer to CBA Article 18). The employee must contact the staffing Battalion Chief if this occurs. If an employee accepts any amount of overtime, it must stay in TeleStaff until 0800 of the affected shift. The intent of this is to prevent an employee from accepting overtime, giving it away to another employee, then accepting additional overtime.

G. Scheduled leave vacancies will be filled from the volunteer overtime list based on the vacant position and the appropriate overtime calling list. If there are more people on the list than vacancies, the personnel not selected can be used to fill vacancies as a result of unscheduled leave. Vacancies not filled by the volunteer list will be filled by using the appropriate order in list.

H. Employees who are “ordered in” will be automatically assigned by Telestaff. After informing a Battalion Chief, employees may give away their overtime “order in” to another employee who has the minimum qualifications and skills needed for the position being filled. Bargaining unit members shall not be “ordered in” when he/she is off duty on approved scheduled leave, or an approved time trade the first eight (8) hours or more of their next shift, or were off duty on approved scheduled leave or approved time trade the last twelve (12) hours or more of their previous shift. It shall be the bargaining unit member’s responsibility to use the “anti-signup” work code in TeleStaff to prevent TeleStaff from ordering them to work overtime. When the “anti-signup” work code is utilized the bargaining unit member shall use at least (8) hours of leave or time trade their next scheduled shift, or on approved scheduled leave or approved time trade the last twelve (12) hours or more of their previous shift. If the “anti-signup” work code is not utilized the bargaining unit member may cancel their leave by 15:00 hours (65 hours) the shift before the scheduled leave. When scheduling sick leave/medical leave, (24) hours must be used by the bargaining unit member (for each occurrence) before they are

eligible to utilize the “anti-signup” work code. Failure of the employee to use the “anti-signup” work code will require the employee to work overtime if contacted by TeleStaff. In the event of a TeleStaff server failure and the employee is contacted by a Battalion Chief or designee, it is the employee’s responsibility to inform the caller that he/she is on approved leave/time trade or will be on approved leave/time trade that meets the requirements of this section and has utilized the Anti-Signup work code.

I. If overtime is being acquired to cover unscheduled leave in the morning prior to shift change the TeleStaff program will fill the vacancy following the same procedure as the night before. The voluntary overtime list will be used and if the vacancy cannot be filled, the order in overtime list will be used and contacts will be attempted until someone is located to work. Personnel are required to sign into the TeleStaff program prior to being relieved from duty to ensure they have not been given an overtime assignment.

J. There will be two lists for order in purposes. Order in lists will include all eligible personnel by position in reverse seniority and with off going shift personnel at the top. Averaging of checkmarks will be completed by the following:
Promotions: The OTOI checkmark will be assigned at the lowest number of checkmarks for that position and shift being promoted to. Additionally, that number will be of like-assigned members that are in a working status.
Overtime Checkmarks: This will be set at the average of the 10 highest members (of the same position) across all three shifts.

K. Once an overtime assignment has been accepted or assigned the employee is responsible for ensuring the work assignment is fulfilled. The only exceptions will be an emergency as determined at the discretion of the appropriate Battalion Chief, or the scheduled employee arranges for an equally qualified employee to work the overtime assignment and receives Battalion Chief approval. Employees may split shifts or give the entire shift to another employee pending Battalion Chief approval. In the event 2 employees split a 24hr assignment one employee must work at least 12hrs 1min so the appropriate overtime checkmark will be assigned.

L. When calling for scheduled leave overtime the TeleStaff program, Battalion Chief or designee will leave a message with whoever answers the phone or on an answering machine. It will be the employee’s responsibility to confirm receiving the information by contacting TeleStaff by 2100 hours. If TeleStaff is not contacted, the vacancy will be added to the vacancy list for the next calling period.

M. Vacancies occurring during a shift will be filled using the unscheduled leave overtime procedure. Depending on what the operational needs are, the vacancies that are anticipated to be four (4) hours or less and/or vacancies occurring after 2200 hours may not be filled.

N. Overtime to fill vacancies on a designated County holiday will be filled from the volunteer overtime list by selecting the employee with the most checks and greatest

seniority. Non-shift personnel will not be eligible to work overtime on a County holiday or County designated holiday except for a recall.

O. Employees who volunteered to work overtime and failed to contact TeleStaff will be assessed a penalty of one (1) checkmark and removal from the volunteer list for a period of one (2) week.

P. Exceptions:

1. On duty personnel unable to sign on to TeleStaff in the morning due to an alarm will have the assessed penalty removed.
2. Volunteers assessed a penalty while reporting for work will have the assessed penalty removed.

Q. Priority Hiring

1. Priority hiring may be needed to maintain service levels and operational capabilities for specialized units and/or teams. Every attempt will be made to follow the first up procedure as closely as possible. Priority hiring will be done with the approval of the on-duty shift Commander.

Members shall request leave, following current procedures for leave request, identifying the leave type and amount of leave.

Alpha characters will be used to identify the type of leave and document whether the leave was scheduled or unscheduled

Scheduled Leave Unscheduled Leave

Catastrophic Leave	SLC	
Paid Time Off	PTO	PTU
Paid Time Off Education	PTOE	
Personal Day (Birthday)	BDY	
Work Life Day	WLD	
Service Recognition Holiday	SRH	
Military Leave	MIL	
Jury Duty	JUR	
Leave with Pay	LWP	
COMP Time	CMP	
Bereavement Leave	BER	

If granted, Bereavement Leave will always be considered Scheduled Leave regardless of the time it was requested. Only Paid Time Off can be utilized unscheduled. All other leaves must be scheduled in advance in concert with the A Unit CBA.

When an employee submits a request for bereavement leave and the leave is approved the time will be deducted from the employee's bereavement leave account for immediate family as defined in current personnel policies. Time used in excess of eligible bereavement leave time or for family members not included in current personnel policies, but included in the following list, will be deducted from employee's appropriate Catastrophic Leave account.

Aunt	Grandmother	Son
Brother	Guardian	Son-in-Law
Brother-in-Law	Half Brother	Stepbrother
Daughter	Half Sister	Stepdaughter
Daughter-in-Law	Husband	Stepfather
Father	Mother	Stepmother
Father-in-Law	Mother-in-Law	Stepsister
First Cousin	Nephew	Stepson
Foster Child	Niece	Uncle
Grandchild	Sister	Ward of Employee
Grandfather	Sister-in-Law	Wife

For evaluation purposes the following criteria regarding Unscheduled leave will apply for attendance:

- 1 use of Unscheduled Leave may exceed standards
- 2-3 uses of Unscheduled Leave may meet standards
- 4-6-uses of Unscheduled Leave may Need Improvement
- 7+ uses of Unscheduled Leave may be Unsatisfactory

Documentation is required to prove eligibility for leave benefits to include Service Recognition Day, Bereavement Leave, Military Leave, Witness Duty, and Jury Duty.

**Title: Promotional Candidate Selection Procedure –
Battalion Chief**

Controller: Professional Standards

Origination Date: 04/20/09

Revision Date: 11/3/2020

Approved by: Otto Drozda Effective Date: 11/5/2020

Purpose

This Operations Bulletin establishes a standard and consistent procedure to select individuals as candidates for promotion to the position of Battalion Chief in the Fire Department.

Overview

Selection of individuals as candidates for promotion to Battalion Chief shall be based on the following:

1. An evaluation of past performance as a member of the Fire Department.
2. Length of service with the Fire Department.
3. Education and training above that required to perform as a Lieutenant.
It will be the applicant's responsibility to ensure that their personnel and training files within the Department are current at this time.

Candidates who meet the criteria established by this document will be given the opportunity to participate in an Assessment Center. The results of this Assessment Center will be combined with the file review scores to establish a list of candidate rankings. The Fire Chief will promote using the rule-of-three selection process.

Procedure

Every two years or when necessary, the Fire Chief will establish an eligibility list to select candidates for the promotion to Battalion Chief.

Application: All persons in the Fire Department will be notified of the initiation of the promotional candidate procedure by:

1. Information Bulletin posted on TargetSolutions.
2. Human Resources Job Posting.

At least a thirty (30) day period will be available for persons to make application for consideration for promotion.

The recruitment process required by the Seminole County Personnel Policies and Procedures and as established within the Human Resources Department will be followed. Each applicant will be responsible for ensuring that their application is properly entered and received by the Human Resources Department.

Minimum Requirements

All applicants must be Fire Department career-status employees with at least eight (8) years of uninterrupted service with Seminole County Fire Department as of the last day of the application period, three years of which must have been in the rank of lieutenant. All applicants at time of closing shall possess at a minimum:

- ✚ Associate's Degree from an approved College or University as approved for Supplemental Compensation as provided for by Section 633.382(3), Florida Statutes
- ✚ State of Florida Fire Officer II
- ✚ State of Florida Fire Instructor II

No applicants on special probation or a performance plan will be considered. The Fire Chief reserves the right to reject any applicant for cause.

File Review- A review of each qualified applicant's personnel and training files in order to identify individual points as specified below.

Length of Service: Each candidate will receive one (1) point for each full (complete) year of service in the position of Lieutenant. A maximum of 10 points will be allowed. This credit will be applied to continuous, full-time employed service with the Fire Department as of the application cut-off date. Professional Standards will certify each candidate's length of service score. A procedure for candidate review and appeal of this score will be available.

Performance Evaluation: Each candidate will be rated using the last three yearly career-status performance evaluations in his/her personnel file. This includes only evaluations on file as of the application cut-off date. Professional Standards shall oversee the review and rating of the performance evaluations of each candidate.

In order to rate the performance evaluation, categories and rankings are weighted as follows:

Title: Promotional Candidate Selection Procedure –
Battalion Chief

Category Weights

3	Planning and Organizational Skills
3	Leadership
3	Employee Development
3	Interpersonal Skills
2	Knowledge of Organizational Policies/Procedures
3.25	Job Knowledge Skills
2	Communication Skills
2	Versatility/Adaptability

Ranking Weights

0	Unsatisfactory
1	Needs Improvement
3	Meets Standards
4	Exceeds Standards

The evaluations are rated by multiplying the weight of the category by the weight of the ranking. For example:

Job Knowledge Skills (3.25) x Exceeds Standards (4) = 13

Employee Development (3) x Meets Standards (3) = 9

Leadership (3) x Needs Improvement (1) = 3

The total value of all three (3) evaluations is then totaled. A perfect score of 255 is possible. This score is then pro-rated to a scale of 100, carried to the second decimal place. Professional Standards will certify each candidate's evaluation score. A procedure for candidate review and appeal of this score will be available.

Training and Education: Additional points will be given for training and education that each candidate has acquired **beyond that required by the Fire Department**. Points are given for accredited College or University degrees, as follows:

A.A. or A.S. Degree	8	Credits for only one (1) degree will be given. The highest point value will apply.
B.A. or B.S. Degree	10	
Master's Degree	14	

- ✚ A maximum of 14 points is available for all accredited college-level training and education. To receive credit, the Degree must be from an approved College or University as approved for Supplemental Compensation as provided for by Section 633.382(3), Florida Statutes.

Points are given for certification in the following areas. The credit will be given for current State of Florida certifications only.

Title: Promotional Candidate Selection Procedure –
Battalion Chief

Fire Officer III	3*
Fire Officer IV	4*
Paramedic	2
Fire Inspector I	2
Fire Instructor III	3
Safety Officer	1

* Individuals will only get credit for the highest fire officer rating in their file.

All other certificates received in the previous eight (8) years from the date of application cut-off related to the Fire Department service will be given .05 points credit, for a maximum of 8 points. Credit will only be given once for multiple certificates for the same class. Credit will be given only for diplomas or certificates in the employee's personnel and/or training file as of the application cut-off date. Professional Standards will certify each candidate's training and education score. A procedure for candidate review and appeal of this score will be available.

Work Experience: Additional points will be given for experience held in position/assignment that each candidate has acquired **beyond that required by the Fire Department**. Points are given for position/assignment as follows:

- ✓ Command Safety Technician
- ✓ Special Operations Team
- ✓ Tower Team
- ✓ Brush/Burn Team
- ✓ Full-time 40-Hour assignment (Must have been permanently assigned to this position for no less than 18-months). This is an established position within Administration, Operations, Planning, Professional Standards, or Support Services Divisions.

The point value will apply based on 1 point per full year in position/assignment, with a maximum of 5 points given.

Qualification of Candidates for Assessment Center: The candidate's file review score will be used to create an interim list to select candidates to be evaluated using an Assessment Center. The ten (10) highest scores will be selected for assessment. In the event of a tie at the cut-off score point, all persons with equal scores to the cut-off will be scheduled to participate in the Assessment Center.

Assessment Center: Each candidate selected will be objectively evaluated using an Assessment Center consisting of three components to include a tactical exercise, an employee counseling/problem solving exercise, and an In-Basket exercise. A 70% average must be achieved across all components. An individual may receive a score between 60% and 69.9% in one component only

Example 1: Tactical Exercise 100%, In-Basket Exercise 80%, Employee Counseling/Problem Solving 60%*=80% average.

- *Only one component under 70%. PASSING SCORE

Example 2: Tactical Exercise 100%, In-Basket Exercise 69%, Employee Counseling/Problem Solving 69%*=79.33 average.

- *Two components under 70%. FAILING SCORE

The actual structure or content of the Assessment Center will vary, but the simulations used will approximate the supervising duties of a Battalion Chief. The Fire Chief may develop the Assessment Center in a fashion that he/she determines to meet the needs of the Fire Department.

Eligibility List: The results of the Assessment Center will be pro-rated to a scale of 100, carried to the second decimal place. The Assessment Center score will be added to the file review score to create a ranked eligibility list. This list will be used to select qualified individuals for promotion to Battalion Chief.

The eligibility list will remain in force for a period of two (2) years, commencing on December 31st in odd numbered years. The Fire Chief will promote using the rule-of-three selection process; furthermore, he/she reserves the right to remove any individual from this eligibility list for cause.

All scores and related information shall be forwarded to the Assistant Chief of Professional Standards for review, prior to the candidates being notified of their disposition as it relates to their ability to sit for the Assessment Center.

All final scores and related information shall be forwarded to the Assistant Chief of Professional Standards for review, prior to being forwarded to the Fire Chief's office for final approval, notification of candidates, and list posting.

Interview: The Fire Chief will conduct a pre-promotional interview, as he/she deems appropriate.

UNUSUAL EVENTS OR CIRCUMSTANCES INVOLVING THIS PROMOTIONAL CANDIDATE SELECTION PROCEDURE THAT AFFECT INDIVIDUALS OR THE FIRE DEPARTMENT SHALL BE RESOLVED BY THE FIRE CHIEF.

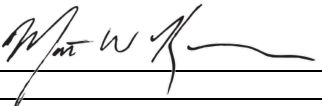


Title: Maximum Number of Work Hours and Work Days

Controller: Administration

Origination Date: 9/87

Revision Date: 1/1/2023

Approved by:  Effective Date: 2/14/2023

Purpose

To create a guideline for the maximum number of hours and days that Seminole County Fire Department personnel work, under normal operating conditions, without an opportunity to have time away from the workplace. Time away from the workplace is considered important for the mental and physical well-being of all employees.

Procedure

1. A minimum continuous eight-hour break, off-duty, shall be taken during any fifty-six hour period of time.
2. A minimum continuous twenty four-hour break, off duty, shall be taken during any fourteen day period.

Exceptions:

1. Emergency operations and major events, such as hurricanes and extreme fire activity.
2. Assistant Chiefs may authorize more than forty-eight (48) hours, 14 day work period or necessary response of personnel with a certain skill or expertise.
3. Standing by to be relieved from duty.



Title: Proper Wear of Uniform and Insignia

Controller: Administration

Origination Date: 1/5/2004

Revision Date: 12/2022

Approved by: _____

A handwritten signature in blue ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: _____

1/15/2023

Purpose

To establish guidelines for the proper wear, use and care of the Fire Department's uniforms and the correct display of all awards, medals, service and campaign bars on the dress uniform in order to present a professional appearance during formal events, ceremonies and other activities.

History

All uniforms worn by Fire Department personnel identify the wearer as a trusted professional that provides essential emergency services, medical care, fire suppression, and hazard mitigation services to protect the community. In wearing this uniform, members assume the responsibility to act in a manner consistent with this trust and to dress and maintain a professional appearance and demeanor.

Policies

2007.01 Uniform Appearance, Fit and Dress Code

- A. **Authority:** The Fire Chief has the final authority in the governance of proper uniform and insignia worn by SCFD personnel. The Fire Chief also has final interpretation on any portion of this policy.
 - i. The duty Assistant Chief has authority to temporarily alter uniform guidelines during special events, training or extreme weather conditions. If the temporary changes are planned to exceed a three-day time period an Information Bulletin shall be issued outlining the changes and expected duration of the alterations.
- B. The appropriate uniform, as noted below, shall be worn by all of the Seminole County Fire Department personnel when on duty or, official fire department business. "On Duty" is defined as on pay status as approved by the Fire Chief. All members are responsible for obtaining and maintaining the uniform items required for their assignment.
 - i. Uniforms, protective ensemble(s) and insignia are the property of Seminole County. Uniform items may not be individually purchased outside of the normal acquisition channels approved by the Fire Chief for personal and/or off duty use.
 - ii. All Personnel are expected to report to duty with a full complement of uniforms as well as spare items to use in the event their uniform is soiled or damaged.
- C. All personnel will maintain a high standard of dress and appearance. Uniforms will fit properly; trousers, pants, and shirts should not fit tightly; and personnel must keep uniforms clean and serviceable pressing them as necessary. Shirt tails and t-shirts must be tucked into the trousers and arranged to portray a neat appearance at all times. Shirt sleeves are not to be rolled or cuffed at any time.

- D. Personnel must project a professional image that leaves no doubt that they live by a common standard responsible to the department's order and discipline. Personnel will ensure that articles carried in pockets do not protrude from the pocket or present a bulky appearance.
- E. Chief Officers and Company Officers are responsible for maintaining high standards of uniform wear of their subordinates. Supervisors will ensure that personnel under their direction, properly wear and maintain their uniforms.
- F. Personnel shall keep uniforms and shoes buttoned, zipped, laced and snapped as to portray a professional appearance of the uniform and/or garment. Personnel will ensure metallic devices such as metal insignia, belt buckles are free of scratches, corrosion, and are in proper luster. All medals and ribbons must be clean and not frayed, scratched or enamel worn. Personnel will keep shoes and boots cleaned and shined. Personnel will replace the insignia whenever it becomes unserviceable or no longer conforms to standards.
 - i. Uniforms shall be laundered and pressed (when applicable) prior to wear. Soiled, stained, wrinkled uniforms shall not be worn.
 - 1. It is the individual's responsibility to wash or launder uniform items on their own except when uniform items are contaminated with a biohazard. Items with biohazard contamination shall be secured and turned into logistics following the most current uniform decontamination procedure.
 - 2. Although some uniform items are made of wash-and-wear materials or are treated with a permanent-press finish, personnel may need to press these items to maintain a neat, professional appearance.
 - 3. Lapels and sleeves of service, dress coats and jackets will be roll-pressed, without creasing. Trousers, slacks, and the sleeves of shirts will be creased.
 - 4. The routine use of chlorine bleach in the laundering of uniform items is not recommended.
 - ii. Uniform items torn, faded, damaged or otherwise rendered unserviceable shall be removed from use and replaced following the most current uniform ordering procedure.
 - 1. Unserviceable uniforms that have the department logo, patch or other fire related identification items shall be returned to Logistics and/or disposed of in a manner that prevents the unauthorized access or wear of these items by persons not associated with SCFD.
- G. When wearing department uniforms, the individual must wear the correct and complete ensemble of the uniform as outlined in 2007.02.
 - i. Personnel must wear a department approved t-shirt under class A, B, C uniform shirt. Officers wearing a white shirt may use a plain white t-shirt in place of the department approved shirt to prevent the t-shirt logo from showing under the shirt. T-shirts in any other color or patterns other than plain white are not authorized for wear with the uniform.
 - ii. Long sleeve t-shirts are not to be worn under a short sleeve class C shirt or golf shirt.
- H. Personnel with visible tattoos identified as inappropriate or offensive as outlined in Operations Bulletin #2003 "Grooming and Appearance Standards" must have said tattoos covered any time the individual is wearing any Seminole County uniform while on duty and/or representing/performing official SCFD duties.

- i. All visible tattoos identified as inappropriate or offensive must be covered with a department approved “*Under Armour™*” type garment or long sleeve uniform at all times while on duty.
- I. The department actively promotes the SCFD logo as well as the name Seminole County Fire Department as its “service mark.”
- i. Any use of the department logo for articles other than department issued uniforms (softball team shirts, etc.) is strictly forbidden without prior written authorization of the Fire Chief.
 - ii. If wearing any article of clothing with department logo off duty, whether department issued or personal, all department rules of conduct will apply. Individual discretion is encouraged.
 - iii. No uniforms or Department regulated clothing items with or without department logos shall be worn at part-time jobs or during external job interviews.
- J. Wear of items on uniforms:
- i. Personnel may attach keys to the uniform when performing duties such as paramedic responsible for controlled substances. Keys will be attached to the uniform on the belt, belt loops, or waistband.
 - ii. When required in the performance of duties, personnel may wear an electronic device on the belt, belt loops, or waistband of the uniform.
 - iii. Personnel will not wear keys, key chains, leather radio straps or case holders, portable radios, knife cases, EMS pouches or electronic devices on Class A and B uniforms when wear is inappropriate, such as in official presentations or ceremonies, and, when in a non- response mode..
 - 1. At no time shall personnel wear any type of exposed chain, strap or cable attached to personal items such as wallets or electronic devices.
- K. Required Identification:
- i. Driver’s License - All personnel are to maintain their driver’s license (permit) on their person whenever they are operating, or may become subject to operating a Department/County vehicle.
 - ii. EMS Certifications - All personnel that hold EMT and/or Paramedic certification are to maintain these certification cards on their person when responding to or actively working at alarms. Any required ancillary certification must also be carried (i.e. current CPR card for EMTs, current ACLS certification for Paramedics).
 - iii. Seminole County Identification card – Seminole County Fire Department members are encouraged to maintain the County issued identification cards on their person while on-duty. The identification card, as property of Seminole County, must be presented or relinquished upon direction by a Chief Officer.
- L. Alterations to uniform items:
- i. Personnel are authorized to perform professional alterations or tailoring to uniform clothing items to ensure proper fit and appearance only.
 - ii. Defacing: Uniforms, insignia and accessories shall not be defaced, altered, cut, ripped, torn or modified in any way.

1. Individuals who deface, alter, modify, alter, cut, rip, tear or damages the professional appearance of any uniform item in any way shall be subject to disciplinary action commensurate with the identified infraction.

2007.02 Uniform Type Classification

A. Class A Uniform

- i. Authorization for Wear: The class A uniform is authorized for wear year-round during formal ceremonies, approved activities, memorials, funerals and other functions as authorized by the Fire Chief or designated Chief Officer.
- ii. The class A uniform is required of all Chief Officers.
- iii. Composition:
 1. Consists of a double-breasted jacket, dress shirt, tie, dress pants or skirt (female) with department issued belt with silver/gold buckle, service cap, and black patent leather shoes with black socks.
 - (a) **Chief Officer** – Black or Blue jacket with the department patch sewn on the left sleeve, appropriate rank sleeve, service time recognition and matching pants or skirt (female), white button down long sleeve shirt with appropriate department patch and appropriate service time Maltese crosses; black or blue tie; white service cap with plain black patent leather visor with rank appropriate cap badge and gold chinstrap.
 - (b) **Company Officer** – Blue jacket with the department patch sewn on the left sleeve with appropriate rank sleeve, service time recognition and matching pants, white button down long sleeve shirt with appropriate department, EMT or paramedic patch and appropriate and service stripes; blue tie; blue bell crown cap with plain black patent leather visor, rank appropriate cap badge and silver chinstrap.
 - (c) **Engineer and Firefighter** – Blue jacket with the department patch sewn on the left sleeve and matching pants, blue button down long sleeve shirt; blue tie; blue bell crown cap with plain black patent leather visor, rank appropriate cap badge and black chinstrap.
 2. The appropriate uniform badge, nametag with “serving since” plate when authorized and approved citation bars shall be affixed to the Class A jacket.
 3. Dress Shirt shall have the official SCFD logo patch sewn on the left sleeve no more than 1” from the shoulder stitch line centered on the sleeve. Paramedics and EMT’s will have the appropriate State approved Paramedic or EMT patch sewn on the right sleeve no more than 1” from the shoulder stitch line centered on the sleeve.
 4. Appropriate rank insignia, badge, and nametag shall be affixed to the dress shirt.
 5. Personnel are not required to wear headgear when wearing the Class A uniforms to evening social functions or special other events as authorized by the Fire Chief.

B. Class B Uniform

- i. Authorization for Wear: The class B uniform is authorized for wear year-round during formal ceremonies, approved activities, memorials, funerals and other functions as authorized by the Fire Chief.

- ii. The class B uniform is required of all personnel.
- iii. Composition:
 - 1. Consists of a long sleeve dress shirt with appropriate department, EMT or paramedic patch and appropriate service stripes; dress tie; dress uniform pants with department issued black belt with uniform buckle ; black shoes with black socks.
 - (a) Assistant Chief Officer and above – White long sleeve shirt; dark blue tie; blue dress pants or skirt (female); gold belt buckle.
 - (b) Battalion Chief Officer and Lieutenants – White long sleeve shirt; dark blue tie; blue dress pants; gold buckle (Battalion Chief), silver buckle (Lieutenants).
 - (c) Engineers and Firefighters – Blue long sleeve dress shirt; dark blue tie; blue dress pants; silver uniform belt buckle.
 - 2. Class B shirt shall have the official SCFD logo patch sewn on the left sleeve no more than 1” from the shoulder stitch line centered on the sleeve. Paramedics and EMT’s will have the appropriate State approved Paramedic or EMT patch sewn on the right sleeve no more than 1” from the shoulder stitch line centered on the sleeve.
 - 3. The appropriate uniform badge, nametag with “serving since” plate when authorized, and rank insignia shall be affixed to the shirt.
 - 4. Citation bars and medals are authorized for wear on the Class B uniform shirt.
 - 5. Appropriate dress cap or headgear may be worn during special outdoor ceremonies and events as authorized by the Fire Chief.

C. Class C Uniform

- i. Authorization for Wear: The class C uniform is authorized for wear year-round and may be required during the following activities:
 - 1. All public relations activities, official public contact functions, including building walk-through or activities in public view.
 - 2. Whenever attending classroom training activities at the fire training center or any other external training location.
 - 3. Planned visits to the Public Safety Building, County Services Building or any other official county facility.
 - 4. At any time that at the discretion of the Fire Chief or designated Chief Officer the class C uniform is preferred.
 - 5. It is the **official uniform of the day for Chief Officers** and required for wear from **0800-1700 hrs** Monday-Thursday.
 - (a) Exceptions to this requirement are authorized when the personnel are actively engaged while participating in calls for service, physical training, vehicle and station maintenance at which time the Class E or F uniform is acceptable depending on the type of activity being performed.
 - 6. At any time that, at the discretion of the designated Chief Officer(s), the class C uniform is preferred
- ii. Composition:

1. Consists of a short sleeve dress shirt with appropriate department, EMT or paramedic patch; uniform pants with department issued black belt and silver/gold buckle; black shoes with black socks or department approved black boots.
 - (a) Assistant Chief Officer and above – White short sleeve shirt; blue pants; black belt with gold buckle.
 - (b) Battalion Chief Officer and Lieutenants – White short sleeve shirt; blue pants; black belt with gold buckle (Battalion Chiefs), silver buckle (Lieutenants).
 - (c) Engineers and Firefighters – Blue short sleeve shirt; blue pants; black belt with silver buckle.
2. Class C shirt shall have the official SCFD logo patch sewn on the left sleeve no more than 1” from the shoulder stitch line centered on the sleeve. Paramedics and EMT’s will have the appropriate State approved Paramedic or EMT patch sewn on the right sleeve no more than 1” from the shoulder stitch line centered on the sleeve.
3. The appropriate badge, nametag with “serving since” plate when authorized, and rank insignia shall be affixed to the shirt.
4. Dress ties, citation bars and medals **ARE NOT** authorized for wear on the Class C uniform.

D. Class D Uniform

- i. Authorization for Wear: The class D uniform is authorized for wear year-round and required during the following activities:
 1. It is the **official uniform of the day for Lieutenants, Engineers, and Firefighters** and is authorized for wear when leaving the station for anything other than a call for service or physical training. Battalion Chiefs and higher may wear from 0800-1700 hrs Friday-Sunday.
 2. At any time that, at the discretion of the designated Chief Officer(s), the class D uniform is preferred.
- ii. Composition:
 1. Chief Officers - Consists of regulation style short sleeve golf-style shirt with the department logo embroidered on the left breast area and the individual’s last name embroidered on the right breast area. or white 5.11 styled short sleeve shirt with department logo embroidered on the left breast area and the individual’s last name and rank on the right breast area, uniform pants with department issued black belt with silver/gold buckle as assigned, black shoes and black socks or department approved black boots.
 2. Lieutenant, Engineers and Firefighters - Consists of blue 5.11 styled short sleeve shirt with the department logo embroidered on the left breast area and the individuals last name and rank embroidered on the right breast area. Blue pants of consistent material/composition in order to color match the shirt.
 - (a) Lieutenants, Engineers and Firefighters – blue 5.11 styled shirt; blue pants
2. No insignia or pins of any type shall be affixed to the uniform golf-style shirt or 5.11 styled shirt.

E. Class E Work Uniform

- i. Authorization for Wear: The class E uniform is authorized for wear year-round and required during the following activities:
 - 1. It is considered after-hours uniform and authorized for wear from 1700-0800 hrs seven (7) days per week.
 - (a) The class E uniform may be authorized for wear during specific daily activities as described in 2007.02 (C).
 - 2. At any time that, at the discretion of the designated Chief Officer(s), the class E uniform is preferred.
- ii. Composition:
 - 1. Consists of a short or long sleeve department approved T- shirt (bearing SCFD branded logo from 2021 (or later), uniform pants with department issued black belt with silver/gold buckle as assigned, black shoes and black socks or department approved black boots.
 - (a) Assistant Chief Officer and above – white or grey T-shirt; blue pants.
 - (b) Battalion Chief Officer and Lieutenants – white or grey T-shirt; blue pants.
 - (c) Engineers and Firefighters – grey T-shirt; blue pants.
 - 2. No insignia or pins of any type shall be affixed to the uniform T-shirt.
 - 3. Authorized ball or “boonie” cap when engaged in outdoor activities.

F. Class F Fitness Uniform

- i. Authorization for Wear: The class F fitness uniform is authorized for wear year-round and required during physical training activities.
- ii. Composition:
 - 1. Consists of a short or long-sleeved department approved T- shirt (bearing SCFD branded logo from 2021 (or later), blue uniform shorts, athletic shoes**, and white socks**.
 - 2. No insignia or pins of any type shall be affixed to the uniform T-shirt.
 - 3. Authorized ball or “boonie” cap when engaged in outdoor activities.

G. Specialty Uniforms

- i. Authorization for Wear: Specialty teams or personnel engaged in specific events are authorized to wear specialty uniforms or specific apparel designated for the team or event.
- ii. Specialty uniforms must be approved by the Fire Chief or designated Chief Officer.
- iii. Teams authorized to wear the designated specialty uniform for said team when engaged in activities directly related to the team includes but are not limited to: Bike Team, Honor Guard, Tactical Fitness Instructors, and Training Instructors.
- iv. Special events – personnel are authorized to wear the approved specialty uniform of their assignment during events such as Red, Hot, Boom.

H. Jackets and Winter Garments

Authorization for Wear: The following garments are authorized for wear during winter season or inclement low temperatures on Class B, C, D, or E uniforms

1. Sweatshirt – shall be regulation style light grey with printed department logo on the left breast area and department’s name printed on the back of the garment.
2. Job Shirt – shall be regulation style with denim collar and elbow covers with embroidered department logo on the left breast area and employee’s name on right breast area.
 - (a) When approved, personnel may have the station unique logo sewn on the right sleeve of the garment. It shall be no more than 1” from the sleeve stitching to the shoulder portion of the garment.
- ii. Windbreaker – Shall be regulation style and color with embroidered department logo on the left breast, and employee’s name on right breast area.
 1. The windbreaker is authorized for wear with the Class C – E uniforms **ONLY**.
- iii. Sweater – Chief Officers may wear a wool or comparable material uniform dress sweater with the class B and C uniform.
 1. Assistant Chief Officers and above – Blue sweater.
 2. Battalion Chiefs and lieutenants – Blue sweater.
- iv. Winter jacket – Shall be regulation style with the appropriate badge on the left breast area. Winter Jacket may be worn with class B – E uniforms **ONLY**.

I. Authorized Hats and Headgear

- i. Dress Cap: White Service Cap (Chief Officer) or blue bell crown cap (Lieutenants, Engineers, and Firefighters) are authorized for wear only with the Class A and B uniform. The appropriate color chin strap and cap badge shall be affixed to the cap as designed (see figure 1: Sample dress cap insignia).



Firefighter



Chief Officer

Figure 1: Sample Dress Cap Insignia

- ii. Baseball Hat: A baseball type hat or “boonie” type hat are the only hats authorized to be worn with class D-F uniforms when employee is engaged in outdoor activities.
 1. Proper hat etiquette is mandatory – hats are not authorized for wear indoors under any circumstances.
 2. Hats must be worn forward facing (bill or brim above face) at all times.
 3. Wearing of baseball or “boonie” hats during general public engagement activities or details is not authorized unless approved in advance by the Fire Chief or designated Chief Officer.

4. These hats must be of regulation style and color. Any embroidery or logos affixed to the hat must be of regulation style and color as detailed below or as approved by the Fire Chief or designated Chief Officer.
 - (a.) Hat color and style: baseball style hat or boonie hat must be navy blue in color to match the color of the trousers
5. Front Logo / Embroidery:
 - (a) Red stitching with 1¼" block (Arial black font or equivalent) capital letters stating "SCFD".
 - (b) Passport styled hats bearing a red and white embroidered patch with Station number expressed in 2 digits.
 - (c) Leather patched hats (patch must be above brim of hat, not marked nor painted, and not to exceed more than 3" in diameter) with approved stamped/embossed logo:
 - (i) Bearing SCFD logo.
 - (ii) Bearing approved Station logo
 - (iii) Bearing IAFF Local 3254 logo
 - (iv) Bearing SHOT logo
 - (d) Below the "SCFD" in red stitching in ½" block (Arial black font or equivalent) capital letters stating any one of the following:
 - (i) Engine ##
 - (ii) Rescue ##
 - (iii) Station ##
 - (iv) Tanker ##
 - (v) Tower ##
 - (vi) Quint ##
 - (vii) SQUAD 2
 - (viii) SHOT
 - (ix) TOWER
 - (x) TANKER
 - (xi) Firefighter
 - (xii) Paramedic
 - (xiii) Lieutenant
 - (xiv) Battalion Chief, Assistant Chief, or Deputy Chief
 - (xv) Chief
 - (xvi) Honor Guard
 - (xvii) Chaplain
 - (xviii) Other designation as specifically approved by the Fire Chief.

Embroidery of the employee's first initial and full last name is authorized on the back of the baseball cap using ½" block (Arial black font or equivalent) capital

1. letters. If desired the employee may have their current rank embroidered in front of their name.

(a) No nicknames or other statements are authorized.

- ii. Hats must be in good repair. Stained or faded hats and/or hats with creased bills (visors) are not authorized for use.

H. Ties

- i. Personnel are authorized to wear regulation style tie with the class A or B uniform only.
 1. Chief Officer Class A uniform – Black or blue tie.
 2. Assistant Chief and Above Class B uniform – Black or blue tie.
 3. Battalion Chief, Lieutenants, Engineers and Firefighters Class B uniform – Blue tie.
- ii. Tie clasps** – May be worn to secure the tie in place in class A and B uniforms. Tie clasp must be a plain type or tastefully appropriate fire department theme.

I. Belts

- i. Must be regulation style belt with buckle is to be worn with trousers at all times.
- ii. Only black belts are authorized for wear with uniforms. Belts must be of black leather fabric between 1 ¼” and 1 ½” wide. Leather belts will have raised basket-weave pattern.
- iii. Buckle will be plain metal with open face style.
 1. Chief Officers – Belt Buckle is gold in color.
 2. Lieutenants and Firefighters – Belt Buckle is silver in color.
- ii. Class D and Class E uniforms may be worn with a black nylon type belt between 1 ¼” and 2” wide (fitting belt loops) with black buckle made of plastic or metal.

J. Shoes/Boots

- i. Must be of regulation issue black or an acceptable substitute that conforms to the requirements of an OSHA approved safety shoes or boots. This footwear must be worn while in the performance of job tasks and duties regardless of time and location.
- ii. Footwear worn with formal uniforms or when assigned duties involve administrative functions only does not have to meet steel toe protection criteria.
- iii. Variations in footwear will be reviewed on an individual basis when these variations are needed to correct a specific problem or condition such as specialized orthopedic shoes due to a medical condition.
- iv. Footwear must be kept clean, in proper repair and freshly polished to maintain a professional appearance. Worn, torn or damaged footwear must be replaced.

K. Socks**

- i. Must be worn by all members at all times when in common areas.

Black or blue socks shall be worn with all Class A and B uniforms unless there is a medical condition in which requires the employee to wear a different type of sock not available in a black or blue color. This variation will be permitted only with an approved medical justification of need. Whenever possible the employee will attempt to cover the

iii. white sock by wearing a boot or utilize a black cover over the variant item. **** Not Department Issued.**

J. Undergarments**

i. All members shall provide their own and wear undergarments at all times when in uniform unless otherwise provided for in this policy (tee shirts). **** Not Department Issued.**

2007.03 Accessories, Decorations and Insignia

A. Department Badge:

- i. The Department's official badge shall be of regulation style and official issue. (see figure 2: Badge insignia).
 - 1. Chief Officer – The badge is gold in color with silver inlay, red center crest reflecting the correct rank in crossed bugles.
 - 2. Lieutenants – The badge is silver in color with blue center crest reflecting the lieutenant's single bugle rank.
 - 3. Engineer – The badge is silver in color with blue center reflecting fire department Engineer crest.
 - 4. Firefighter – The badge is silver in color with blue centered crest reflecting fire department crest.
- ii. The appropriate badge shall be worn over the left breast pocket, centered above and aligned with the sewn crease line of the uniform shirt of class A, B, C uniforms, dress coat and winter jacket.
- iii. The bottom of the badge must be approximately 1/8 inch above the pocket flap of the left breast pocket of the shirt.
- iv. Badges worn on the Class A uniform jacket shall be affixed to the badge holder located on the left side of the jacket.



Firefighter



Engineer



Lieutenant



**Battalion
Chief**



**Assistant
Chief**



**Deputy
Chief**



Fire Chief

- v. Mourning Band – A black colored mourning band is authorized for wear over the department's badge when honoring the death of a department member, sheriff's deputy or other agency's firefighter as approved by the Fire Chief or designated Chief Officer.
 - 1. The black mourning band is worn centered over the badge as shown on figure 3.



Figure 3: Mourning Band

B. Proper Wear of the US Flag Pin:

- i. The US Flag pin will be worn on the left side of the uniform shirt centered with the bottom of the pin no more than 1/8 inch above the uniform badge. The US Flag pin should only be worn on the uniform shirt and not on the Class A jacket (see figure 4: US Flag pin placement).



Figure 4: US Flag Pin Placement

C. Proper Wear of the Nametag and Serving Since Frame:

- i. Nametag and serving since badges shall be of metal construction with high polished finish and black letter inscription.
 - 1. Chief Officers – Nametag and serving since badges shall be gold colored

1. Lieutenants, Engineers and Firefighters – Nametag and serving since badges shall be silver in color.
- ii. The nametag shall have the employee's first initial, last name engraved on the top line and the current rank engraved on the second line.
 1. Individuals holding current official designations such as Executive Fire Officer (EFO) from the U.S. Fire Administration, Chief Fire Officer (CFO), Chief Emergency Medical Services Officer (CEMSO), and Fire Officer (FO) from the Center for Public Safety Excellence are authorized to use these designations engraved after their name.
- iii. The metal nametag shall be worn horizontally centered immediately above and no more than 1/8" over the right breast pocket of the class A, B, C uniform shirts. In the class A coat it shall be worn horizontally centered perpendicularly over the right breast side of the coat and at an equal horizontal plane with the uniform badge (see figure 5: Nametag placement).



Figure 5: Nametag Placement

- iv. The serving since frame, if eligible to wear, shall be worn centered attached to the name plate as designed by the manufacturer (see figure 6: Nametag with serving since plate).
 1. Authorization for Wear: personnel who have completed a minimum of five years of service with the department are authorized to wear the serving since plate which reflects accurately the initial hire year.



Figure 6: Nametag with serving since plate

- v. EFO Name tag: Personnel who have successfully completed the Executive Fire Officer Program (EFO) from the U.S. Fire Administration, National Fire Academy (NFA) will have the approved NFA insignia permanently affixed to the right side of their name tag (see figure 7: EFO Nametag).



Figure 7: EFO Nametag

D. Proper Wear of the Rank Insignia:

- i. Rank insignia Personnel shall wear the appropriate rank insignia worn on the collar of the Class A, B, C shirts (see figure 8: Rank insignia):
 1. Chief Officers
 - (a) Fire Chief – five crossed bugles
 - (b) Deputy Chief – four crossed bugles
 - (c) Assistant Chief – three crossed bugles
 - (d) Battalion Chief – two crossed bugles
 2. Lieutenants – Shall wear a single silver colored bugle.
 3. Engineers – Shall wear a circular fire department insignia.
 4. Firefighters – shall wear a circular fire department crest.

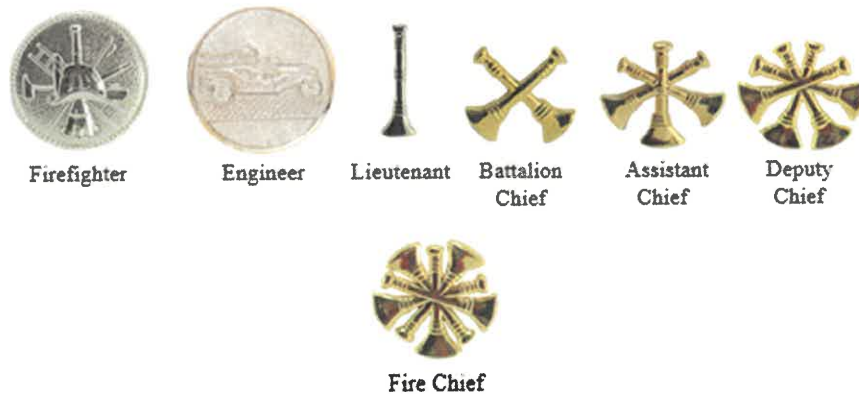


Figure 8: Rank Insignia

- ii. Rank insignia shall be worn centered on the shirt collar with the broad aspect of the bugle(s) 1” from the tip of the collar. The firefighter collar insignia shall also be worn centered on the collar 1” from the tip of the collar (see figure 9 and 10: Collar insignia placement).



Figure 9: Lieutenant and Chief Officer Collar Insignia Placement



Figure 10: Firefighter Collar Insignia Placement

- iii. Chief Officers will wear the appropriate rank stripe on both sleeves of the Class A coat (see figure 11: Chief Officer sleeve rank insignia)



Figure 11: Chief Officer Sleeve Rank Insignia

E. Years of Service Marks

- i. Service marks are authorized for wear in the class A uniforms sewn on the left hand sleeve of the coat. Each Maltese cross represents three years of active service as a state certified firefighter.
- ii. On the Class A coat, years of service marks are represented by a Maltese cross placed 8" above the end seam of the sleeve, centered laterally on the sleeve (see figure 12: Years of service mark).



**Class A
Years of Service**

Figure 12: Years of Service Marks

2007.04 Proper Wear of Citation Bars

A. General:

- i. Special teams, service, merit and campaign bars (hereby referred to as citation bars) shall be worn only during special ceremonies or events on Class A or B uniforms ONLY. They are not intended for daily wear.
- ii. Citation bars shall be centered immediately above, but no more than 1/8 inch from the top of the name tag.
- iii. Citation bars shall be worn in accordance to the order of precedence of each bar (see figure 13: Citation bar placement).
 1. The highest award shall be worn on the top row of citation bars towards the center of the chest, while each additional bar shall be worn in order of precedence to the right of the highest award in a horizontal fashion.
 2. A maximum of two citation bars shall be affixed per each row of bars. The citation bars shall be centered above the name tag on the right side of the Class A uniform jacket or right breast pocket of the Class B uniform shirt.
 3. The wearer shall not start a second row of bars unless the individual is authorized to wear three or more citation bars.
 4. Each row must have two bars before adding an additional row. The top row bar shall be centered on the previous row if it contains only one bar with no space between each row.

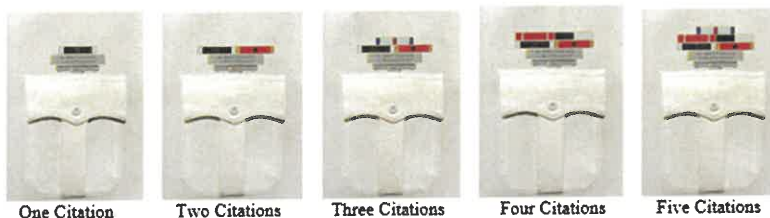


Figure 13: Citation bar placement

- i. Position One – Assigned to the years of service bar.
 - 1. Only one service recognition bar will be worn at any one time. The bar must reflect the highest number of years of service in five year increments.
- ii. Position Two – Special Teams, Honor Guard bars.
 - 1. Special Teams Bar – Must denote one Maltese cross in its center for each team the individual belongs to.
 - 2. Honor Guard Bar – This is a distinctive and separate bar from special team bar. Individuals who participate in the Honor Guard and part of a special team are authorized to wear both citation bars.
- iii. Position Three – All campaign citation bars.
 - 1. These shall be placed in time sequence from the most recent to the oldest with the most recent being the left uppermost citation and the next recent bar to its immediate right.
- iv. Position Four – Unit citation awards.
 - 1. Only one unit citation bar shall be worn at any time. Individuals that have been recognized with additional awards will wear a citation bar with an Arabic number centered in the bar denoting the number of awards received. The highest number must be displayed.
- v. Position Five – External awards.
 - 1. Individuals who are recognized by external agencies with service awards are authorized to wear the respective citation bar for the bestowed recognition.
 - 2. External award citation bars shall be of similar metal construction as the department bars.
 - 3. An individual who is recognized with additional awards shall wear the respective citation bar (if provided) from most recent to oldest with the most recent to the uppermost left of the citation bar setup.
 - 4. Wear of external award citation bars must be authorized by the Fire Chief or designated Chief Officer.
- vi. Position Six – Valor, Gallantry and Distinguished Service Bars.
 - 1. Individuals recognized for bravery in operational situations shall wear the respective citation bar to the uppermost left and above all other citation bars.
 - 2. Individuals honored with these awards are also authorized to wear the respective medal on the Class A uniform.

(5) External Awards	(6) Valor, Gallantry, Distinguished Service
(3) Campaign Bars	(4) Unit Team Citation, Lifesaving Award
(1) Years of Service	(2) Special Teams, Honor Guard

Name Tag

Figure 14: Diagram of Citation Bar Placement

C. Qualification Badges:

- i. Registered Nurse: Individuals who have completed an NLN accredited Registered Nurse Program and currently licensed to practice in the State of Florida are authorized to wear the Registered Nurse badge centered on the left breast pocket flap of the Class B uniform.



Figure 15: RN Badge

- i. Special Operations Diver: Individuals holding department approved special operations diver qualification, currently assigned to a special operations position in the department are authorized to wear the Special Operations Diver badge centered on the left breast pocket flap of the Class B uniform.
- ii. In the event that an individual holds more than one qualification badge, the badges should be placed side by side centered on the flap.



Figure 16: Special Ops Diver

D. Proper Wear of Full Size Medals

- i. Individuals who have been recognized with the Medal of Valor, Medal of Gallantry and/or Distinguished Service Medal are authorized to wear them as follows:
 - 1. During official formal activities or ceremonies.
 - 2. The medal shall sit in front of the necktie knot with the medal ribbon secured from view under the shirt collar on the Class A or B uniform (see figure 15: Proper wear of medals).
 - 3. Personnel who have obtained more than one of the three medals mentioned above shall wear only **one** full size medal denoting the highest award received.



Figure 15: Proper Wear of Medals



Medal of Valor



Medal of Gallantry



Distinguished Service

2007.06 Authorized Citation Bars

A. Department Citation Bars: The following citations bars are authorized for wear with the Seminole County Fire Department Class A and B uniforms.



B. External Citation Bars: The Following external citations are authorized for wear on the department's Class A and B uniforms.





Title: Restricted (Light) Duty Assignments

Controller: Administration

Origination Date: 08/08/2006

Revision Date: 7/2023

Approved by: _____

Effective Date: 10/11/2023

Purpose

To establish procedures for the use of Restricted Duty (Light Duty) assignments to those employees who have received temporary restrictions by a physician. These include both on the job and off the job injuries and illnesses with a priority of assignments for those employees with job related injuries or illness.

Procedure

1. Battalion Chiefs are responsible for ensuring that those employees assigned to their work group are aware of this program and are to assist them in obtaining and processing the necessary paperwork.
2. Employees having been assigned temporary physical restrictions by a physician are responsible for providing this information in written form to the Deputy Chief of Administration via their chain of command as soon as possible, After hours, and in the absence of the Deputy Chief of Administration, the appropriate chain of command person starting with an Assistant Chief downward should be notified.
3. Restrictions that arise from work-related injuries or illness:
 - a. Employees having been injured on the job must first follow all established policy guidelines for workers compensation claims.
 - b. Employees are required to provide to the Deputy Fire Chief of Administration, or his/her designee, all restriction of work or work release forms completed by the physician.
 - c. Restricted Duty shall be at the discretion of the Fire Chief and only available to employees who cannot perform their regular job due to an on-the-job injury or illness. Restricted Duty may include an assignment in any County Department.
 - d. Restricted Duty shall only be offered where the Fire Chief determines that there is productive work available. Under no circumstances will work be “created” for the purpose of offering restricted duty.
 - e. Restricted Duty must be consistent with the limitations prescribed by the physician who has treated/examined the employee and is fully aware of the nature and details of the employee’s regular job duties.
 - f. The Deputy Chief of Administration, at the direction of the Fire Chief, shall review each medical release on a case-by-case basis and may make available to the affected employee the appropriate job assignment, taking into consideration any restrictions noted. This job assignment may be in a shift (56 hour/wk) or

day (40 hr/wk) position, dependent upon physical limitations and anticipated recovery time.

- g. Employees placed in a Restricted Duty assignment on a day (40 hr/wk) schedule will have their hourly rate and accrued leave balances converted to the appropriate 40-hour rates.
 - h. Employees will have no change in classification during their assignment to a restricted duty position. All benefits will continue and no break in service will occur.
 - i. The Deputy Chief of Administration will be responsible for ensuring that the necessary documentation is maintained to track those employees on restricted duty assignments and be available to provide assistance regarding the program to any Fire Department employee.
 - j. Employees may not arbitrarily decline Restricted Duty assignments by utilizing accrued leave. They may request and utilize approved leave while on Restricted Duty for reasons other than the situation which initiated the temporary assignment. The employee may be required to submit a memo stating the specific reason for the leave use, and that it is not associated with the primary workers compensation injury/illness for which the Restricted Duty assignment was originally made.
 - k. Employees on Restricted Duty may only be eligible and receive "overtime" compensation with specific advance approval from a Deputy Chief or the Fire Chief.
4. Restrictions due to non-work-related injuries or illness:
- a. Restricted Duty will be considered after the employee's leave has been exhausted, if the injury was off duty, or due to an illness that is not work-related.
 - b. Restricted Duty assignments may be requested by any employee having received temporary restrictions as a result of non-work-related injury or illness, providing those assignments are not currently being utilized by an employee with a duty related injury or illness.
 - c. If an employee cannot perform his/her regular job duties due to an off duty injury or illness, the Fire Chief at his/her discretion, may offer such an employee restricted duty work subject to the conditions set forth in Item 3, paragraphs (d) through (f) above. The nature and duration of any such restricted duty work shall be at the discretion of the Fire Chief.
 - d. Requests for Restricted Duty assignments shall be directed to the Fire Chief by way of the appropriate supervisor. This written request must contain documentation of any physical or work restrictions assigned by the employee's physician, the anticipated length of the restricted duty status, and a summary of relevant skills or previous/current project/program involvement
 - e. The Deputy Chief of Administration, at the direction of the Fire Chief, shall review each non work-related injury or illness Restricted Duty request on a case-by-case basis and may make available to the affected employee

the appropriate job assignment, taking into consideration any restrictions noted, relevant skills or project/program involvement.

- f. Employees placed in a Restricted Duty assignment on a day (40 hr/wk) schedule will have their hourly rate and accrued leave balances converted to the appropriate 40-hour rates.
- g. Employees will have no change in classification during their assignment to a restricted duty position. All benefits will continue and there will be no break in service.
- h. These assignments may be terminated by the Deputy Chief of Administration in the event the positions are needed for an employee with a work-related injury or illness, or it is determined the need for the temporary (restricted) duty assignment no longer exists.
- i. Except as otherwise required by law, employees injured or becoming ill in the line-of-duty shall have preference over employees injured or becoming ill off duty with respect to Restricted Duty Assignments.
- j. Employees on Restricted Duty may only be eligible and receive “overtime” compensation with specific advance approval from a Deputy Chief or the Fire Chief.



Title: Health and Wellness Initiative

Controller:

Origination Date: Feb 19, 2007

Revision Date: 1/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish procedures for the prevention of injury and disease by providing fitness education techniques, prevention-orientated health care, and job specific rehabilitation services. It will provide a variety of programs that will strengthen personnel, so their mental, physical and emotional capabilities are resilient enough to withstand the stresses and strains of their job requirements. The delivery of this program will cover all aspects of health and wellness.

This Operations Bulletin adopts the current (version, edition) policy, Wellness-Fitness Initiative Program. Any updates or revisions to the Seminole County Wellness-Fitness Initiative Program are to automatically incorporate as part of the Operations Bulletin.

History

The career of a firefighter is one of the most physically demanding occupations in the world. It requires high levels of aerobic capacity, muscular strength, and endurance to perform safely and effectively in the fire service. Maintaining physical fitness levels is critical to a firefighter's performance. For some time, the Seminole County Fire Department has recognized the need for a department-wide health, wellness, physical training, and assessment program. These programs will be made available to all Seminole County Fire Department employees.



Title: Merit Award Value System

Controller: Administration

Origination Date: 10/85

Revision Date: 7/2023

Approved by: _____

Effective Date: 7/21/23

Purpose

This bulletin establishes the performance criteria for Local 3254 A-Unit and B-Unit members to be eligible for a merit raise.

Procedure-A Unit

See Pages 2-5

A-Unit Performance Review Incentive Criteria - Year 1	
1%	2%
All categories on Performance Evaluation meet standards and above in most recent evaluation as of September 1, 2021.	Must meet all 1% criteria.
Met 80% of all ISO-required training hours (at submission of ISO - June 2021).	Met 90% of all ISO-required training hours (at submission of ISO - June 2021).
The employee has not been issued a sustained disciplinary action at or above a Written Warning during the rating period. (Disciplinary actions eligible for removal from employee's file that have not been removed per policy by the employee will also be considered.)	Did not incur more than 24 hours of unscheduled leave during the rating period, exclusive of COVID 19 quarantine/isolation that was not due to policy violation. (As an example, an individual could have 3 separate 8-hour occurrences of unscheduled leave totaling 24 hours.)
No lapse in required certifications/licenses.	Must meet 4 of the following:
Meets average in all LifeScan Physical Fitness Evaluation categories.*	At least 5 out of 8 Performance Evaluation categories exceed standards, with no category below meets standard.
	Enrolled in Paramedic school and is in good standing.
	Completed 30 hours of Paramedic continuing education within the previous year and is a SCFD protocol certified Paramedic in good standing. (Good standing = no suspension of privileges or lapse in certification/SCFD protocol certification within the previous year).
	Completed a new Fire/EMS certification course (40-hour minimum), as verified by Professional Standards.
	Enrolled in college credit course and is in good standing.
	Completed 80 hours minimum of Fire/EMS certification or Fire/EMS TargetSolutions training outside of assigned training, as verified by Professional Standards.
	No accidents/damaged equipment resulting in a disciplinary action. (VARB reviewed accidents cannot be rated above a 2 for preventability).
	Active member of a committee, or active member of a special project/program, or active member of a non-incentivized team (i.e., Bike Team, Burn Team, Peer Support Team, etc.), or active instructor; as verified by an Assistant Chief.
	The employee has not been issued a sustained disciplinary action at or above a Verbal Warning during the rating period. (Disciplinary actions eligible for removal from employee's file that have not been removed per policy by the employee will also be considered.)
	Currently on Lieutenant or Battalion Chief promotional list.
	Meets above average in all LifeScan Physical Fitness Evaluation categories.
	Obtains/Maintains professional credentialing through the Center of Public Safety Excellence as a Fire Officer.

A-Unit Performance Review Incentive Criteria - Year 2	
1%	2%
All categories on Performance Evaluation meet standards and above in most recent evaluation as of September 1, 2022.	Must meet all 1% criteria.
Met 90% of all ISO-required training hours on September 1, 2022.	Met 100% of all ISO-required training hours on September 1, 2022.
The employee has not been issued a sustained disciplinary action at or above a Written Warning during the rating period. (Disciplinary actions eligible for removal from employee's file that have not been removed per policy by the employee will also be considered.)	Did not incur more than 24 hours of unscheduled leave during the rating period, exclusive of COVID 19 quarantine/isolation that was not due to policy violation. (As an example, an individual could have 3 separate 8-hour occurrences of unscheduled leave totaling 24 hours.)
No lapse in required certifications/licenses.	Must meet 4 of the following:
Meets average in all LifeScan Department Physical Fitness Evaluation categories or meets average on Department Physical Incumbent Test.*	At least 6 out of 8 Performance Evaluation categories exceed standards, with no category below meets standard.
	Enrolled in Paramedic school and is in good standing.
	Completed 30 hours of Paramedic continuing education within the previous year and is a SCFD protocol certified Paramedic in good standing. (Good standing = no suspension of privileges or lapse in certification/SCFD protocol certification within the previous year).
	Completed a new Fire/EMS certification course (40-hour) minimum, as verified by Professional Standards.
	Enrolled in college credit course and is in good standing.
	Completed 80 hours minimum of Fire/EMS certification or Fire/EMS TargetSolutions training outside of assigned training, as verified by Professional Standards.
	No accidents/damaged equipment resulting in a disciplinary action. (VARB reviewed accidents cannot be rated above a 2 for preventability).
	Active member of a committee, or active member of a special project/program, or active member of a non-incentivized team (i.e., Bike Team, Burn Team, Peer Support Team, etc.), or active instructor; as verified by an Assistant Chief.
	The employee has not been issued a sustained disciplinary action at or above a Verbal Warning during the rating period. (Disciplinary actions eligible for removal from employee's file that have not been removed per policy by the employee will also be considered.)
	Currently on Lieutenant, Engineer, or Battalion Chief promotional list.
	Meets above average in all LifeScan Department Physical Fitness Evaluation categories or meets above average on Department Physical Incumbent Test.
	Obtains/Maintains professional credentialing through the Center of Public Safety Excellence as a Fire Officer.

A-Unit Performance Review Incentive Criteria - Year 3	
1%	2%
All categories on Performance Evaluation meet standards and above in most recent evaluation as of September 1, 2023.	Must meet all 1% criteria.
Met 90% of all ISO-required training hours on September 1, 2023.	Met 100% of all ISO-required training hours on September 1, 2023.
The employee has not been issued a sustained disciplinary action at or above a Written Warning during the rating period. (Disciplinary actions eligible for removal from employee's file that have not been removed per policy by the employee will also be considered.)	Did not incur more than 48 hours of unscheduled leave over a maximum of 3 occurrences during the rating period, exclusive of COVID 19 quarantine/isolation that was not due to policy violation. For example, an employee can have 2 occurrences of 12 hrs and 1 occurrence of 24 hours totaling 48 hrs.
Meets average in all LifeScan Department Physical Fitness Evaluation categories or meets average on Department Physical Incumbent Test.*	And Meets 1 of the following (Qualifies the employee for 2%)
	<p>Enrolled in good standing in Paramedic school and received a passing grade for 1 or more semesters (or phases if enrolled at FRTG) during the rating period. If the employee failed, withdrew or otherwise did not complete a semester (Or phase if enrolled at FRTG) during the rating period they are automatically excluded from claiming this criterion.</p> <p>Master's Degree, Bachelor's Degree or Associate's Degree conferred during the rating period. The degree must meet the requirements of the Florida Firefighter Supplemental Compensation Program</p>
No lapse in required certifications/licenses.	Or meets 4 of the following:
	At least 6 out of 8 Performance Evaluation categories exceed standards, with no category below meets standard.
	Active PCAP Preceptor and successfully precepted at least 1 Probationary Paramedic during the rating period.
	Completed 30 hours of Paramedic continuing education within the previous year and is a SCFD protocol certified Paramedic in good standing. (Good standing = no suspension of privileges or lapse in certification/SCFD protocol certification within the previous year).
	Completed a new Fire/EMS certification course (40-hour) minimum, as verified by Professional Standards.
	Enrolled in college credit course and is in good standing.
	Completed 80 hours minimum of Fire/EMS certification or Fire/EMS TargetSolutions training outside of assigned training, as verified by Professional Standards.
	No accidents/damaged equipment resulting in a disciplinary action. (VARB reviewed accidents cannot be rated above a 2 for preventability).
	Active member of a committee, or active member of a special project/program, or active member of a non-incentivized team (i.e., Bike Team, Burn Team, Peer Support Team, etc.), or active instructor; as verified by an Assistant Chief.

	<p>The employee has not been issued a sustained disciplinary action at or above a Verbal Warning during the rating period. (Disciplinary actions eligible for removal from employee's file that have not been removed per policy by the employee will also be considered.)</p>
	<p>Currently on Lieutenant, Engineer, or Battalion Chief promotional list.</p>
	<p>Meets above average in all LifeScan Department Physical Fitness Evaluation categories or meets above average on Department Physical Incumbent Test.</p>
	<p>Obtains/Maintains professional credentialing through the Center of Public Safety Excellence as a Fire Officer.</p>
	<p>No occurrences of unscheduled leave during the rating period</p>

Procedure-B Unit

See pages 6-11

B Unit Performance Review Incentive Criteria - Year 1	
1%-	2%
Must have an overall Recommended Performance Rating of “Good” or above on the most recent evaluation as of September 1 st , 2022.	Must meet all 1% criteria
Must have met 80% of all ISO-required training met on September 1, 2022.	Must have Met 90% of all ISO-required training hours on September 1, 2022
No lapse in required certifications/licenses	Must have an overall Recommended Performance Rating of “Top” or above
Meets average in all LifeScan Department Physical Fitness Evaluation categories or meets average on Department Physical Incumbent Test.	And Meets 1 of the following (Qualifies employee for 2%)
Actively managing or filling a key role in a Fire Department Program or Project. (Verified by supervising AC)	Bachelor’s Degree conferred during the rating period or possession of a Bachelor’s Degree prior to rating period. Master’s Degree conferred during the rating period, or possession of a Master’s Degree prior to rating period. Obtained CFO during the rating period Obtained EFO during the rating period
No Disciplinary actions above a Verbal Warning	Or Meets 4 of the following
	<p>Completed 40 hours minimum of Fire/EMS certification or Fire/EMS TargetSolutions training outside of assigned training, as verified by Professional Standards</p> <p>Enrolled in a college credit/degree-seeking course and is in good standing</p> <p>Enrolled in or completed a management/leadership certification course. (Certified Project Manager, Emergency Services Leadership Institute, SERT/FEMA Career Path, etc.)</p> <p>Meets above average in all LifeScan Department Physical Fitness Evaluation categories or meets above average on Department Physical Incumbent Test Enrolled in EFO</p> <p>An active member of the CFFCA-Attendance requirement for meetings-2 Certified Fire Instructor III that creates or leads FCDICE approved curriculum</p> <p>Active Instructor at the FTC, teaching a minimum of 4 times</p> <p>Voluntarily functioned as IC or Command Staff role for a significant planned event (i.e. Red, Hot & Boom, Highland Games, Winter Springs 4th of July, ECNL Soccer Tournament, Air Show)</p> <p>Active participation in (Central Florida, Seminole County) Community Organization. (Boy Scouts of America, Rotary Club, Girl Scouts, Red Cross, United Way, etc.)</p> <p>30 Hours of Community Outreach</p>

	<p>Serves in the capacity of a strike team/task force leader/active/participated in deployments/Disasters/Storms/Wildfires, functional role in the EOC, etc. Holds Strike Team Leader certification</p> <p>Forestry Courses, Chief officer level courses (ie. FOIII, FOIV)</p> <p>Obtains higher ICS courses and/or certifications in higher ICS levels than currently required</p> <p>Perform a minimum of 4 on-camera related opportunities promoting SCFD (On Scene interviews, Training or SME videos, public relations, or any other on-camera opportunities enhancing the Department)</p> <p>Recruit at least 3 individuals to SCFD – must be hired and in good standing.</p> <p>Participates as a proctor for outside promotional processes.</p> <p>Attend at least 2 off-duty Quarterly Battalion Chief Training meetings.</p>
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B Unit Performance Review Incentive Criteria - Year 2	
1%	2%
Must have an overall Recommended Performance Rating of "Good" or above on the most recent evaluation as of September 1 st , 2023.	Must meet all 1% criteria
Must have met 90% of all ISO-required training met on September 1, 2023.	
No lapse in required certifications/licenses	And Meets 1 of the following (Qualifies employee for 2%)
Meets average in all LifeScan Department Physical Fitness Evaluation categories or meets average on Department Physical Incumbent Test.	Bachelor's Degree conferred during the rating period Master's Degree conferred during the rating period. Obtained CFO during the rating period Obtained EFO during the rating period
Actively managing or filling a key role in a Fire Department Program or Project. (Verified by supervising AC)	Or Meets 4 of the following
NO Disciplinary actions above a Verbal Warning	
	<p>Completed 80 hours minimum of Fire/EMS certification or Fire/EMS TargetSolutions training outside of assigned training, as verified by Professional Standards</p> <p>No accidents/damaged equipment resulting in a Verbal Warning or greater (VARB reviewed incident cannot be higher than a DOP of 2).</p> <p>Enrolled in a college credit/degree-seeking course and is in good standing</p> <p>Enrolled in or completed a management/leadership certification course. (Certified Project Manager, Emergency Services Leadership Institute, SERT/FEMA Career Path, etc.)</p> <p>Meets above average in all LifeScan Department Physical Fitness Evaluation categories or meets above average on Department Physical Incumbent Test</p> <p>All Stations in the battalion supervised meet the 90th percentile for turnout times during the rating period. Verification from the Assistant Chief that those stations not meeting the 90th percentile are being addressed through corrective action.</p> <p>Stations complete 95% of EMS and NFIRS reports on time during the rating period.</p> <p>Enrolled in EFO</p> <p>An active member of the CFFCA-Attendance requirement for meetings- 4</p> <p>Certified Fire Instructor III that creates or leads FCDICE approved curriculum</p> <p>Active Instructor at the FTC, teaching a minimum of 4 times</p>

	<p>Voluntarily functioned as IC or Command Staff role for a significant planned event (i.e. Red, Hot & Boom, Highland Games, Winter Springs 4th of July, ECNL Soccer Tournament, Air Show)</p> <p>Active participation in a (Central Florida, Seminole County) Community Organization. (Boy Scouts of America, Rotary Club, Girl Scouts, Red Cross, United Way, etc.)</p> <p>30 Hours of Community Outreach</p> <p>Serves in the capacity of a strike team/task force leader/active/participated in deployments/Disasters/Storms/Wildfires, functional role in the EOC, etc. Holds Strike Team Leader certification</p> <p>Forestry Courses, Chief officer level courses (ie. FOIII, FOIV)</p> <p>Obtains higher ICS courses and/or certifications in higher ICS levels than currently required</p> <p>Perform a minimum of 4 on-camera related opportunities promoting SCFD (On Scene interviews, Training or SME videos, public relations, or any other on camera opportunities enhancing the Department)</p>
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B Unit Performance Review Incentive Criteria - Year 3	
1%-Year 3	2%-Year 3
Must have an overall Recommended Performance Rating of "Good" or above on the most recent evaluation as of September 1 st , 2024	Must meet all 1% criteria
Must have met 90% of all ISO-required training met on September 1, 2024.	Must have Met 100% of all ISO-required training hours on September 1, 2024
Meets average in all LifeScan Department Physical Fitness Evaluation categories or meets average on Department Physical Incumbent Test.	Must have an overall Recommended Performance Rating of "Top" or above
Actively managing or filling a key role in a Fire Department Program or Project. (Verified by supervising AC)	And Meets 1 of the following (Qualifies employee for 2%)
No disciplinary actions above a Verbal Warning	Bachelor's Degree conferred during the rating period Master's Degree conferred during the rating period. Obtained CFO during the rating period Obtained EFO during the rating period
	Or Meets 4 of the following
	<p>Completed 80 hours minimum of Fire/EMS certification or Fire/EMS TargetSolutions training outside of assigned training, as verified by Professional Standards</p> <p>Enrolled in a college credit/degree-seeking course and is in good standing</p> <p>No accidents/damaged equipment resulting in a Verbal Warning (VARB reviewed incident cannot be higher than a DOP of 2).</p> <p>Enrolled in or completed a management/leadership certification course. (Certified Project Manager, Emergency Services Leadership Institute, SERT/FEMA Career Path, etc.)</p> <p>Meets above average in all LifeScan Department Physical Fitness Evaluation categories or meets above average on Department Physical Incumbent Test</p> <p>All Stations in the battalion supervised meet the 90th percentile for turnout times during the rating period. Verification from the Assistant Chief that those stations not meeting the 90th percentile are being addressed through corrective action.</p> <p>Stations complete 95% of EMS and NFIRS reports on time during the rating period.</p> <p>Enrolled in EFO</p> <p>An active member of the CFFCA-Attendance requirement for meetings- 4</p> <p>Certified Fire Instructor III that creates or leads FCDICE approved curriculum</p> <p>Active Instructor at the FTC, teaching a minimum of 4 times</p>

	<p>Voluntarily functioned as IC or Command Staff role for a significant planned event (i.e. Red, Hot & Boom, Highland Games, Winter Springs 4th of July, ECNL Soccer Tournament, Air Show)</p> <p>Active participation/volunteerism in Community (Central Florida, Seminole County) Community Organization. (Boy Scouts of America, Rotary Club, Girl Scouts, Red Cross, United Way, etc.)</p> <p>30 Hours of Community Outreach</p> <p>Serves in the capacity of a strike team/task force leader/active/participated in deployments/Disasters/Storms/Wildfires, functional role in the EOC, etc. Holds Strike Team Leader certification</p> <p>Forestry Courses, Chief officer level courses (ie. FOIII, FOIV)</p> <p>Obtains higher ICS courses and/or certifications in higher ICS levels than currently required</p> <p>Perform a minimum of 4 on-camera related opportunities promoting SCFD (On Scene interviews, Training or SME videos, public relations, or any other on camera opportunities enhancing the Department)</p> <p>Recruit at least 3 individuals to SCFD – must be hired and in good standing.</p> <p>Participates as a proctor for outside promotional processes.</p>
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* The LifeScan Department physical fitness categories and averages will not change for the life of this agreement. In the event of injury or illness that delay an individual from completing the fitness assessment prior to wage calculations for the effected fiscal year, they will be eligible for recalculation and restorative pay upon successful completion of the fitness assessment if the 1% or 2% criteria are met.

**Title: Fair Labor Standards Act
EMS/Fire/Rescue Division**

Controller: A/C Johnson

Origination Date: 11/18/85

Revision Date: 2/27/02

Approved by: _____ Effective Date: _____

Procedure

Pursuant to the Fair Labor Standards Act, the following regulations must be strictly adhered to:

1. Work shift is the 24-hour period from 0800 to 0800 hours the following day. Without prior management approval, an employee shall not be involved in work prior to 0750 hours nor past 0810 hours the following day.
2. Work period consists of a 14-day calendar day cycle. For the purpose of clarification, the 14-day work cycle will be 0800 hours on Sunday to 0800 hours on Sunday.
3. An off-duty employee cannot voluntarily participate on any alarm within County jurisdiction or within any jurisdiction with which the County has a formal mutual aid agreement without prior approval of the senior on-duty Seminole County Officer on the scene or, if no Seminole County units are participating, authorization must be given by an on-duty Battalion Chief or Assistant Chief. Off-duty authorized time must be reported to the affected Battalion Chief's office during the shift the time was worked, and be entered into Telestaff.
4. All approved off-duty participation in Special Team meetings and operations are to be reported, during the shift time was incurred, to the affected Battalion Chief's office and be entered into Telestaff.
5. All approved off-duty participation in committees must be reported to the affected Battalion Chief's office and be entered into Telestaff.
6. All off-duty time spent in reference to work related subpoenaed court appearances or depositions must be reported to the affected Battalion Chief's office during the shift it was incurred and entered into Telestaff. A copy of the subpoena must be forwarded to the Battalion Chief.
7. If an off-duty EMS/Fire/Rescue employee arrives on an emergency scene within County jurisdictions or within any jurisdiction with which the County has a formal mutual aid agreement and no other emergency personnel are on the scene, and the employee begins rendering care or begins emergency operations of any kind, the

employee shall report, such time worked to the affected Battalion Chief's office and it shall be entered into Telestaff.

8. If at shift transfer a significant call occurs, off-duty personnel may respond with the on-duty shift. Approval will be received from the on-duty station supervisor. Staffing per unit will be limited to 3 on the rescues, 4 on the engines and tower, and 5 on the squad. Significant calls may include working structure fires, auto accidents with entrapment, large haz-mat emergencies, or other similar alarms. The affected Battalion Chief's office will be notified and the time will be entered into Telestaff.

Public Safety personnel should always keep the well being of the citizens at the forefront. This may require giving aid at any time.

Section:

**Title: Vital Sign Assessment Guidelines for Physical Training**

Controller: Professional Standards

Origination Date: 07/15/08

Revision Date: 6/27/23

Approved by: _____

A handwritten signature in black ink, appearing to read "Mike W. K.", written over a horizontal line.

Effective Date: 7/10/2023

Purpose

This Bulletin provides a standardized guideline for the assessment of firefighters' vital signs prior to participating in training activities hosted at the Seminole County Fire Department Training Center, or designated approved training location, which requires physical exertion by the participants. Individuals not physically or mentally capable of performing the activity shall be excluded from training and treated as per Operations Bulletin #2013 "Fitness for Duty" policy or any other applicable rules and mandates.

History

Because firefighting is a physically demanding occupation, associated training for this occupation can be just as demanding. Assessment of vital signs before and after training activities is a logical step toward firefighter safety and well-being. Vital signs and recognition of unusual signs and symptoms remain the most reliable method to evaluate participants before, during, and after training activities. The monitoring of vital signs will help ensure participants do not have a precluding medical condition prior to the training activity and that the participant's vital signs return to normal levels after the training activity is completed. Parameters established for this Operations Bulletin were referenced from the Fire Service Joint Labor Management Wellness-Fitness Initiative, NPFA 1582, NFPA 1583, and NFPA 1584. Training exercises are developed to be consistent with normal job function requirements. Members are expected to be able to participate and complete any training exercise just as they are expected to be able to complete the tasks encountered and associated with the firefighting occupation.

Procedure

A member of the Fire Training Staff or their designee shall provide training rosters along with training event vital sheets and oversee the monitoring and recording of each participant's vital signs. In the event a participant's vital signs are not within the guidelines set forth by this Operations Bulletin, or the participant is not physically or mentally capable of performing the training activity, the Training Officer or designee shall contact the employee's immediate supervisor, Assistant Chief of Professional Standards and/or the on-duty Assistant Chief for further direction (outlined below).

The parameters established will serve as the minimum requirement for vital sign assessment during training activities. It is the responsibility of each participant to promptly inform the Training Officer or their designee of any signs and symptoms not usually experienced.

Acceptable parameters are as follows;

1. Heart Rate must be less than or equal to 110 beats per minute.
2. Blood Pressure must be less than or equal to 160mm/hg systolic, and less than or equal to 100mm/hg diastolic.
3. No signs of Symptomatic Hypotension or Symptomatic Bradycardia present.

In the event participants will be training in an elevated ambient heat index of 96 degrees F or greater and/or wearing their PPE for extended periods of time, the participant's body temperature shall be measured prior to and after the training event. Participants' body temperature will be taken orally and should be no greater than 100.6°F. An elevated temperature noted by touch or measurement should alert personnel to the possibility of the heat-related illness. However, given the problem of measuring devices underestimating core body temperature, it is essential that a measured temperature in the normal range not be used to exclude the possibility of heat-related problems.

In the event that a participant's vital signs exceed the acceptable limits, they shall be given a 20-minute rest period and have vitals reassessed to ensure that an actual "at rest" measurement is being obtained. If the second assessment is found to exceed acceptable parameters, the participant shall be excluded from participation in the physical training, and the employee's immediate supervisor, Battalion Chief, Assistant Chief of Professional Standards and/or the participant's on duty Assistant Chief will be contacted for further direction (outlined below).

Upon completion of all physical training sessions, each participant will be evaluated to ensure that all vital signs return to a level within the designated parameters. If after 20 minutes of rest following the initial post-training vital signs, the participant's vital signs remain outside of the parameters, the employee's immediate supervisor, Battalion Chief, Assistant Chief of Professional Standards and/or the participant's on duty Assistant Chief will be contacted for further direction.

In the event that any participant exhibits signs and/or symptoms consistent with a significant medical emergency, prior to, during, or following a training session, an appropriate medical assessment, treatment and/or transport will be initiated immediately. Full documentation as outlined in OPS Bulletin #1011, "*Employee Injury Reporting*," shall be completed as soon as appropriate. Notification of the employees' immediate supervisor, Battalion Chief, Assistant Chief of Professional Standards and the participant's on duty Assistant Chief will be contacted immediately in such cases.

In the event any participant is unable to complete the exercise, and once they have been medically cleared, the participant shall be immediately removed from active duty and placed on shift light duty. The participant will then be offered the immediate option of

remaining on shift light duty and for longer term situations, 40 hour light duty assignment at the first new payroll week change. While on this light duty assignment, the participant will be provided full department assistance (Peer Trainer assignment, EAP, nutrition counseling, skill development training, etc.) to become compliant with the specific training activity during which they experienced the deficiency or the participant may elect to utilize accrued leave and resolve the problem on their own. A member of the Training Staff shall document the exercise and associated deficiencies in a narrative format with such being placed into the participant's training file.

The participant will not be placed back on active duty status until such time as they have been medically cleared and/or have successfully completed the required activity. Please see Operations Bulletin 2013 "*Fitness for Duty*" for additional guidelines.

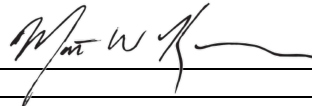


Title: Fitness for Duty

Controller: Planning and Resource Management

Origination Date: 07/15/08

Revision Date: 7/2023

Approved by:  Effective Date: 8/2/2023

Purpose

To provide definitive guidance for supervisors to follow when an employee shows questionable signs of being fit for duty and to provide the Department with a consistent job-related task performance assessment.

History

It is the policy of the Seminole County Fire Department (SCFD) employees to report to work in such a condition as to perform their assigned duties in an acceptable manner. Contributing factors that impair an employee's ability to perform his/her assigned duties may stem from the following causes:

1. Alcohol and/or drugs (illegal, prescribed, or over-the-counter substances)
2. Injury or illness
3. Psychological impairment (emotional or stress-related)
4. Inability to physically perform job

Procedure

Substance Abuse Impairment Policy

Seminole County Personnel Policies states that, "The impairment, possession of, or being under the influence of alcoholic beverages, illegal drugs, or illegal substances on County time, County property, or in any County building, facility, or equipment is prohibited."

Prescription Medication Policy

Personnel are to notify their immediate supervisor if they are prescribed mood altering medications. The supervisor shall contact Professional Standards for determination as to the employee's ability to work while taking this medication. The County contracted physician's office may be contacted for determination of the employee's fitness for duty while using mood altering medications or substances. These medications include, but are not limited to, sedative hypnotics, opiates, and synthetic opiates. Sedative hypnotics are medications usually prescribed for anxiety and the treatment of stress, such as Valium, Librium, and Xanax. Opiates are usually prescribed for pain management. Examples include, but are not limited to drugs such as Percodan, Percocet, Darvocet, and Tylenol #3 and #4. The use of medication for sleep disturbances, such as Ambien, must also be approved by the County Contracted Physician's office.

Physical Injury or Illness Policy

A fitness for duty evaluation will be considered when an illness or injury affects an employee's performance to such an extent as to hinder the employee's ability to render full, efficient, and safe performance of their duties. If this evidence exists, the employee's immediate supervisor, including Professional Standards, may determine that a fitness for duty evaluation is appropriate for cause. Upon request, and at County expense, the employee shall consent to a fitness for duty evaluation, which may include one or more of the following components: Evaluation by the employee's attending physician or the County Contracted Physician with the appropriate completion of a "Fit for Duty Certification" form (attached) and/or the Incumbent Physical Ability Test (IPAT).

Psychological Impairment Policy

A fitness for duty evaluation will be considered when a mental, emotional, or stress-related condition affects an employee's performance to such an extent as to hinder the employee's ability to render full, efficient, and safe performance of his/her duties. If such evidence exists, the employee's immediate supervisor, including Professional Standards, may determine that a fitness for duty evaluation is appropriate. Upon request, and at County expense, the employee shall consent to a fitness for duty evaluation, which may include one or more of the following components: Evaluation by the employee's attending physician or the County Contracted Physician with the appropriate completion of a "Fit for Duty Certification" form (attached) and/or the Incumbent Physical Ability Test (IPAT).

Physical Performance Deficiency Policy

Seminole County Fire Department employees shall meet acceptable physical standards (as evidenced through the IPAT or other specific task evaluation (see Ops Bulletin #02012 Vital Sign Assessment Guidelines for Physical Training). If such evidence exists, the employee's immediate supervisor, including Professional Standards, may determine that a fitness for duty evaluation is appropriate. Upon request, and at County expense, the employee shall consent to a fitness for duty evaluation, which may include one or more of the following components: Evaluation by the employee's attending physician or the County Contracted Physician with the appropriate completion of a "Fit for Duty Certification" form (attached) and/or the Incumbent Physical Ability Test (IPAT).

Employees Who Have Been On Leave for Medical Purposes

An employee who has been on medical leave for an injury or illness for an extended period of 6 months or more that has the potential to affect work performance will be required to consent to a fitness for duty evaluation at County expense and at the discretion of an Assistant or Deputy Chief before they are returned to duty. Upon request, and at County expense, the employee shall consent to a fitness for duty evaluation, which may include one or more of the following components: Evaluation by the employee's attending physician or the County Contracted Physician with the appropriate completion of a "Fit for Duty Certification" form (attached) and/or the Incumbent Physical Ability Test (IPAT). It is the responsibility of the employee to advise their immediate supervisor of the circumstances of any leave requested for an injury or illness that could impair their physical

ability to complete the basic physical demands as listed on the SCFD Fit for Duty Examination form.

Annual Physical / Medical Evaluation

1. Combat Fire Department personnel will receive an annual physical / medical examination and lab work to identify potential health problems or medical conditions that can impair the employee's ability to perform their assigned duties.
2. Whenever an identified abnormal finding is discovered during the annual physical exam, one of two actions will occur:
 - a. If the abnormality or physical findings are so significant, the employee is symptomatic or has imminent danger for loss of limb, bodily function or life that requires immediate medical attention, the employee will be relieved of duty and either hospital admission or immediate specialist follow up will be provided in coordination with the County Contracted Physician. The "Fit for Duty" form will not be issued.
 - b. Whenever the employee is relieved of duty based on the findings mentioned in item 2(a), the employee will remain either in a no work or light duty status as approved by the physician until cleared to return to a full duty status and the Fit for Duty reinstated.
 - c. In the event that an abnormal finding is identified through the annual medical evaluation not directly affecting the employee's ability to maintain the Fit for Duty status, the County Contracted Physician will generate an official notification letter stating to the employee the identified abnormality and the recommended follow up instructions. This letter will be mailed directly to the employee. It is the employee's sole responsibility to seek the recommended follow up as noted by the County Contracted Physician.
 - d. The County Contracted Physician will furnish a specific "Fit for Duty" or "Not Fit for Duty" recommendation to SCFD while maintaining the employee's protected health information secured under the Health Information Portability and Accountability Act (HIPAA).
3. For those employees assigned to Hazardous Materials assignments (SHOT), a specific separate battery of labs as outlined in the County Physician's contract section titled "Hazardous Materials Team Physical Examination" will be provided.
 - a. In the event that any of these special lab results are abnormal, the County will schedule a retest to confirm or rule out the abnormal results.
 - b. If the repeat lab test remains outside the normal range, the Department will provide the employee with the appropriate follow up based on the recommendations provided by the County Contracted Physician.

Fitness for Duty Evaluation

When any Fire Department employee's physical and/or psychological ability to perform essential job functions is in question, a supervisor may require the employee to submit to an internal physical or task assessment such as IPAT, physical and/or psychological assessment from the County Contracted Physician's office or the EAP Job-Related Task Performance Assessment.

The intent of the Incumbent Physical Assessment Test (IPAT) is to determine whether a firefighter can meet the demands of the job in a safe and effective manner. Fire Department employees will be required to complete an annual IPAT and perform other specific job-related task assessments (Example: SCBA Competency Assessment).

The IPAT and job-related task performance assessments will be administered by Professional Standards in conjunction with input from the Assistant Chief. Failure to complete the IPAT or task performance assessments may result in an employee being placed on light duty until such time as they are able to adequately complete the task. The Fire Department will make full use of its resources to provide the individual with the necessary assistance to be able to complete the task.

1. The Incumbent Physical Ability Test (IPAT) will be used to evaluate incumbents on their ability to perform physical firefighting tasks. The IPAT consists of nine job-related components (see Training Standard #2006-03).
2. The SCBA competency assessment will be used to evaluate incumbents on their ability to perform specific job functions while wearing an SCBA (see Training Standard #2007-01).
3. Additional competencies may be developed to evaluate incumbents in other job-related areas as deemed necessary by the Assistant Chief of Professional Standards.

Fit For Duty Evaluation Procedures

The following procedures shall be used when an employee exhibits any inability to be fit for duty based on illness, including extended absences for medical reasons, physical injury, suspected psychological impairment, or physical performance deficiencies.

1. Notify their immediate supervisor and on-duty Battalion Chief of the situation and of the actions taken. At the recommendation of the employee's supervisors, including the Assistant Chief, determine if a fitness for duty evaluation is appropriate and proceed with the fitness for duty evaluation.
2. Relieve the employee from any assigned duties and responsibilities, as appropriate.
3. Fill out the Request Fitness for Duty Evaluation form, stating the reasons for relieving the employee of his/her assigned duties.
4. The Assistant Chief of Professional Standards shall be notified immediately so that a fitness for duty evaluation or consultation can be arranged for the employee with the County Contracted Physician's office. A referral to the Employee Assistance Program Provider (EAP) may be required as a component of the fitness for duty evaluation. The employee shall be placed on an appropriate work status until the physician or EAP can examine the employee.
5. As a result of the evaluation, the physician or EAP provider will notify the Assistant Chief of Professional Standards as to the work status of the employee in regards to fitness for duty. The County Contracted Physician's office or EAP will refer the employee any recommended treatment plan. The County Contracted Physician's office and/or EAP will determine when the employee will be allowed to return to full duty.

6. Prior to the employee returning to duty, the employee's attending physician or County Contracted Physician's office shall prepare a Fit for Duty Certification form and send it to the Fire Chief's Administrative Assistant as soon as possible.
7. The Fire Department will make full use of its resources to provide the individual with the assistance needed to prepare the individual to complete the IPAT or specific deficient task assessment in preparation to return to full duty.
8. When an employee is removed from duty and being monitored for fitness for duty, he/she may be given the option of working "light duty" until the deficiency is resolved, or the employee will be allowed to use accrued leave to resolve the deficiency on their own.

Confidentiality Statement

Confidentiality shall be followed in accordance with Seminole County Fire Department policy. Medical information shall be protected from inappropriate disclosure in a manner that ensures full compliance with all relevant federal and state laws. Confidentiality applies to an employee's medical file and to any other medical information.

Seminole County Fire Department
Fit for Duty Certification

Dear Doctor:

The Seminole County Fire Department would like to request your opinion and certification as to whether the below named employee under your care is capable to perform all the functions associated with the duties of a firefighter.

Name: _____ Date: _____

DOB: _____ Date of Reported Injury: _____

Is the Firefighter capable of performing the following duties?		Physical Demands Job Duties The physical demands of this position based on a job analysis include:
<input type="checkbox"/> Yes	<input type="checkbox"/> No	STANDING: Able to stand on a variety of surfaces for long periods of time including concrete, asphalt, tile, carpet, grass, dirt, uneven, wet, dry or slippery surfaces.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	WALKING: Able to walk for long distances and extended periods of time on a variety of surfaces including concrete, asphalt, tile, carpet, grass, dirt, uneven, wet, dry or slippery surfaces.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	SITTING: On solid, padded, adjustable, or air seats depending on activities or on chair for an extended period of time during training or report writing.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	LIFTING: Able to lift from ground level 0 - 100 lbs. Lifts own body weight to climb onto top level of trucks or equipment being operated.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	CARRYING: 0 - 100 lbs without difficulty for a variety of distances.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	PUSHING / PULLING: Operate hand / foot controls, buttons, switches or levers; use a variety of firefighting tools without restriction of movement, motion or force.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	CLIMBING: Able to climb in and out of apparatus and equipment being operated; ladders and stairs in protective clothing while engaged in firefighting or rescue duties.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	BALANCING: Able to balance on ladders, vehicles or equipment being operated.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	STOOPING: Able to perform frequently depending on the duties being performed.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	CROUCHING: Able to perform frequently depending on the duties being performed.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TWISTING: Able to turn keys to start vehicle, screw / unscrew couplings or adapters. Able to turn the neck side to side, up and down while driving; Able to turn at waist while performing duties.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	CRAWLING: Able to crawl on a variety of surfaces for extended periods of time including concrete, asphalt, tile, carpet, grass, dirt, uneven, wet, dry or slippery surfaces, confined spaces and attic areas.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	KNEELING: Able to kneel on a variety of surfaces to perform duties.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	REACHING: Arm's length forward, sideways, downward and overhead. Climbing onto vehicle, ladders; when retrieving supplies and / or equipment.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	HANDLING: Using one or both of the whole hands to seize, grasp, hold and turn objects.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	FINGERING: To pick or pinch to grasp using fingers versus the whole hand.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	HEARING: Perceives sounds by ear; bells, alarms, whistles, sirens, radio communications and equipment in operation.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	TALKING: Clearly, distinctly and loudly to convey information to others.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	VISION: Near and far visual acuity; depth perception, color discrimination, accommodation and peripheral vision.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	ENVIRONMENTAL CONDITIONS: Able to operate for extended periods of time under high or extreme heat, humidity, cold or adverse weather conditions while performing duties wearing a variety of protective equipment including self-contained breathing apparatus.

If any items are marked as a "No," please describe in detail below the functional limitations or restrictions being imposed.

FIT FOR DUTY STATEMENT

As the physician for _____, I hereby attest that all responses herein have been made with a reasonable degree of medical certainty based on objective, relevant medical findings, are consistent with my medical documentation regarding this patient, and have been shared with the patient.

I certify that the employee is:

- Fit to return to *FULL unrestricted duty* as outlined on this form.
- NOT fit to return to full duty.* The employee may return to work as long as he / she adheres to the functional limitations noted above.
- UNABLE to return to work* as the functional limitations and restrictions identified above are of such severity that he / she cannot perform work, even at a sedentary level at this time.

Date: _____

Physician Signature: _____ Physician DOH License: _____

Physician Name: _____ Physician Specialty: _____

Follow-Up:

- NO follow-up schedule needed – released to full duty.*
- FOLLOW-UP* in _____ days / weeks.

Seminole County Fire Department
Request Fitness for Duty Evaluation
(To be completed by supervisor)

Date _____

Employee's Name and Rank	Work Location
Supervisor's Name and Rank	Work Location
Reason for requesting fitness for duty evaluation (please attach additional sheets if needed):	

Employee's Signature

Date

Supervisor's Signature

Date

Battalion Chief's Signature

Date

Division Chief's Signature

Date

Seminole County Fire Department
Specialist Fit for Duty Certification

Dear Doctor:

The Seminole County Fire Department requests your opinion and certification as to whether the below named employee under your care is capable to perform the functions associated with the duties of a firefighter based on your area of specialty.

Name: _____ Date: _____

DOB: _____ Date of Reported Injury / Illness: _____

Physician Specialty Requested

Reason for Specialty Evaluation

The above named employee has been examined and the following work restrictions have been ordered.
If no restrictions are needed please write "NO RESTRICTIONS"

FIT FOR DUTY STATEMENT

As the physician for _____, I hereby attest that all responses herein have been made with a reasonable degree of medical certainty based on objective, relevant medical findings, are consistent with my medical documentation regarding this patient, and have been shared with the patient.

I certify that the employee is:

- Fit to return to **FULL unrestricted duty** as outlined on this form.
- NOT fit to return to full duty.** The employee may return to work as long as he / she adheres to the functional limitations noted above.
- UNABLE to return to work** as the functional limitations and restrictions identified above are of such severity that he / she cannot perform work, even at a sedentary level at this time.

Date: _____

Physician Signature: _____ Physician DOH License: _____

Physician Name: _____ Physician Specialty: _____

Follow-Up:

- NO follow-up schedule needed – released to full duty.**
- FOLLOW-UP** in _____ days / weeks.

Section: Personnel

**Title: Volunteer Chaplaincy Program**

Controller: Administration

Origination Date: 11/3/99

Revision Date: 2/1/21

Approved by: _____

Effective Date: 2/1/21

Purpose

This is a volunteer position to make available pastoral guidance as needed for the spiritual and personal wellbeing of Seminole County Fire Department personnel and their families.

Procedure

1. Assist Seminole County Fire Department personnel and their families in the event of serious injury, illness, or death, to include hospital and home visits. During hospital stays, offer support to the family and act as a liaison, if needed, concerning medical treatment and care.
2. The Chaplain will be visible and available to all Seminole County Fire Department personnel on or off duty. Personnel may contact the Chaplain directly. There is no required chain of command. All communication with the Chaplain is CONFIDENTIAL. It is considered privileged information and is protected under law.
3. For liaison purposes, the Chaplain will regularly visit area hospitals to become acquainted with pastoral, nursing and medical staffs, to initiate and develop a rapport of confidence to aid in receiving accurate information concerning Seminole County Fire Department personnel.
4. Provide spiritual guidance for Seminole County Fire Department personnel with personal problems, which may also include providing spiritual guidance for the family members of Seminole County Fire Department personnel. Upon request, work with the Department in assisting personnel wishing to access Critical Incident Stress Debriefing or the Employee Assistance Program.
5. Make periodic visits to Seminole County Fire Department work locations.
6. Attend and participate, when appropriate, in department functions such as graduations, station and facility dedications, award ceremonies, retirements and funerals. Upon request, represent the Department at civic and community functions, conduct memorial services, invocations and benedictions.
7. Attend Seminole County Fire Department staff meetings, when requested.
8. The Chaplain may respond to any incident when requested by the on-scene officer in charge or any other officer. Examples for response are:
 - a. To provide spiritual support during Multiple Casualty Incidents (MCI).
 - b. At the special request of personnel distraught over an incident.
 - c. To work with the "CISD" coordinator, when requested, to assure maximum effectiveness during a debriefing.

- d. The death or serious injury of a Public Safety employee or family member; career or retired.
9. The Chaplain holds no official rank within the Department, but works under the direction of the Fire Chief to fulfill the duties and responsibilities as outlined in this document.

CONTACT NUMBERS:

The Chaplain may be contacted via the following numbers:

Emergency: Pager (407) 524-0216
 Communication Center (407) 665-5100

Non-Emergency: Pager (407) 524-0216
 Home Phone (407) 869-4509

Radio Identification: Chaplain One



Title: Hearing Protection System

Controller: Planning and Resource Management

Origination Date: 01/5/11

Revision Date: 7/26/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 8/6/2023

Purpose

To establish the procedures, requirements, organizational responsibilities, guidance and safety and health precautions governing tasks involving personal and/or occupational exposure to noise for Seminole County Fire Department employees. The Occupational Safety and Health Administration (OSHA) have disseminated regulations limiting employee exposure to noise. These regulations have been adopted by the State of Florida and the Seminole County Fire Department.

History

Hearing loss affects tens of thousands of individuals employed as a firefighter. Hearing loss due to noise appears during the first five to ten years of exposure, so young workers are at most risk of noise-induced hearing loss. There are both the short and long-term impacts of the condition which are profound. In many cases, individuals with hearing loss will fail to acknowledge their problem immediately, which makes it difficult to estimate exactly how many firefighters are affected by this debilitating condition.

Procedure

This program policy is based on effective practices rather than on minimum compliance with applicable regulations. This hearing loss protection program must be a functional part of the overall safety and health of Seminole County Fire Department employees.

The permissible exposure level for the Seminole County Fire Department Hearing Protection Program (HPP) is 85 decibels A-weighted (dBA) or, equivalently, a dose of fifty percent. All employees exposed at or above 85 dBA over an 8-hour time-weighted average (TWA) period, or a dose of fifty percent are required to wear hearing protection.

Seminole County Fire Department makes available, for all personnel, ANSI approved hearing protection in accordance with S3.19-1974 approved hearing protection device.

Seminole County Fire Department takes the stance that associated work tasks at the station level, and on fire and emergency medical scenes, are capable of exposing employees to noise levels at or above 85 dBA as an 8 hour TWA or a dose of fifty percent. Therefore the following minimum requirements shall be mandated.

Seminole County Fire Department personnel shall wear approved hearing protection whenever exposed to noise at or above 85 decibels. The following work areas have been identified as requiring hearing protection:

- While riding in Fire Apparatus normal driving conditions or during response.
- All training activities which generate noise from sledgehammers, saws or any other fire, rescue, forcible entry or extrication equipment.
- Aircraft operating areas including parking aprons, runways and taxiways when aircraft are operational.
- Work on or around Fire Apparatus, Aerial Apparatus, Squads, Woods Trucks, Tanker Trucks, Utility Trucks or any other specialty apparatus.

Seminole County Fire personnel are required to wear hearing protection when either in close proximity to or operating equipment that produces noise in excess of 85 decibels except in situations where the use of such personal protective equipment would create an additional hazard to the user.

Identified equipment includes but is not limited to the following:

1. Apparatus pumps
2. Extrication equipment
3. Circular saws
4. Chain saws
5. Air chisels
6. Generators
7. PASS devices
8. Exhaust fans
9. Audible emergency devices
10. Striking tools
11. Station activities requiring the use of gas or electric powered equipment

Officers shall be responsible for enforcing the provisions of this standard and for immediately correcting any deficiencies that might occur.

AUDIOMETRIC TESTING

Annual audiometric testing of all employees will be conducted as part of the annual employee physical.

All new employees shall be given an initial baseline audiometric exam, which is performed during the pre-employment physical for new employees.

Employees should be reminded to avoid exposure to loud levels of noise for at least 14 hours prior to the audiometric exam. If the employee believes that exposure to noise is unavoidable for this 14-hour period, he/she shall be instructed to wear hearing protection continuously while exposed to noise.

STANDARD THRESHOLD SHIFT – NOTIFICATION

A standard threshold shift (STS) is a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more at 2000, 3000 and 4000 Hz in either ear. Seminole County Fire Department employees who have a *suspected* standard threshold shift (as defined above) indicated on the audiometric exam report administered during the annual physical shall be immediately notified by the testing authority. Upon notification the employee with notify their immediate supervisor and initiate procedures in accordance with Operations Bulletin #01011, Employee Injury Reporting and First Aid Procedures.

Until a physician determines that the standard threshold shift is not work-related or aggravated by occupational noise exposure, the following steps must be taken:

- Employees not wearing hearing protectors shall be fitted with hearing protectors, trained in their use and care, and required to use them provided that the use does not create an additional hazard.
- Employees already using hearing protectors shall be refitted and retrained in the use of hearing protectors and provided with hearing protectors offering greater attenuation, if necessary.
- The employee shall be referred for a clinical audio logical evaluation or an ontological examination, as appropriate, if additional testing is necessary or if the employer suspects that a medical pathology of the ear is caused or aggravated by the wearing of hearing protectors.

TRAINING

Seminole County Fire Department employees required to wear hearing protection shall be trained **annually** in the effects of noise; the purpose of hearing protectors; the advantages and disadvantages of the various types of hearing protectors; the selection, fitting and care of protectors; the purpose of audiometric testing and an explanation of the test procedures.

Training will consist of the following programs, websites and articles.

- Target Safety, Hearing Conservation Program
- Better Hearing website which offers information on hearing loss, treatment, and prevention

www.betterhearing.org/

- CDC/NIOSH website offering informational instructions for testing your hearing protection

www.cdc.gov/niosh/mining/topics/hearingloss/quickfitweb.htm

- Better Hearing website which offers information on hearing loss, treatment, and prevention

<http://betterhearing.org/>

- Fitting Foam Earplugs information and video from 3M Corp. (Attached pdf.)



Fitting_Foam_Earplu
gs_pdf.pdf

REFERENCES

<http://www.kerrysteigerwalt.com/public/firefighteremshearingloss/>

<http://www.cdc.gov/niosh/docs/96-110/policy.html>

PHOENIX FIRE DEPARTMENT VOLUME 1 – Operations Manual
HEARING CONSERVATION PROGRAM, MP110.16 11/08 – R

Hearing Conservation Policy, Hearing Conservation Program, and Environmental Health
and Safety. University of Florida



Title: Social Media Networking Policy

Controller: Administration

Origination Date: May 23, 2012

Revision Date 2/5/2023

Approved by:

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To provide guidance to all personnel clarifying the boundaries between appropriate and inappropriate use of social media and/or any other current or future form of networking means by Fire Department personnel.

Nothing in these rules is intended to restrict any member's right to discuss as a private citizen, matters of public concern, nor engage in concerted activity with co-workers.

History

The advent of various readily available information technology, instant messaging devices, mass communications, and social media systems has created a multi-directional information flow that can impact the Department and its members in a variety of ways. Seminole County Fire Department (SCFD) recognizes the impact of the various forms of social media, networking and mass communication modes in the dissemination of information by all types of entities or individuals and understands the need to establish policies and procedures intended to mitigate the associated risks from the use of these types of technologies where possible.

Procedures

Definitions

- A. Social Media: Any means by which all types of information (writing, photographs, audio, video) are shared through various electronic or mass media sites or devices such as websites, blogs, forums, webcasts, podcasts, netcasts, recordings or other similar present or future avenues. These include any still photographs, representations, video and/or audio images and reporting from local, regional, federal news services in accordance with their respective copyright laws.
- B. Social Networking: Any means by which an individual or individuals may either professionally or privately share, post or disclose information combined with social media using a variety of means such as, but not limited to FaceBook, Twitter, LinkedIn, Instagram, or other similar present or future avenues.

Social Media Use Policy

- A. Separation of official representation:
 - i. Members wishing to engage in or utilize social media communications shall do so in a **personal capacity** in a way that the member has distanced himself/herself from his/her official duties with SCFD.
 - 1. Members are encouraged to include a disclaimer in their social media communications stating their comments, expressions and views are generated

- in a personal capacity and not intended to represent the directives, opinions or official position of SCFD.
 - ii. SCFD members have an affirmative obligation to avoid being perceived as a spokesperson from the Department.
 - B. Code of conduct:
 - i. Members engaging in social media or social networking activities will maintain a high level of professionalism in both on-duty and off-duty conduct, adhering to the ethical obligations inherent with a public service role, consistent with the honorable mission of the Department, and in accordance with all applicable policies set forth by Seminole County.
 - ii. Members shall not engage in speech or written expression that is false, deceptive, libelous, slanderous, misleading or causes harm to others, including speech or actions or written word that constitutes hate speech or actions, defamatory, derogatory or could be construed as harassment.
 - iii. Members shall not discuss protected or confidential matters of the Department including:
 - 1. Matters that are under investigation or inquiry;
 - 2. Patient and employee information protected under laws of confidentiality and/or under the Health Information Portability and Accountability Act (HIPAA); or
 - 3. Personnel matters that are protected from disclosure by law.
 - C. Publication of Department owned material:
 - i. All members are prohibited from publishing, distributing or disseminating any Department owned images, photos, videos or materials through any type of social media or medium of communication included herein without prior written approval of the Fire Chief or designee.
 - ii. Members shall not engage in the recording, capture or use of any imagery, video or photo or video chat using any Fire Department facilities, wearing uniforms, logos or identifying signs, apparatus or equipment as a backdrop in any social media or medium of communication included herein that portrays Seminole County Fire Department or its personnel in a negative or inappropriate fashion. Images or videos that can be construed to be associated with SCFD in any way must not be seductive, provocative, inappropriate, distasteful, and offensive or in any way present a negative or detrimental image of the Department.

Enforcement

- A. Members must recognize and acknowledge there is no reasonable expectation of privacy in any electronic communication, comment, file, data, image, video, audio file or posting placed in any form of social media, mass communication system as defined above that is in an open domain.
- B. The Department will strictly enforce the policies contained herein in accordance with the most current discipline policies in place whenever a violation is discovered.



**Title: Temporary Reassignment of Pregnant
Seminole County Fire Department Employees**

Controller: Operations

Origination Date: 5/87

Revision Date 1/27/2021

Approved by: _____

A handwritten signature in blue ink, appearing to be "M. J. P.", written over a horizontal line.

Effective Date: _____

5/20/21

Purpose

To establish a policy for the temporary reassignment of Seminole County Fire Department personnel when an employee confirms she is pregnant.

History

The work performed by Seminole County Fire Department employees requires that each employee be able to work individually and collectively to achieve the utmost degree of safety for life and property, as quickly as possible. Safety is the essence of our business.

An employee who is pregnant is subject to possible health related problems such as nausea, fatigue and miscarriage. Medical and scientific evidence establishes that the occurrence of these health problems cannot be predicted with any certainty, either as to the exact time at which employees would be physically incapacitated or impaired, or as to which of the pregnant employees would be the victim of health problems. Any of these problems could create a situation in which the employee would be physically unable to perform necessary tasks crucial to the safety of herself, her co-workers and members of the public. Because there is no way the Seminole County Fire Department can predict when, or if, a pregnant employee might be incapacitated or impaired, the Department believes that it must insure against the potentially life-threatening consequences if, for example, a pregnant employee were to suffer a miscarriage while fighting a fire.

Procedure

Immediately upon confirmation that an employee is pregnant, the employee shall notify their immediate supervisor of the pregnancy.

The employee will be removed from active duty in the Operations section of the Fire Department and be temporarily reassigned to a non-active, but productive, position within the Department for the duration of her pregnancy. The employee will continue to receive her normal rate of pay in the temporary position and will not lose any of her normal job benefits or conditions of employment.

The pregnant employee may remain on active Fire Department duty if the employee presents written medical documentation supporting an unrestricted fitness for duty release from the attending physician. Seminole County reserves the right to refer the medical records of the employee to the County physician for confirmation of unrestricted fitness for duty evaluation. In the event of conflict between physicians, the County, at County

expense may refer the employee to a third physician, mutually agreed by the County physician and the employee's physician.



Title: Firefighter's Sick Leave Bank

Controller: Administration

Origination Date: February 2012

Revision Date: 7/2023

Approved by: _____

Effective Date: 8/2/2023

Purpose

This Operations Bulletin establishes the procedure in which members of IAFF Local 3254 request and donate hours to the Firefighters' Sick Leave Bank (FFSLB), pursuant to the current Collective Bargaining Agreement (CBA).

History

All employees covered under the CBA are automatically included as members of the FFSLB and are subject to the annual FFSLB donation which occurs every December.

Procedure

1. Requesting hours from the FFSLB:
 - a. The employee or requestor must fill out a Firefighter's Sick Leave Request Form found on the Human Resources SharePoint site or the Fire Department SharePoint site and submit to his/her immediate supervisor.
 - b. Section 1 of the form must be typed, once this section is completed, print the form for signatures and comment by the supervisor.
 - c. Attach all supporting documentation and information as outlined on the form and send to the on-duty shift commander for routing to the appropriate FFSLB committee member.
2. The employee should submit a Firefighters' Sick Leave Request Form as soon as it is anticipated that he/she will need time from the FFSLB. To allow the necessary time for processing the request, the employee will submit to his/her supervisor a completed Firefighters' Sick Leave Request Form, with required documentation, at least (1) one pay period before all leaves are exhausted. The request can be withdrawn if it is later determined that the hours are not needed.
3. Donating Hours to the FFSLB:
 - a. All employees covered under the CBA will be included as members of the FFSLB and will be subject to the annual FFSLB donation and will continue thereafter unless the employee chooses to opt out. Donation amount will be deducted in accordance with the donation chart defined in Article 45 of the current A Unit CBA.
 - b. Annual donation amounts will be based on the total amount of leave the employee has saved upon the last pay cycle in October. This includes a combination of Paid Time Off (PTO) and Sick Leave Catastrophic (SLC).
 - c. Annual donations will be automatically withdrawn, through the Clerk's Office, from the employee's leave balance of SLC.

- d. PTO leave balance withdrawal will be used for those employees who do not have a SLC balance.
 - e. Employees preferring to have the required annual withdrawal taken from their PTO balance even though they have a SLC balance must submit an email to SCFDsickleavebank@seminolecountfl.gov before midnight November 30th of each year. The designated CBU member of the FFSLB committee will be responsible to submit these emailed requests to Human Resources.
 - f. Employees who wish to opt out of the FFSLB must follow the procedure as outlined in Article 45 of the CBA.
4. Annually, the FFSLB Committee will review the hours used and hours available. If the balance in the FFSLB is less than 8000 hours the Fire Chief and President of IAFF Local 3254 will be notified.
 5. Employees requesting to opt-out or later opt back in to the FFSLB must do so in accordance with Article 45 of the CBA.
 6. Consideration for Sick Leave Bank Hours
 - a. Once a completed request has been received by the FFSLB Committee the members will vote on each request and approve or deny the hours requested or grant hours based on the documentation submitted.
 - b. Approval or denial is based on a majority of voting members.
 - c. The employee will be notified as soon as a decision is made.
 - d. If approved, the employee will be given the number of hours approved, the date the hours start and the date they will end. If denied, they will be given the reason for denial.
 7. Receipt of Hours
 - a. Tracking of hours awarded and use will be made available to the employee in order they can see the status as with other leave types.
 - b. Upon returning to work, any unused FFSLB hours shall be returned to the FFSLB.
 - c. Pay received from the FFSLB is not considered hours worked for payroll purposes.



Title: Peer Support Team

Controller:

Origination Date: 9/21/88

Revision Date: 7/2023

Approved by: _____

Effective Date: 8/2/2023

Purpose

To provide an outline of when and how to activate the Peer Support Team (PST). Activation of the PST is a systematic process that will assist in improving mental health/wellness and crisis intervention. It will also create an open line of communication to lessen the potential negative impact of a stressful situation that a firefighter, dispatcher or member of his/her family encounters and create the ability to provide emotional support, information, and additional resources. The intent of the PST is to be available to assist on a 24-hour basis, 7 days a week to firefighters and dispatchers both on and off duty.

History

Careers in public service are qualified as high stress positions. Studies have shown that the accumulation of stress due to Potentially Traumatic Events (PTE) may increase the likelihood of several conditions to include, but not limited to, post-traumatic stress disorder (PTSD), depression, anxiety, substance abuse, and suicidal ideation. In most studies of the effects of PTE on firefighters and police officers, participants exposed to prevention measures reported improvements of symptoms of depression, burnout, anxiety, sleep problems and well-being.

To assist the personnel within our organization, the department has a PST that will respond to provide mental and emotional support and offer resources in order to maintain a high level of mental wellness and to create avenues to reduce stress. While difficult to define, it is fair to assume that at some point in a first responder's career, he/she will accumulate different forms of mental stress. Being able to share the load along the way will aid in a healthier mental state for all that are impacted. For these reasons, Fire Officers will no longer be able to cancel the PST and when possible, same day debriefs will be conducted.

Florida Statute 112.1815 (5)(a) names the following eleven PTE that have the potential to cause long term effects in first responders and they will be the basis of our decision to activate the PST:

1. Seeing for oneself a deceased minor.
2. Directly witnessing the death of a minor.
3. Directly witnessing an injury to a minor who subsequently died before or upon arrival at a hospital emergency department.

4. Participating in the physical treatment of an injured minor who subsequently died before or upon arrival at a hospital emergency department.
5. Manually transporting an injured minor who subsequently died before or upon arrival at a hospital emergency department.
6. Seeing for oneself a decedent whose death involved grievous bodily harm of a nature that shocks the conscience.
7. Directly witnessing a death, including suicide, that involved grievous bodily harm of a nature that shocks the conscience.
8. Directly witnessing a homicide regardless of whether the homicide was criminal or excusable, including murder, mass killing as defined in 28 U.S.C. s. 530C, manslaughter, self-defense, misadventure, and negligence.
9. Directly witnessing an injury, including an attempted suicide, to a person who subsequently died before or upon arrival at a hospital emergency department if the person was injured by grievous bodily harm of a nature that shocks the conscience.
10. Participating in the physical treatment of an injury, including an attempted suicide, to a person who subsequently died before or upon arrival at a hospital emergency department if the person was injured by grievous bodily harm of a nature that shocks the conscience.
11. Manually transporting a person who was injured, including by attempted suicide, and subsequently died before or upon arrival at a hospital emergency department if the person was injured by grievous bodily harm of a nature that shocks the conscience.

While the above listed criteria will serve as the basis of activation, they do not represent all situations that may require activation of the PST. Fire Officers, Firefighters of any rank and communication center personnel may request PST assistance for any call that they feel could have a negative impact on the mental well-being of themselves, subordinates or peers.

Procedure

The following will outline the steps to **formally** activate the PST:

1. Upon discovery of a situation that falls under the seven PTE listed in Florida Senate Bill 376 or any situation that has the perceived potential to cause mental distress, the PST shift leader will be notified by phone. Preferably, this call should originate from Fire Officers or the Communication Center.

2. The PST shift leader will look at the location of the affected station and determine the closest certified PST members that can respond within a 2-hour time frame with the minimum impact on staffing.
3. The PST shift leader will contact the affected Battalion Chiefs and receive approval for the PST debriefing.
4. Involved units will be placed out of service for approximately 30 minutes to attend the debriefing.
5. Following the debriefing, the PST members will notify the PST shift leader and decide whether a Critical Incident Stress Management (CISM) session is necessary.
6. If CISM is recommended, the PST Lead will be contacted to schedule the event with Battalion Chiefs, certified CISM members, Chaplain services, and mental health professionals if warranted. The CISM will be held on the following shift from the incident.

Any member of the Seminole County Fire Department can request one-on-one services of the PST. To accomplish this, he/she can contact any member of the PST to set up a time and location that works best for them. The procedure is as follows:

1. The affected member will utilize the PST roster on SharePoint or find a member with the PST identifier next to their name on Telestaff to determine the individual that they want to speak with.
2. The affected member can call or text their request and together, they will determine if the session can be on the phone or in-person.
3. In-person session should, when possible, be handled off duty. If needed on duty, the shift lead will need to be notified in order to get approval from the involved Battalion Chief(s).

Team Membership

Team membership is open to applicants who have completed REACT training through UCF Restores or equivalent. These members can provide initial care after a potentially traumatic event and respond to individuals who request them.

PST members who have completed the two-day ICISF Individual Crisis Intervention and Group Crisis Intervention training (or equivalent) are able to conduct Critical Incident Stress Management (CISM) sessions.

Conclusion

The Peer Support Team is available 24/7 to assist any member of the Seminole County Fire Department family in their time of need. The team will be proactive in delivering quality care and providing professional resources when applicable or requested.



**Title: Promotional Candidate Selection
Procedure-Fire Lieutenant**

Controller: Professional Standards

Origination Date: 11/29/1989

Revision Date: 3/5/24

Approved by: _____

Effective Date: 3/17/24

Purpose

This Operations Bulletin establishes a standard and consistent procedure to select individuals as candidates for promotion to the position of Lieutenant in the Fire Department

History

Selection of individuals as candidates for promotion to Lieutenant shall be based on the following.

1. A written examination to measure job knowledge.
2. An evaluation of past performance as a member of the Fire Department.
3. Length of service with the Fire Department.
4. Education and training above that required to perform as a Firefighter or Fire Engineer

Candidates who meet the criteria established by this document will be given the opportunity to participate in an Assessment Center. The results of this Assessment Center will be combined with the written test and the file review scores to establish a list of candidate rankings.

Procedure

The Fire Chief will promote from this list in the order of ranking.

When necessary, the Fire Chief will establish an eligibility list to select candidates for the promotion to Fire Lieutenant.

Application: All persons in the Fire Department will be notified of the initiation of the promotional candidate procedure by:

1. Internal Posting.
2. Human Resources Job Posting.

At least a thirty (30) day period will be available for persons to make application for consideration for promotion.

On or before the first date of the job posting, a timeline identifying all pertinent dates for the process will be published by the Assistant Chief of Professional Standards.

The recruitment process required by the Seminole County Personnel Policies and Procedures and as established within the Human Resources Department will be followed.

All applicants must be Fire Department career status employees with at least five (5) years of service within the Seminole County Fire Department (Years of service will be counted for employees outlined in Fire Department merger agreements) as of the official posting/closing of the Job Posting. No applicants on special probation will be considered. The Fire Chief reserves the right to reject any applicant for cause.

Written Examination: A one hundred (100) item written examination will be given to each candidate. Each correctly answered examination item will be scored as one point. Candidates who do not receive the minimum passing score of 70% will be eliminated from the process.

The Assistant Chief of Professional Standards will announce the examination date, time and location. This examination date will be at least ninety (90) days from the application opening date. Included in the announcement will be a list of all sources for written examination items.

The Assistant Chief of Professional Standards will oversee the construction of the examination, approve the examination, and ensure that it is fairly administered. He/She will also oversee scoring of the examination. A procedure for candidate review and appeal of test items for proper scoring or validity will be available.

Performance Criteria: Concurrent with the development of the written examination, each candidate will be rated using the last three yearly career status performance evaluations in his/her personnel file. This includes only evaluations on file as of the application cut-off date. Evaluations must be consecutive with no gaps in service.

The Assistant Chief of Professional Standards shall oversee the review and rating of the performance evaluations of each candidate.

In order to rate the performance criteria, the following process is used:

Evaluation categories are weighted:

Category Weights	
Job Knowledge	3.25
Quantity/Quality	2
Safety	3
Attendance	2
Dependability	3
Initiative	3
Communications	3
Care/Use of Equipment	2

Ranking Weights	
Unsatisfactory	0
Needs Improvement	0
Meets Standards	1
Exceeds Standards	2

The evaluations are rated by multiplying the weight of the category by the weight of the ranking. For example:

Job Knowledge (3.25) x Exceeds Standards (2) = 6.5
Quantity (2) x Meets Standards (1) = 2
Initiative (3) x Needs Improvement (0) = 0

The total value of all three (3) evaluations is then totaled. A perfect score of 127.5 is possible. This score is then pro-rated to a scale of 100, carried to the second decimal place.

The evaluation of performance and written examination score carry equal weight in measuring candidates.

The Assistant Chief of Professional Standards will certify each candidate's evaluation score. A procedure for candidate review and appeal of this score will be available.

Length of Service: Each candidate will receive one (1) point for each full (complete) year of uninterrupted continuous service within the Seminole County Fire Department (Years of service will be counted for employees outlined in Fire Department merger agreements) service up to 15 years. A maximum of 15 points will be allowed.

This credit will be applied to continuous, full-time employed service with the Fire Department at the close of the Job Posting.

The Assistant Chief of Professional Standards will certify each candidate's length of service score. A procedure for candidate review and appeal of this score will be available.

Minimum Educational Requirements: All applicants shall be certified as a State of Florida Fire Officer I at the close of the Job Posting. Failure to comply will result in removal from the examination process.

Training and Education: Additional points will be given for training and education that each candidate has acquired **beyond that required by the Fire Department.**

Points are given for college and university degrees as approved by State of Florida Fire Marshalls Office for supplemental compensation, as follows:

A.A. or A.S. Degree	8
B.A. or B.S. Degree	10
Master's Degree	12

Credits for only one (1) diploma will be given. The highest point value will apply.

A maximum of 12 points are available for all college-level training and education.

Points are given for current State of Florida certification in the following areas:

Fire Officer II	1
Paramedic	4
Fire Inspector	1
Fire Instructor I	1*
Fire Instructor II	2*
Fire Instructor III	3*
Engineer	4

* Individuals will only get credit for the highest fire instructor rating in their file.

All other certificates received in the previous 10 (Ten) years from the date of application cut-off related to the Fire Department service will be given points as outlined below:

- A. Fire Service-related courses 40 hrs or greater will receive 0.5 points for every 40 hours of training. For Example:

Course	Total Hours	Points Received
HazMat 160	160	2
2811 Tactics II	40	0.5

B. All other certificates in the employee's training file will receive 0.05 points.
For Example:

Course	Total Hours	Points Received
Vector Solutions NFPA 1021-Fire Department Communications	1	0.05
UL Fire Safety Academy-Fire Dynamics for Structural Firefighting	2	0.05

A maximum of 8 points is available.

Credit will only be given once for multiple certificates for the same class. Credit will be given only for diplomas or certificates in the employee's personnel and/or training file as of the application cut-off date. Professional Standards will certify each candidate's training and education score. A procedure for candidate review and appeal of this score will be available.

Fire Officer I classes are a minimum requirement for applicants and will not be counted towards certificate/class/training points.

Qualification of Candidates for Assessment Center: Each candidate will have an aggregate score that represents the sum of the written examination score and file review. This aggregate score will be used to create an interim list to select candidates to be evaluated using an Assessment Center. The Fire Chief will determine the number of personnel to be selected for the assessment center based on operational needs.

In the event of a tie at the cut-off score point, all persons with equal scores to the cut-off will be scheduled to participate in the Assessment Center.

Assessment Center Review: Each Candidate will be offered the opportunity to attend a Department-sponsored Assessment Center Review Class prior to the Assessment Center

Assessment Center: Each candidate selected will be objectively evaluated using an Assessment Center consisting of three components to include a tactical exercise, an employee counseling/problem solving exercise that will include a diversity, equity and inclusion-based component, and an In-Basket exercise. A 70% average must be achieved across all components. An individual may receive a score between 60% and 69.9% in one component only.

Example 1: Tactical Exercise 100%, In-Basket Exercise 80%, Employee Counseling/Problem Solving 60%*=80% average.

- *Only one component under 70%. PASSING SCORE

Example 2: Tactical Exercise 100%, In-Basket Exercise 69%, Employee Counseling/Problem Solving 69%*=79.33 average.

- *Two components under 70%. FAILING SCORE

The actual structure or content of the Assessment Center will vary, but the simulations used will approximate the supervising duties of a Fire Lieutenant. The Fire Chief may develop the Assessment Center in a fashion that he/she determines to meet the needs of the Fire Department.

Eligibility List: The results of the Assessment Center will be pro-rated to a scale of 100, carried to the second decimal place.

The Assessment Center score will be added to the written examination and file review score to create a ranked eligibility list. This list will be used to select qualified individuals for promotion to Fire Lieutenant.

The eligibility list will remain in force for a period of two (2) years, expiring on December 31st.

The Fire Chief reserves the right to remove any individual from this eligibility list for cause.

Interview: The Fire Chief will conduct a pre-promotional interview, as he/she deems appropriate.

UNUSUAL EVENTS OR CIRCUMSTANCES INVOLVING THIS PROMOTIONAL CANDIDATE SELECTION PROCEDURE THAT AFFECT INDIVIDUALS OR THE FIRE DEPARTMENT SHALL BE RESOLVED BY THE FIRE CHIEF.

IT IS THE RESPONSIBILITY OF ALL CANDIDATES TO MEET EACH DEADLINE ON THE SCHEDULE. NO EXTENSIONS WILL BE GIVEN FOR ANY REASON.



**Title: Promotional Candidate Selection
Procedure – Fire Engineer**

Controller: Professional Standards

Origination Date: 4/25/2022

Revision Date: 5/2024

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 6/3/2024

Purpose

This Operations Bulletin establishes a standard and consistent procedure to select individuals as candidates for promotion to the position of Fire Engineer in the Fire Department.

History

Selection of individuals as candidates for promotion to Fire Engineer shall be based on the following:

1. A written examination to measure job knowledge.
2. Length of service with the Fire Department.
3. Education and training above that required to perform as a firefighter.
4. An evaluation of past performances as a member of the Fire Department.
5. An evaluation of personal driving record, and VARB record.

Candidates who meet the criteria established by this document will be given the opportunity to participate in an Assessment Center. The results of the Assessment Center will be combined with the written test and the file review scores to establish a list of candidate rankings. A single comprehensive list will be established. The Engineer's promotional assignment to an Engine Company, Tower Team, or SHOT Team will be derived from the comprehensive list and will be made by the Fire Chief or designee.

Procedure

The Fire Chief will promote from this list in consideration of ranking as well as Special Teams appointment and assignment.

When necessary, the Fire Chief will establish an eligibility list to select candidates for the promotion to Fire Engineer.

Application: All persons in the Fire Department will be notified of the initiation of the promotional candidate procedure by:

1. Internal posting.
2. Human Resources job posting.

At least a thirty (30) day period will be available for persons to make application for consideration for promotion.

On or before the first date of the job posting, a timeline identifying all pertinent dates for the process will be published by the Assistant Chief of Professional Standards.

The recruitment process required by the Seminole County Personnel Policies and Procedures, and as established within the Human Resources Department, will be followed.

All applicants must be Fire Department career status employees with at least three (3) years of service within the Seminole County Fire Department as of the official closing of the job posting. Years of service will be counted for employees outlined in Fire Department merger agreements. No applicants on special probation will be considered. The Fire Chief reserves the right to reject any applicant for cause.

Written Test: A one hundred (100) item written test will be given to each candidate. Each correctly answered examination item will be scored as one point. Candidates who do not receive a minimum score of seventy percent (70%) will be eliminated from the process.

The Assistant Chief of Professional Standards will announce the test date, time, and location. This examination date will be at least ninety (90) days from the application opening date. Included in the announcement will be a list of all sources for written test items.

The Assistant Chief of Professional Standards will oversee the construction of the examination, approve the examination, and ensure that it is fairly administered. He/She will also oversee scoring of the examination. A procedure for candidate review and appeal of test items for proper scoring or validity will be available.

Performance Evaluation: Concurrent with the development of the written test, each candidate will be rated using the last two (2) yearly career status performance evaluations in his/her personnel file. This includes only evaluations on file as of the application cut-off date. Evaluations must be consecutive with no gaps in service.

The Assistant Chief of Professional Standards shall oversee the review and rating of the performance evaluations of each candidate.

To rate the performance evaluation, the following process will be used:

Evaluation categories are weighted:

Category Weights

Job Knowledge	3.25
Quantity/Quality	2
Safety	3
Attendance	2
Dependability	3
Initiative	3
Communications	3
Care/Use of Equipment	2

Ranking Weights

Unsatisfactory	0
Needs Improvement	0
Meets Standards	1
Exceeds Standards	2

The evaluations are rated by multiplying the weight of the category by the weight of the ranking. For example:

Job Knowledge (3.25) x Exceeds Standards (2) = 6.5

Quantity (2) x Meets Standards (1) = 2

Initiative (3) x Needs Improvement (0) = 0

The total value of the two (2) evaluations are then totaled. A perfect score of 85 is possible. This score is then pro-rated to a scale of 100, carried to the second decimal place.

The evaluation of performance and written examination score carry equal weight in measuring candidates.

The Assistant Chief of Professional Standards will certify each candidate's evaluation score. A procedure for candidate review and appeal of this score will be available.

Length of Service: Each candidate will receive one point for each full (complete) year of uninterrupted continuous service within the Seminole County Fire Department for up to ten (10) years. Years of service will be counted for employees outlined in Fire Department merger agreements. A maximum of ten (10) points will be allowed.

This credit will be applied to continuous, full-time employed service with the Fire Department at the close of the job posting.

The Assistant Chief of Professional Standards will certify each candidate's length of service score. A procedure for candidate review and appeal of this score will be available.

Minimum Educational Requirements: All applicants shall be certified as a State of Florida Pump Operator at the close of the job posting. Failure to comply will result in removal from the testing process.

Training and Education: Additional points will be given for training and education that each candidate has acquired **beyond that required by the Fire Department.**

Points are given for college and university degrees as approved by State of Florida Fire Marshal's Office for supplemental compensation, as follows:

- 1. A.A. or A.S. Degree 8
- 2. B.A. or B.S. Degree 10
- 3. Master's Degree 12

Credits for only one (1) diploma will be given. The highest point value will apply.

A maximum of 12 points are available for all college level training and education.

Points are given for current State of Florida certification in the following areas:

- 1. Fire Officer I 3
- 2. Fire Instructor I 1
- 3. Private Fire Protection Systems 1
- 4. Florida CDL (Class A or B) 2
- 5. Florida CDL endorsement – Tank and/or Hazmat 1

All other certificates related to Fire Department service which are received in the previous ten (10) years from the close of the job posting will be given points. Training related to Fire Department service that are greater than 10 years from the close of the job posting will be considered and given points providing that the candidates can show documentation of being an active instructor in the related field, documentation of competency training from being on a team and or related to certification, and or show documentation of refresher class for that respective certification as outlined below:

- A. Fire Service-related courses 40 hrs or greater will receive 0.5 points for every 40 hours of training. For example:

Course	Total Hours	Points Received
HazMat 160	160	2
2811 Tactics II	40	0.5

- B. All other certificates in the employee's training file will receive 0.05 points. For example:

Course	Total Hours	Points Received
Vector Solutions NFPA 1021-Fire Department Communications	1	0.05
UL Fire Safety Academy- Fire Dynamics for Structural Firefighting	2	0.05

A maximum of 8 points is available.

Credit will only be given once for multiple certificates for the same class. Credit will be given only for diplomas or certificates in the employee's personnel and/or training file at the close of the job posting. Professional Standards will certify each candidate's training and education score. A procedure for candidate review and appeal of this score will be available.

Driving Record/VARB Record: Each candidate will be subjected to a driver's license check through the State of Florida DHSMV point system. The candidate will be disqualified from participation for having six (6) or more points on their driving record.

Each candidate's personnel file will be checked for any active disciplinary actions / VARB review/classifications. The candidate will be disqualified from participation for having more than two (2) reported incidents that have been rated a two (2) or higher by the VARB in the previous three years, or any active driving-related disciplinary action rated above a verbal warning.

Candidates who have grievances, which involve VARB findings or disciplinary action related to driving, in process at the time of the promotional candidate selection, may progress within the process unimpeded. However, at final disposition, if the grievance fails to provide relief such that the VARB findings and/or driving-related disciplinary action remain, and exceed the standard identified in the preceding, then the promotional candidate will be removed from consideration and/or demoted to Firefighter; whichever scenario is applicable.

The Assistant Chief of Professional Standards will certify each candidate's driving record and VARB record. A procedure for candidate review and appeal of this will be available.

Qualification of Candidates for Assessment Center: Each candidate will have an aggregate score that represents the sum of the written examination score and file review. This aggregate score will be used to create an interim list to select candidates to be evaluated using an Assessment Center. The Fire Chief will determine the number of personnel to be selected for the Assessment Center based on operational needs.

In the event of a tie at the cut-off score point, all persons with equal scores to the cut-off will be scheduled to participate in the Assessment Center.

Assessment Center Review: Each candidate will be offered the opportunity to attend a Department-sponsored Assessment Center Review Class prior to the Testing Assessment Center.

Assessment Center: Each candidate selected will be objectively evaluated using an Assessment Center. Each component of the Assessment Center process shall require a minimum score to pass and move to the next step of the process. A minimum average score of seventy percent (70%) must be achieved across all components. An individual may receive a score between sixty (60%) and sixty-nine point nine (69.9%) in one component only.

The actual structure or content of the Assessment Center will vary, but the simulation used will approximate the operational duties of a Fire Engineer. The Fire Chief may develop the Assessment Center in a fashion that he/she determines to meet the needs of the Fire Department.

Eligibility List: The results of the Assessment Center will be pro-rated to a scale of 100, carried to the second decimal place.

The Assessment Center score will be added to the written examination and file review score to create a ranked eligibility list. This list will be used to select qualified individuals for promotion to Fire Engineer. The Fire Chief will take into consideration priority staffing for specialty units in concert with Article 16 of the A-Unit CBA that references the step by step approach with consideration to paramedic staffing. Selections from the current eligibility list for the rank of Engineer shall be made from the top seven (7) candidates on the list. Once the initial seven (7) candidates have been promoted, including extension in the case of a tie, selection could be made from the next seven (7) candidates. This process would continue until the list is exhausted or expires. In the event two (2) or more candidates score identically on the ranked promotional list, all individuals with that score shall be in any group considered for promotion.

The Fire Chief reserves the right to remove any individual from this eligibility list for cause.

The initial eligibility list established in 2022 shall remain in force for a maximum period of three (3) years expiring on December 31st.

All subsequent eligibility lists shall remain in force for a maximum period of two (2) years, expiring on December 31st.

Interview: The Fire Chief will conduct a pre-promotional interview as he/she deems appropriate.

UNUSUAL EVENTS OR CIRCUMSTANCES INVOLVING THE PROMOTIONAL CANDIDATE SELECTION PROCEDURE THAT AFFECT INDIVIDUALS OR THE FIRE DEPARTMENT SHALL BE RESOLVED BY THE FIRE CHIEF.

IT IS THE RESPONSIBILITY OF ALL CANDIDATES TO MEET EACH DEADLINE OF THE SCHEDULE. NO EXTENSIONS WILL BE GIVEN FOR ANY REASON.



Title: "A" Unit Leave Scheduling

Controller: Administration

Origination Date:

Revision Date: 7/26/2022

Approved by:

Effective Date: 8/1/2022

Purpose

A balance between work life and personal life is essential for maximum productivity. This process will provide a fair and equitable mechanism for leave selection for all employees.

Procedure

1. Advanced Scheduling of Leave

Fifty-six (56) hour bargaining unit members may advance schedule PTO Leave in accordance with the following:

- a. Members may not advance schedule PTO leave that has not yet been accrued, except in the case of Terminal Leave, limited to 10 Shifts / 30 calendar days. If more PTO leave is requested than has been accrued, then the individual will forfeit all leave requested for that fiscal year during advanced leave scheduling.
- b. Advance PTO scheduling will be limited to 3 separate rounds.
- c. For each of the 3 separate rounds, a member may request up to 10 full 24 hour shifts with a maximum increment of 10 consecutive (24 hour) shifts. Only PTO-ALS will be requested. If more than 10 shifts are requested, then the individual will forfeit all leave requested for that individual round during advanced leave scheduling.
- d. Separate rounds may not be selected in a way to exceed the maximum increment of 10 consecutive (24 hour) shifts.
- e. Cancellation/removal of advanced leave is allowed; however, the cancellation/removal (any amount and unapproved leave with an *) must occur no less than 90 calendar days before the scheduled leave. Extenuating circumstances that exist may be approved by the Fire Chief or designee for removal of leave. Leave type may be changed after the calendar is opened to another ALS code (example = "Leave Code-ALS") and would follow the cancellation/removal process stated above.
- f. Any and all types of leave requests for the upcoming fiscal year must be removed from TeleStaff by the employee prior to May 1. If all leave has not been removed, then the individual will forfeit all leave requested for that fiscal year during advanced leave scheduling.
- g. An employee must not enter, remove or alter anything in TeleStaff during the timeframes the roster is closed, or the individual will forfeit all leave requested for that fiscal year during advanced leave scheduling.
- h. All Advance Leave Scheduling cancellations for FY 2021/2022 must be completed prior to November 1st, 2021. After November 1st, 2021, cancellations will follow the process for removal described in step e above.

- i. Advance Leave schedule procedures shall be as follows:

Step One. May 1st to May 7th. Personnel must place their requests for PTO ALS-1 on the calendar during this timeframe. Dates do not have to be consecutive, as seniority shall prevail in all cases.

Step Two. May 8th to 14th. The TeleStaff Calendar for the upcoming Fiscal Year shall be CLOSED for review. Personnel are not allowed to input or request any additional Advance PTO Leave during this time frame. Round 1 Advanced Leave will be granted based upon CBA leave limitations, shift, rank and seniority in the Department. Higher ranks are considered more senior. Shift Commanders shall review their respective TeleStaff Shift Calendar for the upcoming Fiscal Year. Dates having request asterisks designations (*) beside member's names, indicating more than 15% wishing to be off, shall be identified. Dates having request asterisks (*) beside member's names shall be sorted using the TeleStaff seniority and rank sort function to determine who is approved for leave on that day based on seniority in rank.

Step Three. May 15th to May 21st. Personnel must place their requests for PTO Leave ALS-2 on the calendar during this timeframe. Dates do not have to be consecutive, as seniority shall prevail in all cases.

Step Four. May 22nd to May 28th. The TeleStaff Calendar for the upcoming Fiscal Year shall be CLOSED for review. Personnel are not allowed to input or request any additional Advance PTO Leave during this time frame. Round 2 Advanced Leave will be granted based upon CBA leave limitations, shift, rank and seniority in the Department. Higher ranks are considered more senior. Shift Commanders shall review their respective TeleStaff Shift Calendar for the upcoming Fiscal Year. Dates having request asterisks designations (*) beside member's names, indicating more than 15% wishing to be off, shall be identified. Dates having request asterisks (*) beside member's names shall be sorted using the TeleStaff seniority and rank sort function to determine who is approved for leave on that day based on seniority in rank.

Step Five. May 29th to June 4th. Personnel must place their requests for PTO Leave ALS-3 on the calendar during this timeframe. Dates do not have to be consecutive, as seniority shall prevail in all cases.

Step Six. June 5th to June 11th. The TeleStaff Calendar for the upcoming Fiscal Year shall be CLOSED for review. Personnel are not allowed to input or request any additional Advance PTO Leave during this time frame. Round 3 Advanced Leave will be granted based upon CBA leave limitations, shift, rank and seniority in the Department. Higher ranks are considered more senior. Shift Commanders shall review their respective TeleStaff Shift Calendar for the upcoming Fiscal Year. Dates having request asterisks designations (*) beside member's names, indicating more than 15% wishing to be off, shall be identified. Dates having request asterisks (*) beside member's names shall be sorted

using the TeleStaff seniority and rank sort function to determine who is approved for leave on that day based on seniority in rank.

Step Seven. June 12th to June 18th. Members shall review their respective calendars to verify that there are no conflicts or errors. Personnel must notify their assigned Shift Commander or designee in writing by 0800, the morning of July 18th should any errors occur.

Step Eight. June 19th to June 30th. Review and edit period for any potential conflict resolutions and adjustments to the calendar.

Step Nine. July 1st. Fiscal Year Calendar will open for general use at 0800 hours and will operate as it currently does now.

2. Regular Scheduling of Leave

Fifty-six (56) hour bargaining unit members shall request to utilize PTO Leave, Work Life Day, Personal Day (birthday), Service Recognition Day, Military Leave, Jury Duty Leave, HHR Day, and leave earned pursuant to the Employee Recognition Program in accordance with the following:

- a. Leave requests shall be placed in Tele-Staff 17 (15:00) hours in advance of the shift being requested off.
- b. Members may not schedule any leave that has not yet been accrued.
- c. Members shall not schedule more than 10 consecutive shifts of any type or combination of types of leave unless approved by the fire Chief or designee.
- d. The following leaves must be taken in the increments stated below:
 - i. All PTO/Comp Time/ or Combination = to or greater than 8 Hours
 - ii. Work Life Day – 24 Hours
 - iii. Personal Day (birthday) – 24 Hours
 - iv. Service Recognition – 24 Hours
 - v. High Risk Relief Day – 24 Hours
- e. All leave requests must be approved prior to the member taking said leave.
- f. Cancellation/removal of regularly scheduled leave is allowed; however, the cancellation/removal (any amount) must occur before 15:00 hours (65 hours) the shift before the scheduled leave. A maximum of five (5) cancellations of approved regularly scheduled leave per fiscal year will be permitted less than 90 calendar days from the scheduled leave date. All other cancellations of regular leave must occur no less than 90 calendar days before the scheduled leave. The exceptions are UTB and scheduled leave for County sponsored education/training.
- g. Cancellation/removal of regularly scheduled leave that has yet to be approved (Denoted by an asterisk *) is permissible and will not count towards the five (5) cancellations of approved leave permitted each fiscal year. Cancellation/removal of unapproved, regularly scheduled leave must be completed by a Battalion Chief or above.

3. Using Unscheduled Leave

Fifty-six (56) hour bargaining unit members may request unscheduled leave in accordance with the following:

- a. Unscheduled PTO Leave will only be used for the following circumstances:
 - i. Personal illness or injury of the member.
 - ii. Personal illness or injury of the member's immediate family (spouse, minor children, and parents).
 - iii. Death of a member of the employee's family as defined in the Bereavement Leave Article of the collective bargaining agreement.
 - iv. Other uncontrollable circumstances as expressly approved by the Fire Chief or his/her designee.
- b. Members requesting unscheduled leave after 0700 hours on the day of assignment shall make the request verbally to the office of Battalion Chief. If contact cannot be made, then the member shall attempt to contact adjacent Battalion Chiefs until contact is made and leave approval is obtained. If it is greater than the 3rd occurrence refer to section e below.
- c. Members utilizing any Unscheduled Leave on a County Holiday or the calendar day prior to or the calendar day after a County Holiday are required to submit medical proof of illness, injury, death, or any other emergent in nature situation, to their supervisor by the end of their first shift back on duty. The supervisor will validate the note and confirm that the unscheduled leave was utilized appropriately, reviewing the documentation for completion to ensure that (a) dates for the leave are covered and (b) it contains the appropriate information showing that leave was required. The supervisor will forward any valid and appropriate notes through their chain of command for further review. Unsubstantiated or unacceptable reasons shall result in Disciplinary Action.
- d. In accordance with County Policy, all leave requests must be approved by a member's supervisor prior to the member taking said leave. By design, TeleStaff approval of leave implies supervisory approval. TeleStaff denotes leave that has not yet been approved by placing an asterisk (*) next to the leave code. Members may only take leave after it has been approved. Members who have been recently disciplined for violation of leave policy or procedure may be required by supervisors to obtain direct verbal or written supervisory approval of all leave requests rather than automated TeleStaff approval, prior to taking said leave.
- e. After the third unscheduled leave occurrence during the employee's evaluation rating period, employees shall be required, for all future occurrences, to contact the staffing Battalion Chief for leave approval. If contact cannot be made, then the member shall attempt to contact adjacent Battalion Chiefs until contact is made and leave approval is obtained. Contact must be made prior to 2200 or after 0700 but no later than 0730. Furthermore, a note from a physician or a physician's representative will be required and submitted through the chain of command to validate the reason(s) for the leave. The supervisor will validate the note and confirm that the unscheduled leave was utilized appropriately, reviewing the documentation for completion to ensure that (a) dates for the leave are covered and (b) it contains the required information showing

that leave was required. The supervisor will forward any valid and appropriate notes through their chain of command for further review. Unsubstantiated or unacceptable reasons shall result in Disciplinary Action. The Fire Chief/designee can determine a note is not needed in circumstances he/she deems appropriate.

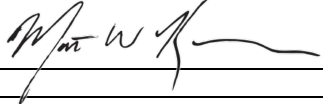


Title: Severe Heat/Humidity

Controller: Operations

Origination Date: 06/03/1985

Revision Date: 8/10/2023

Approved by: 

Effective Date: 8/15/2023

Purpose

To establish a procedure that minimizes outside training exercises and provides recommendations for increasing resources to minimize untoward consequences of emergency operations during excessive or extreme heat.

History

Central Florida experiences high heat and humidity throughout the year.

Procedure

Training schedules are to be rearranged so that limited outside exercise activities are conducted during the hottest part of the day (example: normally from 1300 to 1700 hours). This is not to be considered a reduced work period, but rather a rearrangement of schedules. This will allow work in the stations to be accomplished during the high heat period of the day.

According to the National Weather Service - An "Excessive Heat Warning" is issued within 12 hours of the onset of extremely dangerous heat conditions. The general rule of thumb for this Warning is when the maximum heat index temperature is expected to be 105° or higher for at least 2 days and night time air temperatures will not drop below 75°; however, these criteria vary across the country, especially for areas not used to extreme heat conditions.

When an *Excessive Heat Warning* is issued by the National Weather Service, consideration should be given to enhance on-scene rehabilitation efforts. Additionally, all personnel should take individual responsibility to ensure they are optimally hydrated in preparation for physical stressors that are an inherent part of firefighting in central Florida.

In addition to the procedures outlined in *OB#12029 Emergency Incident Rehabilitation*, Assistant Chief/Shift Commanders should consider deploying additional rehabilitation resources to respond to incidents. The deployment should consider, at a minimum: time/temperature of excessive heat, vehicle, firefighter/driver, cooler, water, portable shade and any other resources aimed at reducing the likelihood of illness or injury during emergency operations in excessive ambient heat.



Title: Use of the Department Logo

Controller: Administration

Origination Date: 03/21/85

Revision Date: 01/25/21

Approved by: _____

Effective Date: 2/1/2021

Purpose

To regulate the use of the Fire Department name and logo.

History

The purpose of the uniform and logo is to identify members of the Department as they carry out their duties. The pride and professionalism of the members is expressed by the way they wear the uniform and represent the Department.

The reputation of the Fire Department has been built by the hard work of each of its members. The Department enjoys the public trust resulting from this reputation.

Procedure

1. The use of the Fire Department name, uniform, or logo is only authorized where approved by the Fire Chief. No member is to use, or permit the use, of these identifiers without this approval.
 - a. No member is to use his/her association with the Department for personal advantage or gain.
2. Off-Duty Use of Clothing Bearing the Department Name or Logo – It is evidence of our pride that members wish to wear clothing that identifies them with the Department. For that reason, the following items are authorized for off-duty wear:
 - a. T-shirt, Department approved color and style.
 - b. P.T. shorts, Department approved color and style.
 - c. Baseball cap, Department approved color and style.
 - d. Sweatshirts, Department approved color and style
 - e. Job Shirt, Department approved color and style
 - f. Polo shirts, Department approved color and style, Chief Officers and Specialty Teams only
 - g. Care should be exercised not to wear these items in a manner that brings discredit to the Fire Department. Individuals wearing these items must avoid unprofessional public behavior. In addition, members should be aware of the public expectations of identified members to act, when necessary, in the face of an emergency.

3. Change/Approval – Other items may be approved for wear on or off duty through application to the Fire Chief through the proper channels.

Section: Personnel

**Title: Smoking and Smokeless Tobacco**

Controller: Administration

Origination Date: 6/18/90

Revision Date: 3/1/2021

Approved by: _____

A handwritten signature in blue ink, appearing to be "J. J. [unclear]", written over a horizontal line.

Effective Date: _____

5/20/21

Purpose

To establish a consistent policy regarding smoking, smokeless tobacco, and vaping use for all Fire Department personnel.

History

Substantial proof exists regarding the damage caused by the use of tobacco. The Surgeon General of the United States, our Department's medical provider, and our ongoing physical examinations and testing clearly indicate that smoking specifically limits cardiovascular output, thus decreasing the efficiency of personnel. Smoking is a significant factor in heart and lung disease, high blood pressure and stroke, limiting the potential life span of members.

Tobacco use is counter to the goals of the Department to limit job related stress and improve the work environment. It is not compatible with the Department's cardiovascular fitness program.

Facts that have been established through the Department's cardiovascular stress testing are:

1. Non-smokers average lower blood pressure and serum cholesterol levels than smokers.
2. Non-smokers average a greater ability to use oxygen than smokers.

The use of smokeless tobacco and non-tobacco nicotine type products have been linked to several medical problems, including oral cancer. The chewing and spitting associated with smokeless tobacco use does not project a clean, professional and healthy image of the personnel of the Department.

Policy

1. It is the policy of the Fire Department to discourage on-duty tobacco use by personnel.
2. Tobacco use of any kind is not permitted in any Department vehicle at any time.
3. No tobacco use is permitted in any offices, fire stations, or other work places of the Department.
4. No tobacco use is permitted by personnel on work details, training exercises, inspections, or other duties or circumstances in the public view.
5. No tobacco use is permitted during any work at any alarm.
6. Those in uniform shall not carry any smoking or tobacco materials in shirt pockets or other places where they can be seen by the public.

7. Tobacco cessation programs are available to Department employees. If interested, please contact Risk Management or the Employee Assistance Program directly. Contact information is readily available through the Department and County portal (presently SharePoint).



Title: Employee Recognition Form

Controller: Administration

Origination Date: 12/29/08

Revision Date: 1/1/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To establish a procedure for documenting recognition received via letters, website comments, phone calls and personal appearances. These are received on a regular basis from customers regarding their appreciation and praise for the service provided by members of the organization.

History

Supervisors regularly witness employees who perform actions worthy of special recognition. It is necessary to establish a process for providing employees with positive feedback on their performance. Supervisors must understand the need to recognize positive performance and have a means to notify the employee and their chain of command.

Procedure

A form has been created in SharePoint and a link to it is located under the “Fire Department Forms, Operations, Awards & Recognition” section. In the event an employee deserves recognition for a “specific act or accomplishment,” the form may be initiated by any member and forwarded electronically through the appropriate chain of command.

Everyone in the Department has access to add, view and edit their own items created in this list. The Fire Chief’s Office will automatically be alerted of any created or edited items in the Employee Recognition list, and e-mail notification will be made to the individual being recognized and the appropriate chain of command; e.g., Assistant Chief, Deputy Chief and Battalion Chief. If an employee is being recognized by external letter or e-mail, you may scan and attach it to the item, or provide the document to the Fire Chief’s Office to be scanned and attached to the item in SharePoint.



**Title: Emergency Communications
Attendance & Staffing Policy**

Controller: Emergency Communications

Origination Date: 10/24/16

Revision Date: 7/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 8/3/2023

Purpose

To ensure the Emergency Communications Center (ECC) maintains the highest level of public safety service to the citizens of Seminole County. This policy will provide employee attendance standards, rules for personal time off (PTO) and overtime (OT) requests and set minimum staffing guidelines for daily operations within the (ECC). The guidelines listed in this policy will ensure that all personnel follow the same procedures and understand their commitment to the center when requesting OT and scheduling PTO.

History

The Seminole County Fire Department ECC is responsible for answering emergency and non-emergency calls and radio dispatching of all EMS/Fire/Rescue units within Seminole County. A minimum staffing standard and attendance policy allows for operational continuity, fair practices and the highest-level customer service. The ECC utilized a rudimentary scheduling system that met the needs of the Center based on previous practices. In 2017, the ECC implemented the Fire Department's scheduling software Kronos/Telestaff to provide consistency and rules in scheduling for all personnel as well as ease of access to their work schedules for overtime and PTO requests.

Procedure

A. Shift Assignments

- The scheduling for the call-takers and dispatchers in the ECC is as follows:
Four (4) shifts are assigned in twelve (12) hour increments 0630-1830 hours or 1830-0630 hours.
- The supervisor schedule is 0600-1800 & 1800-0600.
- The shifts are identified as Alpha, Bravo, Charlie, and Delta.
- Two (2) shifts are designated day shifts and two (2) shifts are designated night shift.
- The ECC will utilize a mid-shift schedule on an as needed basis to cover staffing or training needs. The EC Dispatcher assigned to the mid-shift could be assigned on a temporary or permanent basis. The EC Program Manager will determine if the mid-shift will report to a day shift or night shift supervisor based upon staffing needs.
- The hours worked by the mid-shift employee will be determined by the Program Manager to meet the Division's needs.
- Once assigned a shift, an operator or shift supervisor may request a shift change.
 - a. Requests for shift change will be made in SharePoint.

- b. Selections will be made from a top down rotation, moving each requestor up to next available position, unless otherwise needed to meet the Division's needs.
- c. If a request is withdrawn and then resubmitted, the request will start over in the process and be listed in order of the new date and time of re-submission.
- The Program Manager may elect to move an operator at any time based on operation needs.

B. Staffing Guidelines – Personal Time Off (PTO) and Breaks:

- All ECC personnel are expected to work their scheduled shift, unless schedule time off has been previously approved by their Shift Supervisor.
- The Shift Supervisor is responsible for maintaining the minimum staffing levels for their shift and ensuring staffing standards are maintained fairly and equitably. Supervisors have the responsibility to consider staffing needs before approving any time off requests.
- A minimum of 6 operators per shift (to include supervisory staff) from 0630-0100 and a minimum of 5 operators per shift from 0100-0630 to include supervisory staff. Trainees, not released from a position that requires monitoring, will count as a 7th but not to count as a 6th before 0100.
- Scheduled personnel that are not assigned a working position in the ECC (ex. training, field exercise, attending meetings) will not be counted towards minimum staffing for periods greater than 1 hour.
- Time off requests will be approved in order of submission date, not seniority, except for holidays.
- All Holiday PTO will follow the separate Holiday PTO policy.
- A maximum of two (2) Communications personnel including a supervisor may be approved for PTO per shift.
 - a. Only one (1) supervisor and/or assistant supervisor per shift may be approved for PTO at the same time.
- Communications Training Officers (CTO) may be assigned an assistant supervisor role during staffing shortages and to cover supervisor PTO requests.
- At least one supervisor or assistant supervisor must be on duty at all times with the CTO who is riding up.
- Assistant supervisors must be fully released from training to be counted as the supervisory role accompanying the CTO riding up.
- Time off requests may be denied, or approval rescinded, if the shift is running at minimum staffing and coverage is not available.
- In the event of a mandatory staffing situation, such as a storm or other large event, all PTO will be subject to cancellation at the decision of the Program Manager or above. All staffing will be subject to the needs of the Department.

- Operators will be eligible for breaks as determined by the Program Manager and Shift Supervisor. Operations will take priority over scheduled breaks and may be canceled or moved during critical events or when staffing is below minimum levels.

C. Mid Shift Operator:

- If a mid-shift schedule is being utilized, the mid-shift operator(s) will be assigned a base schedule with the expectation of flexibility to assist with staffing needs, breaks and if call volume stats indicate a need to adjust start times.

D. Unscheduled Leave:

- When calling out for unscheduled leave, all Communication personnel will notify the acting Shift Supervisor via phone call on the supervisor's recorded line, not text, as soon as possible and at least 2 hours before their scheduled shift. A supervisor can request documentation for unscheduled leave at any time if they feel documentation is required.
- Excessive tardiness and poor attendance disrupts workflow and customer service and will not be tolerated. An employee exceeding more than three (3) unexcused absences or tardiness may result in disciplinary action.
- More than three (3) occurrences of unexcused unscheduled leave in an employee's evaluation year will require documentation verifying the reason for each additional occurrence during the employees rating period.
- Employees will call the on-duty supervisor, on the recorded supervisor's phone line, as soon as they know they will be late reporting to work.
- To be considered on time, all ECC personnel must be logged into all programs (CAD, phones, etc.) and ready to receive calls and/or transmit on the radio at 0630/1830 (0600/1800 for supervisors).
- Requesting to leave early on a shift will be considered unscheduled leave and documented, including shifts that were picked up for overtime, unless previously approved.

E. Overtime Signup:

- Operators who sign up for overtime will be required to answer their phones, text/pages and report for duty when called up to two hours prior to scheduled overtime shift request (regardless of how many people are signed up for OT or if the shift was previously filled for OT) Operators can withdraw overtime sign up 4 shifts prior to the request without approval. Operators are required to notify a supervisor directly and receive approval for canceling overtime sign up within 4 shifts of the scheduled request. Operators who habitually sign up and then cancel their overtime (3 times in a two-month period or a pattern has been established) will be suspended

from overtime signup. This includes operators who fail to answer, make themselves available for contact, or report for overtime sign up:

- a. First Offense – two pay periods or 4 weeks
 - b. Second Offense – four pay periods or 8 weeks
 - c. Third Offense – eight pay periods or 16 weeks
- Operators are responsible for checking Kronos when they signed up for overtime to see if their request has been filled.

F. Personal Time off (PTO) Request and Time Trade (TT) Request:

- PTO requests will be approved in Kronos up to two weeks (7 shifts) prior to scheduled shift, as long as minimum staffing is met and/or no more than two operators are schedule off. This does not include holiday requests.
- PTO/TT requests will not be automatically approved within the two weeks or 7 shifts of request date. Operators will be required to get supervisor approval.
- Operators are required to report for duty if their PTO or TT request reflect (*) next to their shift request on Kronos because it has not been approved.
- Failure to report to work or call the on-duty supervisor on a recorded line a minimum two hours prior to shift without just cause when calling out unscheduled PTO will result in progressive disciplinary action up to and including termination. (Example of just cause: unexpected personal or family emergency, accident, etc.) Operators may be required to show documentation at the request of their supervisor.

G. Maintaining Minimum Staffing Requirements – Tracking and Filling Vacancies:

- In the event of unscheduled leave causes a shift to fall below minimum staffing, the on-duty Supervisor will refer to the voluntary overtime list on Kronos and then an “order in process” once the voluntary list has been exhausted.
- The on-call process consists of a rotating on-call operator being identified in Kronos. If an operator is ordered in, they are required to call the ECC within 15 minutes of the initial call out request.
- The on-call operator will report to duty within one (1) hour and 15 minutes of the initial request.
- The on-call process will be used when staffing falls below minimum and/or based upon the needs of the ECC.
- An operator may be held over if the oncoming shift falls below minimum staffing. This will be voluntary at first, but will be mandated if coverage is not obtained
- No operator will work in excess of 16 hours consecutively unless approved by the Program Manager.

H. Coverage Based on Capability:

- The coverage based on capability will have preference based on position for position, but the supervisor will make adjustments to the scheduled positions to meet the needs of the shift.
- The Supervisors and the Program Manager have the ability to override limitations and policies based on situations where staffing is critical.



Title: Facilities Maintenance Procedure

Controller: Planning and Resource Management

Origination Date: 2/6/06

Revision Date: 2/5/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To establish a procedure for reporting maintenance problems at Seminole County Fire Department facilities.

History

It is necessary to establish a process and a point of contact for resolving and maintaining issues that pertain to facilities. Personnel must understand this process and identify the respective point of contact and or procedures to rectify these maintenance issues.

Procedure

The Facilities Maintenance section provides maintenance and repair service/oversight to any building or lands operated by the Seminole County Fire Department.

Responsibilities

1. **Cable** – Station's cable provider.
2. **Facilities** – Plumbing, sewer, HVAC, interior & exterior electrical, irrigation, painting, certain bay door issues and carpentry.
1. **Field Personnel** - Station cleaning and general upkeep.
2. **Fleet** – Station generators.
3. **IT** – Computer hardware/software, phone and internet connectivity.
4. **Logistics Section** – Air filters and light bulbs.
5. **Vendor/Contractor** – Landscaping, roofing, appliances, pest control, oxygen and breathing air systems, propane/natural gas, Bio hazard waste, electric card readers, electric gates, wells and bay doors.

Reporting Procedure

1. When a facility maintenance problem is recognized, the Company Officer will enter it in the Company Journal.
2. The Company Officer will generate an e-mail to SCFDfacilities@seminolecountyfl.gov with a description of the problem, including any room numbers the problem occurs in. The Logistics Group will assign the problem to the appropriate Department for corrective action. All major repairs will be evaluated on an individual basis.
3. All IT/311 and cable TV work requests can be made by the Company Officer. All other requests for service must be made through SCFDfacilities@seminolecountyfl.gov.
4. Logistics will notify the Company Officer and the Battalion Chief with station oversight (see current IB for Battalion Station Oversight), that the work order has been

received and the route it will take. Logistics personnel will follow up on the repair to ensure that it is completed correctly.

5. Facilities Maintenance will assign personnel or an outside vendor to make the necessary repair or service. When repair or service personnel report to a station, they must be logged in and out of the Company Journal.
6. After repairs have been made, notify the Logistics Group that the work has been completed via SCFDfacilities@seminolecountyfl.gov.
7. Repairs that have not been completed or started within a reasonable length of time (3 shift days for minor repairs and 30 calendar days for major repairs) should be reported to Logistics. Delays in repair of items that pose a threat to the health or safety of personnel or have an impact on operational delivery should immediately be reported to Logistics.
8. Report problems with ranges, dishwashers, disposals, microwaves, refrigerators, furniture repairs/replacement, air compressors and fax machines to SCFD Logistics at SCFDFacilities@seminolecountyfl.gov.
9. Equipment problems with the O2 tank refilling stations should be reported directly to the Logistics Group by the respective Station supervisor.

Emergency Reporting Procedure

Emergency repairs are defined as any problem that will endanger health, life, damage to County property, or prevent and/or slow response to alarms. These would include water leaks, sewer backups, overhead doors at facilities where there is only one way in or out, or any door that will not close or lock. Any breach in the building security should also be immediately reported through the chain of command.

1. During normal business hours, the Company Officer should contact Logistics to initiate emergency repairs. The Company Officer will also notify the appropriate Battalion Chief on duty.
2. After hours, the Company Officer will contact the shift Assistant Chief/Shift Commander through the chain of command. The Shift Commander will contact Communications for a contact list of emergency numbers for such services.



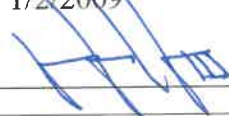
Title: Station / Facility Security

Controller: Planning and Logistics

Origination Date: 1/2/2009

Revision Date: 1/27/2021

Approved by: _____



Effective Date: 2/12/21

Purpose

This bulletin has been drafted to address station / facility security. Security is paramount in these times of uncertainty with our citizens, visitors and employees. The Department is responsible to provide a safe environment for our employees as well as providing security to the millions of dollars in assets we have in each fire station or other department facilities.

History

Fire Stations and Department facilities have maintained an open presence for the public to feel as though they have access to the facilities and personnel, however, we must begin the process of securing these facilities to protect the firefighters and equipment from the low percentage of the public that may wish to do harm, damage, or appropriate assets within department facilities.

Procedure

1. All station doors shall be secured and locked at all times when personnel are not present in the fire station / fire facility.
2. All bay doors shall be closed and secured when no personnel are in the bay areas of the stations and/or the units are out of station, including alarms. Apparatus, when in station, shall be stored in the assigned bay, except for reasons of maintenance and or daily/weekly checks. If there is a need for the apparatus to be stored outside, they shall be secured. Company Officers will assure that security is maintained throughout the shift or work period.
3. A security check shall be made at 2200 hours every evening to assure all means of accessibility are secured and locked. A security check shall consist of walking the interior and/or exterior perimeter of the facility and assuring all access points are secured.
4. The Assistant Chief of Professional Standards and Assistant Chief of Logistics shall coordinate and assure the Fire Training Center is secured when not in use.
5. Stations / Facilities will have a doorbell for the public to alert personnel. At policy implementation, Logistics will coordinate the addition of such for any facility not having a workable installed doorbell device.
6. The appropriate Battalion Chief and Law Enforcement agency shall be contacted immediately if any signs of prohibited entry and/or missing equipment are identified. Subsequent reporting shall be made on the Damaged/Missing Equipment form.



Title: Weekly Station Generator Check

Controller: Logistics

Origination Date: 08/05/2010

Revision Date: 2/5/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To ensure that station generators have adequate fuel in the case of power outages at the station.

History

Each station has been provided a backup power source in the event of a power failure that is connected to a diesel fuel tank. The generator is rated to handle the majority of the station load to ensure that emergency operations will continue and provide for needs of the crews assigned to the station.

Procedure

Weekly inspection procedure:

1. The fuel level and engine operating hours must be verified by a crew member each Tuesday morning and reported to the station Lieutenant.
2. The engine hour reading and fuel level will be entered in the station daily log.
3. If the fuel level is noted to be less than ½ full, an e-mail will be sent to SCFDfacilities@seminolecountyfl.gov to ensure a follow up by Logistics. This e-mail should include:
 - a. Station Number
 - b. Current Engine Hour Reading
 - c. Current fuel level in the generator

Section: Station/Facilities

**Title: Filling Apparatus with Water at Station 42**

Controller: Operations

Origination Date: 03/25/2011

Revision Date: 1/31/21

Approved by: _____

Effective Date: 2/2/21

Purpose

To provide adequate water supply for refilling fire apparatus at Fire Station 42, Geneva.

History

Only two publicly accessible hydrants exist in the Geneva Community, both are located at the Geneva elementary school. The Seminole Woods Community has a private water and hydrant system. However these are only to be used for emergency situations. Due to limited hydrants, refilling apparatus in Geneva is challenging. The installation of a six inch well at Fire Station 42 gives us a dedicated fill site for our firefighting use and will relieve apparatus from using the stations potable well causing wear on the pump used by the station.

Procedure

A six inch well has been placed in-service at Fire Station 42. The well is located on the east side of the rear apron of the station. This well has been tested to deliver approximately two hundred sixty five (265) gallons per minute. Please see a station crew member for filling instructions or refer to this Operations Bulletin.

1. Attach 2 ½ inch water supply line from well to the apparatus and open the tank fill on the apparatus pump panel prior turning on the well pump.
2. The switch to give the well power is located inside the bay on the Charlie/Delta corner with a key attached. The key has a fork end that is inserted into the slot. The key must be moved up to turn the well pump on and down to turn the well pump off.
3. When the apparatus is full, turn off the well pump prior to closing the tank fill on the apparatus. (Damage to the well pump or apparatus equipment may occur if pump is not turned off first).
4. Disconnect the supply line, returning the line to its staging area next the well.



Title: Monthly Station Inspections

Controller: Planning and Resource Management

Origination Date: 7/12/11

Revision Date: 7/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 8/2/2023

Purpose

To enhance the proactive station oversight initiative to further improve the Fire Station Maintenance Program.

History

On October 26, 2010, IB 10-071 was introduced as the Battalion Station Oversight Program. Each shift Battalion Chief has oversight of facilities maintenance issues at various fire stations.

On September 27, 2021, PSTrax is now utilized for all Monthly Station Inspections.

The following is the current list of station responsibilities:

<p style="text-align: center;"><u>Battalion 1</u></p> <p style="text-align: center;">Stations 11, 12, 13, 14, 22</p> <p style="text-align: center;">A Shift - 11 & 14 B Shift - 12 & 22 C Shift - 13</p>	<p style="text-align: center;"><u>Battalion 3</u></p> <p style="text-align: center;">Stations 16, 34, 35, 36</p> <p style="text-align: center;">A Shift - 35 B Shift - 34 C Shift - 16 & 36</p>
<p style="text-align: center;"><u>Battalion 2</u></p> <p style="text-align: center;">Stations 21, 23, 25, 26, 27, 29</p> <p style="text-align: center;">A Shift – 25 & 26 B Shift – 21 & 27 C Shift – 23 & 29</p>	<p style="text-align: center;"><u>Battalion 4</u></p> <p style="text-align: center;">Stations 24, 41, 42, 43, 65</p> <p style="text-align: center;">A Shift – 41 B Shift – 42 & 43 C Shift – 24 & 65</p>

Procedure

Each shift Battalion Chief or his/her designee will conduct a monthly station inspection. This monthly inspection will utilize an easy-to-use checklist form located within the PSTrax system. The purpose inspection is to identify station issues early, before problems progress into worse situations. If any issues are identified during this inspection a SCFD Facilities work order should be submitted to have these issues resolved.

Monthly inspections are due on or a shift before the first of each month.



**Title: Firefighter Tactical Fitness Room
(The Forge)**

Controller: Administration

Origination Date: 9/6/2023

Revision Date:

Approved by: _____

A handwritten signature in black ink, appearing to be "Matt W. K.", is written over a horizontal line.

Effective Date: 9/15/2023

Purpose

To establish policy and procedures for the employee use of *The Forge* Firefighter Tactical Fitness Room located at the Seminole County Fire/EMS Training Center.

History

Firefighter fitness is of paramount importance in ensuring the safety and effectiveness of Firefighters in the line of duty. Firefighters often face physically demanding tasks such as carrying heavy equipment, climbing ladders, pulling hoses, and rescuing individuals in distress. Maintaining good fitness enhances the Firefighter's ability to perform these tasks effectively and efficiently, reducing response times and increasing the likelihood of successful outcomes. *The Forge* Firefighter Tactical Fitness Room is designed to provide for the physical fitness training needs that are unique to the fire service.

Procedure

The Forge Firefighter Tactical Fitness Room is open for employees only. The hours of operation are established by Fire Department Administration and are subject to change at any time. In order to utilize the facility, employees shall:

1. Sign the Firefighter Tactical Fitness Room waiver. The waiver is located on the Vector Solutions Evaluations+ platform.
2. Agree to and abide by the "Rules of Conduct."
3. Failure to abide by the "Rules of Conduct" will result in the loss of facility privileges and/or disciplinary action.

Equipment that is damaged or inoperable shall be "red tagged." Notification of the damaged or inoperable equipment shall be made via email to the Assistant Chief of Professional Standards or his/her designee using the below email address:

FDfitnessequipment@seminolecountyfl.gov



Title: Source Capture Exhaust Removal System

Controller: Fire Support

Origination Date: 9/29/2023

Revision Date:

Approved by: _____

Effective Date: 10/9/2023

Purpose

The purpose of this document is to outline the responsibility and actions to be taken as it applies to the proper use and operation of the Source Capture Exhaust Removal (Plymovent) system. This life safety system has been installed to protect employees and visitors to the station from the hazards associated with vehicle exhaust emissions.

History

Diesel exhaust contains chemicals and particulate matter that can pose significant health risks over long-term exposure. Exhaust extraction systems at fire stations help to reduce this risk and are critical for maintaining a safe and healthy environment for firefighters, staff, and visitors.

Procedure

The Plymovent system shall be utilized each time a vehicle or apparatus enters or leaves a station that is equipped with the source capture system. The procedure that is to be utilized is outlined in Training Standard 405-*Source Capture Exhaust Extraction Systems*.

Any maintenance issues shall be handled in accordance with Operations Bulletin #03001-Facilities Maintenance Procedure.



Title: Procedure for Picking Up and Returning Units from Maintenance

Controller: Support Services

Origination Date: 08/2009

Revision Date: 10/12/23

Approved by: _____

Effective Date: 10/12/23

Purpose

To establish proper procedures for changing out units for preventative maintenance or unscheduled unit failure. To ensure operational readiness and efficient fleet management, all crews shall make every effort to comply with this policy. Any deviations from the policy shall be explained in an e-mail and sent to the Resource Manager, the Tanker 24 driver, and the Assistant Fire Chief of Support Services. Failure to follow the policy will subject crew members to disciplinary measures.

History

The Fire Department provides spare units to be utilized when front line units are due for preventative maintenance and for scheduled or unscheduled repairs. This document will allow for a smooth transition to spare units and ensure that the spare unit has all assigned equipment accounted for and is in proper condition for response.

Procedure

When reserve units are needed during normal business hours, Monday through Friday, 0730 – 1600, the Resource Manager and the Tanker 24 driver shall be notified and assign the appropriate reserve unit based on need. After hours, holidays, and on the weekends, the Tanker 24 driver shall be responsible for assigning the reserve units. After proper notification, the respective unit crew will arrive at the Fire Training Center and make contact with the Tanker 24 driver and/or the Resource Manager. At no time should any unit go directly to Fleet Services without the proper notification and or direction from the Resource Manager and/or the Assistant Fire Chief of Support Services.

The Resource Manager and the Tanker 24 driver shall ensure that the unit inventory is checked by the crew picking up the reserve unit, and any deficiencies noted will be reported to the Resource Manager and the Tanker 24 driver via e-mail.

The unit will be checked for response readiness by the crew picking up the unit in accordance with Operations Bulletin 4021 (Apparatus Maintenance and Inspection), which is the normal unit inspection check list. The Resource Manager and the Tanker 24 driver will assign spare gas powered units to the reserve unit as the regularly assigned gas powered units shall be left on the truck for PM. If the unit is not response ready, another will be assigned. The unit being placed out of service shall have the deficiencies noted in PSTrax, taken to Fleet Services for repair, and the Resource Manager and the Tanker 24 driver shall be notified via e-mail. If minor problems are noted in accordance with Operations Bulletin 4022 (Unit Deficiency List), the unit can be placed in-service and then

left at Fleet Services for repair after use. If this happens, an e-mail shall be sent to the Resource Manager and the Tanker 24 driver.

When picking up the repaired unit at Fleet Services, the crew shall make sure that all deficiencies are addressed in PSTrax by repair or parts ordered with an expected date of delivery in the mechanics area. If any items are not repaired or addressed, the Resource Manager and the Tanker 24 driver shall be notified during normal business hours. If after hours, the unit will be left at Fleet Services and notification will be made to the Resource Manager and the Tanker 24 driver via e-mail from the crew's station Lieutenant, detailing the items not repaired or why the unit was not accepted.

The return of the spare unit will follow a similar procedure as picking up. Depending on the hour of return, the Resource Manager and the Tanker 24 driver will be notified and shall be present when the crews are changing back into their regular unit. The crew returning the unit will do an inventory, readiness check, and note any deficiencies. If repairs are needed, take the unit to Fleet Services, parked faced in, notify the Fleet Services operations desk during normal business hours. If after hours, ensure all items in need of repair clearly noted in PSTrax. The Resource Manager and the Tanker 24 driver shall be notified via e-mail.

The crew returning the spare unit shall ensure that it is disinfected, decontaminated on a needs basis and ready for service. This includes patient area for rescues, disposable stock items at appropriate levels (these should come from station supplies), and full of fuel. If this is not done, the Resource Manager and the Tanker 24 driver shall call the station Lieutenant and Battalion Chief of the crew that left the reserve unit and have them come back and correct the deficiency.

The Resource Manager and the Tanker 24 Driver will oversee the return process to assure compliance. It shall be the responsibility of the Lieutenant to change the status of the unit at the respective station when swapping into and from spare units. This can be done by adjusting the unit status on SharePoint; under the fleet apparatus tracking link.



Title: Hose Testing Procedure

Controller: Logistics

Origination Date: 5/30/01

Revision Date: 2/5/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To establish a procedure for fire hose testing. Annual hose testing is completed to assure reliability of hose on the fire ground, maintaining optimal safety levels and is also required by the ISO.

History

The following procedure identifies steps for testing. An outside company is contracted to complete the annual hose testing. Testing is done in the month of December, however that may change depending on Department needs.

Procedure

The contracted company will provide all labor, materials, transportations, coordination and incidentals necessary for the annual service pressure testing in accordance with **NFPA 1962, 2018 Edition OR the latest adopted edition of NFPA 1962 at the time of testing.** Verification and confirmation of this shall be made via e-mail from the vendor to the Fire Department's designated representative before any testing is started.

All the Department's hose shall be tested in one week (5 consecutive business days) or less. After the initial testing, the contractor will return after the purchase of the replacement hose has been acquired by the Department.

The contractor will provide a suitable test location that is 350' in length and has a fire hydrant for water supply. The test site will be located at 203 Valentine Way, Longwood, Florida, 32750. The vendor will be granted access to the site from 6:00AM to 10:00PM to accommodate the testing. Approximately 130,000 feet of hose will be tested annually. The testing site will be lighted from 6:00AM to 10:00PM.

Specifications:

1. The Fire Department (FD) has a numbering system in place with stickers indicating the hose number at each end of the hose. The vendor will use this numbering system.
2. Any hose that fails testing will be put in a separate location on a pallet and marked with an "out of service" tag.
3. All results of the testing will be sent via e-mail and a printed copy will be delivered to the Fire Department's designated representative.
4. All hose carried on Fire Department apparatus and all stored hose shall be tested by the vendor (5", 4", 3", 2 1/2", 1 3/4", and 1").

5. Each length of hose will be assigned an Identification Number (ID) using a barcode label on each coupling along with test year.
6. The contractor will supply hose manufacturer approved 100% silicone lubricant for coupling lubrication.
7. All defective hose will be tagged and removed from service and the defect location on the hose will be marked using permanent marker. The tag will be distinctive and state the reason for removal from service, date, and hose ID number. This information will also be contained within the test report.
8. The contractor will accurately record all data that will be contained in the final report, which will include Contractor Hose ID, Manufacturer, Date of Manufacture, Date in Service, Size, Length, Pressure, Pass/Fail, Reason for Failure, and Tread Type.
9. The contractor will provide the FD representative a hard copy and electronic copy, through e-mail, of the test report within one (1) week of test completion.
10. The contractor will provide web access to the company's electronic test record and protect this information using a unique login and password within one (1) week of test completion. Access to the test records will be for a minimum of three (3) years from date of the most recent test.



Title: Meal Planning and Restaurant Policy

Controller: Operations

Origination Date: 03/2003

Revision Date: 2/5/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish guidelines for meal planning/grocery shopping and “eating out” in restaurants by Seminole County Fire Operational personnel.

History

Seminole County Fire Department historically and continually provides food preparation and consumption facilities within each of its established fire stations. It is expected that employees plan for, acquire, prepare and consume their meals on the fire station premises. Units will be allowed to shop for meal items within their assigned areas. Occasionally, a situation may arise that would facilitate the unit eating away from the station in a restaurant type facility.

Procedure

Grocery Purchases

Operational employees are permitted to shop for groceries within the following guidelines:

1. Only one grocery run may be made each 24-hour operational shift by each station. This run will be limited to only one (1) unit housed at that particular facility. In most cases, this should be limited to the smaller of the apparatus assigned to a facility, which in general is usually a rescue truck.
2. Apparatus must park in a manner consistent with applicable parking guidelines, within assigned parking places and away from designated fire lanes.
3. The grocery store must be within the unit’s first run area.
4. Apparatus shall be secured in accordance with Operations Bulletin #04014.
5. Time spent shopping will be kept to a minimum and at no time over a 30 minute duration. Every effort should be made to accomplish the grocery detail prior to 1630 hours.
6. It shall be a priority to coordinate grocery runs with other business related trips including alarms and training activity.

Restaurant Dining

Operational employees housed in fire station facilities may eat out in restaurants in the following situations:

1. Long-term facility modifications where apparatus and personnel are relocated to alternate sites.
2. Short term facility maintenance when the facility does not lend itself to the preparation of meals. This shall include appliance breakdown and waiting on repair for such, plumbing problems that will not allow adequate sanitation of cookware,

- other maintenance/repair work that precludes working/eating in the food preparation area.
3. During periods of heavy alarm activity that does not allow crews the ability to acquire food for preparation in a timely fashion to meet reasonable meal times.
 4. During extended training activity that does not allow crews the ability to acquire food for preparation in a timely fashion to meet reasonable meal times.
 5. Any other special activity as approved by the Battalion Chief.

General Rules

1. The activity must be pre-approved in advance by the particular station/apparatus assigned Battalion Chief. In the event the assigned Battalion Chief is unavailable, approval may be gained from another on duty Battalion Chief.
2. Units may only eat in an establishment that does not impair their ability to respond in a manner consistent with response from their normal assigned facility.
3. Apparatus must be parked in a manner consistent with applicable parking guidelines, within assigned parking places and away from designated fire lanes.
4. Apparatus must be secured in accordance with Operations Bulletin #04014.
5. It is recommended that arrangements be made in advance with restaurant staff for the event of the possibility of having to leave the facility for alarm activity.
6. The number of trucks allowed to park at a particular establishment will be limited to the normal number of apparatus assigned to that particular facility.
7. If training is an “all day” planned event, crews are expected to plan for and provide/bring their lunch meal. Multiple units attending all day planned training at training facilities will not be allowed to eat as a large group at a nearby restaurant.
8. Mall or flea market type food courts are not included as approved establishments within the bounds of this policy and may not be utilized for meals under any situation.



Title: Leather Helmet/Procedure for Order and Issue

Controller: Logistics

Origination Date: 10/89

Revision Date: 7/2023

Approved by: _____

A handwritten signature in black ink, appearing to read "Mark W. [unclear]", is written over a horizontal line.

Effective Date: 7/15/2023

Purpose

To establish criteria regarding leather helmets and the authority and procedure for ordering. "This is a service level recognition".

History

In October 1988 the Seminole County Fire Department began recognizing personnel who had completed 10 years of service, with the issuance of traditional leather helmets. This Operations Bulletin is to establish the procedure for ordering these helmets as personnel reach their 10th anniversary. The Department has made every effort to recognize these special people with the safest helmet and wrap around face shield/chin strap available. Phenix TL2 Helmet specifications meet or exceed all NFPA requirements.

1. Top grade vegetable-tanned leather shell.
2. For life safety issues, the helmet must be American made, high temperature thermoplastic dome able to withstand temperatures of 500 degrees.
3. Impact cap with closed cell energy design.
4. Suspension liner to include a custom comfort pad (nape strap or ratchet) fully adjustable from 6 1/2" to 7 3/4". Black Nomex and fire-retardant cotton 8" detachable earlaps.
5. Nomex webbing chinstrap (postman's slide, quick release or combination).
6. NFPA compliant goggles with long strap (ESS FirePro or ATAC).
7. Eight 3M lime-yellow reflective tetrahedrons.
8. D-ring on rear brim.
9. Helmet will weigh no more than 55 oz. Standard colors: red, white, blue, yellow, black and flat black.
10. Compliant to current OSHA and NFPA standards.

Each helmet has a front identification shield that displays:

1. **FF or ENG** – Black helmet, black front shield showing **Seminole** in top panel and **County** in bottom panel. The panels are red with white letters. The center features the year the firefighter started in two large white numbers.
2. **LT** – Red helmet, white front shield showing **Seminole** in top panel and **County** in bottom panel. The panels are red with white letters. The center features the year the lieutenant started. in two large white numbers

3. **Chief Officer** - White helmet, white front shield showing **Seminole** in top panel and **County** in bottom panel. The panels are red with white letters. The center features the year the chief started in two large white numbers.

This is a one-time issue. Authorization for obtaining and wearing this helmet is given to only those who have met the 10-year Seminole County, Fire Department tenure.

Procedure

1. Prior to the employee completing his/her 10th year of service within the Department, they will receive an e-mail from the Fire Support Services that will ask for his/her helmet size. The employee shall **PROMPTLY** address this memo back to the originator with the proper size for their helmet (**Note:** size shall be medium or large). Virtually all head sizes can be fitted with these two sizes due to the fact the helmet has a variable sizing internal mechanism. It is imperative that you obtain your proper size by trying on another employee's helmet. The Fire Support Services will formulate a list of the employee's names and helmet sizes and shall forward a request for purchase for the appropriate number of helmets and shields.
2. Logistics Support will notify the Fire Chief once the helmets are received. A time and date will be set by the Fire Chief and forwarded to the employee(s) for the helmet presentation ceremony. If employee(s) are unable to attend the ceremony, arrangements will be made to present the helmet at a later date.
3. The employee will then be expected to follow any and all proper maintenance and care requirements.

WEAR IT PROUDLY AND ENJOY THE RECOGNITION OF ACHIEVEMENT THAT IT REPRESENTS.

NOTE:

1. It is the Department's policy to restrict purchase and wearing of the leather helmets to those who meet the requirements as defined in this policy. No other purchase authority will be given.
2. An employee who either damages or destroys his/her leather helmet will be authorized to replace or make repairs to it at his/her own expense, providing such is in keeping with the style, type and safety requirements of the Department. Otherwise, the Department will replace it with the standard issue and type helmet being used.
3. An employee who is promoted will be authorized to repaint the helmet consistent with the manufacturer's requirements for paint method, type and the Department's designated position colors. The Department will purchase the front piece. The reflective Reflexite trim, "yellow", can be obtained through the Department supply office with the proper request form submitted.
4. Stickers, markings or other attachments and additions to the helmet are prohibited except as authorized here within the policy.

5. Employee "Last Names" can be displayed on the back half of the helmet in accordance with the following procedure:
 - a. The material used must be "reflective Reflexite, lime yellow". The Fire Chief's office, prior to application, must approve any other color.
 - b. Letter size must be 1 ¼" in size. (Long names that would extend more than half way around the helmet shall be abbreviated).
 - c. Damaged or shriveled tape shall be replaced immediately.
 - d. Approved stickers remembering L.O.D.D. of Seminole County Fire Department members, or as approved by the Fire Chief.
 - e. I.A.F.F. stickers as approved by the Fire Chief.



Title: Spare Unit Identification

Controller: Operations

Origination Date: 04/27/2003

Revision Date: 6/30/2023

Approved by:  Effective Date: 7/15/2023

Purpose

To establish a procedure to properly mark spare units with correct station identifiers when being used by a specific station.

History

Traditionally when spare units are placed into service at a specific station it has been difficult to identify which station or crew is using said unit during operations. When responding to alarms it is difficult for the command officers to make assignments to incoming units utilizing a spare apparatus as they are not readily identifiable.

Procedure

1. All spare engine and rescue apparatus will be outfitted with metal brackets that will facilitate the placement of identification plates with the corresponding unit number.
2. Each station will be furnished with five unit plates to be used in the following manner:
 - a. Three plates for the engine.
 - b. Two plates for the rescue
3. When placing a spare unit into service, the crew will place the identification plates on the brackets as soon as the unit is placed into service.
4. The plates will remain in place, in the correct orientation for as long as the unit is being used as a designated first run apparatus.
5. Upon returning to the regularly assigned station apparatus, the plates will be removed from the spare unit. The plates shall remain stored securely at the Fire Training Center.
6. Special Units: Towers, squad, woods trucks and other specialty units are not currently part of the program.
 - a. Towers are usually staged for service without a spare being placed into service.
 - b. Squad is replaced using special concessions of units and multiple vehicles.
 - c. Woods trucks will keep their current designations even if they are relocated or staged at a different station.
7. Station supervisors will be responsible for the accountability of said identification plates and insuring they are properly placed on the spare units when being used as a first run apparatus.



Title: Tracking Fire Department Equipment

Controller: Operations

Origination Date: 3/29/90

Revision Date: 2/5/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To establish a method of tracking new equipment issued and items sent out of the Department for repair/service.

History

As new equipment is received at the warehouse, it is assigned to Logistics Support by Purchasing and must be issued to an operating unit for BCC inventory purposes. Also, the chances of equipment getting lost in transit to and from a repair/service facility are high. To facilitate tracking of equipment, the following procedures will be adhered to whenever new equipment is received and/or whenever equipment is shipped out for repair. The tracking of internal equipment for repair is the responsibility of the station/repair person.

Procedure

1. All new incoming equipment will be retained at the warehouse until BCC numbers are assigned.
2. When the equipment is assigned to an operating unit, enter the unit receiving the equipment, BCC number and description in the equipment log in the warehouse.
3. Package, address and place inside each package a letter with return address explaining what repairs/service are required. Ask for a quote for services requested as deemed necessary for all items to be shipped by the warehouse.
4. Determine equipment replacement value for shipping insurance.
5. The warehouse will arrange for UPS/FedEx shipping. All items shipped will be insured for replacement value as declared by person needing item shipped.
6. The warehouse will maintain records of all shipments from the warehouse.
7. Other shipping arrangements are the responsibility of person needing the shipment.
8. Personnel delivering equipment to a company for repair/service shall ensure that they have a dated receipt, with BCC number/Serial number/Divisional id number, description of equipment and signature and printed name of person receiving the equipment if it is not immediately repairable.
9. The person responsible for the equipment shall follow up on equipment status.
10. The person responsible shall maintain appropriate files.
11. Equipment shall be checked for operational status.



Title: Portable Radio Control

Controller: Operations

Origination Date: 3/30/05

Revision Date: 1/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'Mark W. [unclear]', written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish guidelines for the proper care, control and transfer of portable radios assigned to field units

History

Seminole County Fire Department has improved the safety of personnel by issuing portable radios to each assigned position on the apparatus. Each radio is equipped with a shoulder microphone, battery and belt clip holster.

Procedure

Each morning at shift change the off-going crewmember will transfer by hand his/her assigned portable to the on-coming crewmember.

1. The crew member reporting for duty shall confirm they have been given the appropriate radio, as these radios have specific radio identification numbers that correlate with seat assignments on apparatus.
 - a. For example:

Engine 12 P1 – Engine 12’s Officer Radio

Engine 12 P2 – Engine 12’s Driver/Operator Radio

Engine 12 P3 – Engine 12’s Jump Seat Radio

2. It is important to inspect the portable radio to ensure that it is functioning properly and in good repair. If the radio is not functioning properly, or if any damage is found, it shall be reported to the station Lieutenant immediately.
3. Portable radios have been assigned to all front line units in the following quantities:
 - a. Engines: 4 Radios
 - b. Towers: 4 Radios
 - c. Squad 2: 4 Radios
 - d. Rescues: 2 Radios
 - e. Tech1: 2 Radios
 - f. Tankers: 1 Radio
 - g. Woods Trucks: 2 Radios
 - h. Battalion Chief Unit: 2 Radios. One radio on their person, the 2nd stored in the charging port of the command board slide out.

4. Battalion Chiefs are issued individual portables with specific radio ID’s such as “BC3C.” At shift change the Battalion Chief must also insure that their assigned spare portable is accounted for.

5. If it is discovered that a portable radio is unaccounted for it will immediately be reported to the Station Lieutenant and a search will be initiated. A spare portable shall be obtained and utilized until the misplaced radio is found. When a spare radio is put into service on a unit other than what it was originally designated for, the Communications center shall be notified via the non-emergency contact line. The appropriate Battalion Chief shall then be notified of the issue. In the event that the misplaced portable radio is not found, proper documentation of the lost equipment will be completed including an investigation and the appropriate corrective action.



Title: Cyber Key Reprogramming

Controller: Planning and Resource Management

Origination Date: 7/11/11

Revision Date: 6/30/2023

Approved by: _____

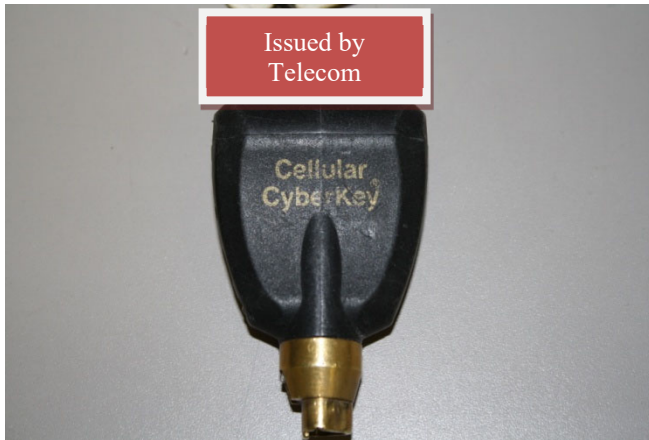
Effective Date: 8/2/2023

Purpose

Establish a procedure for reprogramming Cyber Keys.

History

There are two different kinds of Cyber Keys in the field. One key is marked “Cellular Cyber Key” and the other is marked “Cyber Key”. The Cellular Cyber key is issued by Telecommunications and it opens the cell tower gate at Station 34. The Cyber Key is issued by the Water/Sewer Division and it is a master key to all water treatment facility doors.



Procedure

Every three months the keys marked “Cellular Cyber Key” will have to be reprogrammed, otherwise the key will cease to work. This key can be reprogrammed at the Telecommunications Shop, 180 Bush Blvd. Utilize the following steps to update your key:

1. Advise the front desk personnel that you are there to update your Cyber Key.

...

2. The front desk personnel will direct you to the update authorizer station in the large bay.



1. Plug the key into the station until the display reads “Keyready”



Key insert location

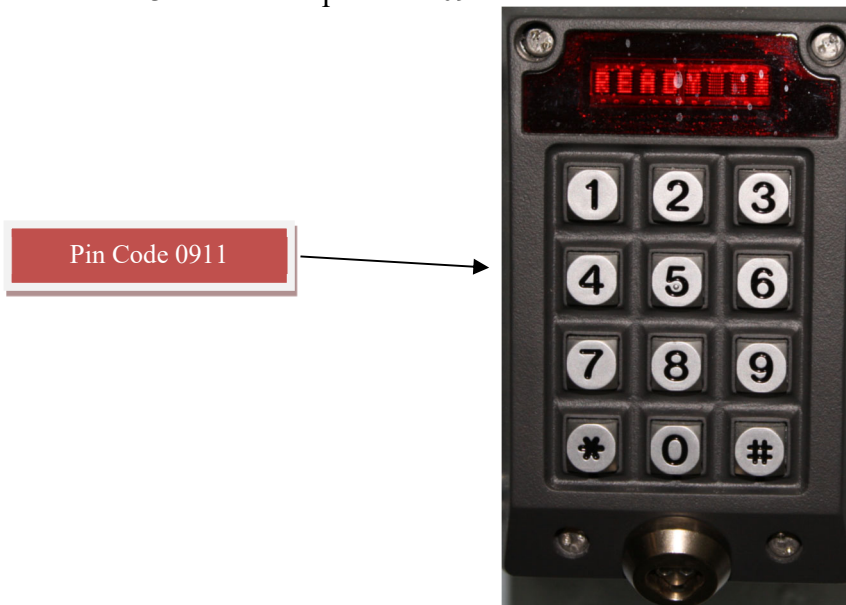
2. Once the station reads “Keyready” you are done.

3. The Radio Shop carries 3v batteries. These should be changed once a year.



Once a year, keys marked “Cyber Key” needs to be updated. These keys can be updated at any Seminole County Water Treatment Plant.

1. Update authorizer stations are found on the front door of all water treatment plant buildings.
2. Plug and hold the key in the authorizer station.
3. Enter the pin code 0911.



4. The port will make clicking sounds as the key is being programmed.
5. When the display reads “Keyready”, programming is complete.



Title: Engine Idle & Shoreline Procedures

Controller: Planning and Resource Management

Origination Date: 7/28/11

Revision Date: 2/1/2023

Approved by: _____

Effective Date: 2/1/2023

Purpose

To establish a procedure to assist in preserving apparatus battery life, prevent the degradation of the unit's alternator and ensure the proper utilization of apparatus shorelines.

History

Apparatus that are not used and driven daily tend to experience problems with battery and alternator life. Apparatus, such as the woods trucks, are normally checked out in the morning and idled for 5 – 10 minutes. After a 3 to 4 day period of this procedure, the unit batteries become low on voltage because 5-10 minutes of idle time is not enough to fully charge the battery. Therefore, the alternator life is shortened when it attempts to recharge a drained or dead battery.

Station breakers are rated at 20 amps. The electrical equipment on apparatus is designed for 20 amps as well. After a battery has been drained, additional energy is required to charge it. When additional energy is required, more amps are needed than the station breakers can handle. This typically results in tripped breakers. This situation can be alleviated if the batteries are fully charged at all times.

Procedure

On a daily basis, the following procedures shall be followed:

1. **All apparatus must be continually plugged in to keep the batteries fully charged.**
This helps ensure proper battery and alternator life. Additionally, this prevents the overdrawing of amps which trips the station breakers.
2. Units with a high idle feature must be allowed to idle every day for 20 – 30 minutes.
3. Units without the high idle feature must be driven for 15 – 20 minutes each day.

Fire Department Operations Bulletin
Section: Apparatus and Equipment

#04010



Title: Stuck Vehicles

Controller: Operations

Origination Date: 07/21/06

Revision Date: 02/19/21

Approved by: _____

Effective Date: 5/20/21

Purpose

To establish a procedure for safe retrieval of stuck vehicles with limited damage to the apparatus.

History

The Fire Department operates in off-road areas with a wide variety of soil types and terrain features in order to access emergencies in remote locations. From time to time, this causes the units to become stuck.

Procedure

1. When apparatus lose traction due to soft soil, holes, or high siding, the unit will be stopped for evaluation. If this occurs while responding to an alarm, the unit will be placed out of service and a replacement unit requested to handle the emergency.
2. If immediate emergency action is required, such as fire approaching the vehicle or other life safety emergency, then the crew may attempt to get the vehicle free. If no emergency exists, the unit will be taken out of service. (It is imperative that the situation does not become worse by spinning the vehicle down to the frame.)
3. The Battalion Chief will be notified and they will request the appropriate vehicle to aid in removal of the stuck vehicle. (If a wrecker is required for recovery operations, it will be arranged by the fleet provider.)
4. The Battalion Chief will oversee the operation and ensure that safe and approved procedures are followed.
5. After the vehicle has been removed, it will be examined to see if any damage has occurred. If mechanical damage is suspected, the unit will be placed out of service until it can be inspected/repared by the fleet provider.
6. In the event that the vehicle is down on the frame, in a ditch, hole, or septic tank, or any other situation that may lead to moderate to significant damage, the shift Assistant Chief and Deputy Chief of Operations will be notified prior to any recovery procedures taking place.
7. An Accident/Incident Loss Report will be generated if damage is noted or suspected or if a private wrecker service is required.



**Title: Personal Alert Safety System (PASS)
Device Guidelines for Use**

Controller: Operations

Origination Date: 4/91

Revision Date: 7/2023

Approved by: _____

Effective Date: 8/2/2023

Purpose

To establish guidelines for the use and maintenance of (PASS) Personal Alert Safety System devices.

History

Establishes Policy and Procedures to comply with State of Florida Division of Workers Compensation Rule 38F-42 and recommended NFPA Standard 1500.

Procedure

1. A PASS device shall be integrated to each in-service SCBA in accordance with manufacturer installation requirements.
2. Training and Familiarization classes to be held as follows: The Training Section will train all Lieutenants in proper use and care. The Lieutenants will train all personnel within their scope of responsibility under the guidelines of the Lieutenants quarterly assignment training. New employees will be trained during their orientation program. All personnel above rank of Lieutenant, or in sections other than field Operations, shall schedule training sessions to be held in the Training Section.
3. PASS devices shall be tested for proper operation during daily maintenance and equipment checks.
4. Accountability for ensuring daily checks of PASS devices shall rest with the Station Supervisor. The daily checks apply to all apparatus with SCBA whether the apparatus is reserve, command, or 1st line Fire Department apparatus.
5. PASS devices found deficient in operation shall be reported immediately to the Station Supervisor who shall take immediate corrective action for emergency replacement, to be followed up by appropriate damaged missing equipment forms, etc. Emergency replacement will be through Logistics Support.
6. Should additional SCBA be placed in-service on any units, the PASS device shall be tested for proper operation.
7. PASS device batteries shall be scheduled for replacement twice annually (spring & fall) using as a reminder the “change your clock/change your battery” smoke detector campaign. This does not exempt the responsibility to replace defective batteries found at other times. The Station Supervisor is responsible for ordering necessary batteries from Logistics Support.
8. Although SCBA is not recommended for underwater usage, the Department is trained to use the equipment at shallow depth for immediate rescue only.
9. Any PASS alarm signal other than known test or accidental alarms shall require immediate notification to the Incident Commander or officer in charge. Rescue

efforts and coordination will become the top priority and shall be initiated immediately. (See Incident Management System Manual, PASS Activation)



Title: Emergency Traffic Light Preemption System (OPTICOM)

Controller: Operations

Origination Date: April 10, 1996

Revision Date: 10/19/22

Approved by: M/so W K

Effective Date: 10/23/22

Purpose

To establish a policy for the operation and utilization of the Emergency Traffic Preemption System (OPTICOM) during emergency responses.

History

Maintaining a five-minute emergency response time has been increasingly difficult due to frequent traffic congestion in the existing Seminole County road network. To help alleviate this problem, representatives of the Tri-County area have banded together with the Department of Transportation to provide an emergency traffic preemption system.

Procedure

1. OPTICOM receivers have been installed at designated intersections throughout the Tri-County area of Seminole, Orange, and Lake Counties.
2. All primary emergency apparatus are outfitted with OPTICOM emitters capable of preempting any of the designated traffic signals throughout the Tri-County area that is part of the OPTICOM preempting system.
3. Vehicle emitters will only be activated to transmit the signal required for intersection signal preemption when the emergency lights and warning signals in the apparatus are engaged.
4. The emergency preemption device will be deactivated by one of the following methods, depending on the type of unit:
 - a. When the emergency lights and warning devices are turned off.
 - b. At any time the air brake is applied in apparatus outfitted with this type of braking system.
 - c. When the driver's door is opened.
 - d. Any time a vehicle's transmission selector is placed in "park".
 - e. Any other methods deemed necessary to deactivate the traffic preemption signaling device when the vehicle is not in motion.
5. Emitters will be programmed and shall be used ONLY when the unit(s) is (are) responding emergency to an incident. Use of the emergency preemption system outside of emergency responses is **strictly prohibited**.
 - a. The use of the traffic preemption device during patient transport must be in conjunction with emergency lights and sirens.

- i. The Paramedic or EMT in charge of patient care must evaluate the patient's condition carefully to determine if an emergency transport is necessary, taking into account what is in the best interest of patient's care.
 - ii. It is imperative that good judgment is exercised at all times, taking into account the risk vs. benefit of an emergency transport. Any emergency response places the patient, the crew and the citizens on the road at risk for severe injury or death.
 - b. Non-emergency transport of a patient with the traffic preemption device activated is strictly prohibited.
6. Checking vehicle emitters for visual signal may be accomplished during daily vehicle checks or when a problem is suspected. Visual checks should be performed in station bays or other isolated areas, avoiding unnecessary activation of the area's emergency traffic light preemption system.
 7. Each unit's emitter has been given an electronic identification number (ID). The ID number is recorded each time the emitter is used to preempt a traffic signal and identifies date, time, intersection activated and unit number (i.e., Engine 22 SCFD). Misuse or abuse is easily tracked back to the unit in question. The use of the traffic preemption devices is closely scrutinized by traffic engineering.
 8. Should a specific intersection system fail to operate, the unit supervisor shall report the problem to the Planning and Resource Management Section via the OPTICOM Problems Report form located on the Fire Department's SharePoint site.
 9. A preempted traffic light signal takes approximately 60 to 90 seconds to recycle before side street traffic is able to enter the intersection. It takes up to a full 12 minutes for the preempted traffic light to get back-in-step (synchronized) with the other lights in the system.
 10. Testing of any emergency traffic light preemption system will be scheduled through the Planning and Resource Management Section in coordination with personnel from Seminole County Traffic Engineering.



Title: Apparatus Security

Controller: Operations

Origination Date: 01/3/14

Revision Date: 1/1/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To provide guidance in securing emergency apparatus when they are unoccupied and unattended while away from quarters.

History

Emergency apparatus are being targeted for potential theft and possibly being used for criminal acts or terrorism purposes in the post 9-11 era. As a result, heightened personnel awareness and new security measures must be established to prevent such incidences.

Emergency operations create many additional potential exposures for loss or theft of equipment and vehicles. In most cases, the units arrive on scene and the providers go to the patient, leaving the unit unattended. Additionally, vehicles are frequently left unattended with doors unlocked, cabinets unlocked and the engine running both on scene and at the Emergency Department.

Procedure

Vehicle Security

1. To minimize the possibility of equipment or vehicle theft, personnel will observe the following procedures when apparatus are left unattended while away from quarters:
 - a. Apparatus outfitted with locking capabilities
 - i. Whenever the apparatus is on scene of an emergency, and not in direct line of sight or under close supervision of personnel, the apparatus will be locked.
 - ii. Rescues will be secured whenever they are left unattended at the hospital.
 - b. Apparatus not equipped with locking capabilities (engines, towers, etc.):
 - i. Whenever unattended, not in direct line of sight or under close supervision of personnel and when not actively being used for operations, these apparatus must be shut down and secured by any available means.
2. If the vehicle is utilized for meal planning or dining purposes, one person must remain with the vehicle at all times to provide security and monitor the radio for emergency traffic.



Title: Respiratory Protection Standard

Controller: Operations

Origination Date: 10/1/2007

Revision Date: 7/27/2023

Approved by: _____

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Effective Date: 8/15/2023

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Purpose

The Federal Occupational Safety & Health Administration's (OSHA) Standard for respiratory protection is 29 CFR 1910.134. In order to provide the highest level of safety to our employees and to comply with 29 CFR 1910.134, the Fire Department has developed this Respiratory Protection Standard. This standard is quite comprehensive and covers all aspects of:

OPERATIONS
CYLINDER FILLING
MEDICAL EVALUATIONS
MAINTENANCE & TESTING
TRAINING & EDUCATION

It is extremely important that all members become familiar with the respiratory protection standard and that it is enforced at every level. Violations of this standard could lead to injury or long term health problems. Violators of this standard may receive formal discipline. In accordance with OSHA 1910.134, this program will be evaluated and updated periodically to reflect and/or address changes that may affect respirator use.

OPERATIONS

2 In - 2 Out

Background: The Federal Occupational Safety & Health Administration's Respiratory Protection Standard, 29 CFR 1910.134, is designed to ensure that fire service personnel perform their job with all available safeguards in place. Any alarm in which an IDLH (Immediately Dangerous to Life & Health) atmosphere is likely to exist (including, but not limited to: structure fires, vehicle fires, unidentified hazardous materials scenes, known gas leaks inside/outside) will require respiratory protection and **shall** have sufficient personnel in order to adhere to this policy. In compliance with 29 CFR 1910.120, a minimum of four individuals are required; consisting of two individuals working as a team in the potential IDLH or undetermined atmospheres (**2 In**) and two individuals present outside the atmosphere (**2 Out**) for intervention or rescue at emergency operations where entry into the danger area is required.

Policy:

1. All interior structure fires are assumed to have an atmosphere that is Immediately Dangerous to Life & Health (IDLH) and therefore require the use of respiratory protection. In our case, this will mean positive pressure SCBA.
2. No entry shall be made inside the structure until a minimum of two fully-gearred firefighters (full turnout gear and SCBA) are available for entry and two fully-gearred personnel are ready for immediate rescue.

3. The “2 Out’s” main focus is to ensure that a crew is available in the event that the interior crews need to be rescued. They shall observe the building to ensure that conditions do not deteriorate, and that interior crews are notified of any significant changes. The “2 Out” shall maintain a constant ready state for deployment to rescue downed firefighters.
4. When sufficient personnel are on scene, “2 Out” will be upgraded to a formal Rapid Intervention Team (RIT).
5. In the event that fires occur in large occupancies with multiple points of entry and/or egress, multiple RIT’s may be required. Geographical location of RIT teams will be defined by command (i.e., RIT A, RIT C etc.). On some large fires, a RIT Group may be established consisting of a group supervisor and several units.
6. The use of respiratory protection will be maintained until the air quality is tested by approved meters and personnel. The testing shall be conducted at predetermined intervals during prolonged overhaul and/or immediately following conditional changes, as determined by OIC, Incident Safety Officer, or their respective designee.
7. In the event that a unit(s) arrives with < 4 personnel, only exterior operations may take place. This may include: exterior attack from a window, garage door, or gable opening, securing utilities, establishing a permanent water supply, size-up, forcing the door, or other exterior operations. It is imperative that the structure not be vented until water is able to be applied to the seat of the fire.
8. Interior firefighting crews must have a minimum of two personnel and each crew member must have a portable radio and remain in voice or visual contact with each other (**Buddy System**). Radio contact is not an acceptable substitute for voice or visual contact between crew members.

POLICY EXCEPTIONS

1. One exception to this policy is in the event that there is potential/indication for victims to be in the structure. In this case, a rescue may be attempted with no backup crew available. In the event the rescue is successful or conditions do not warrant a rescue attempt, no further entry may be made until “2 Out” is established.
2. The second and last exception to this policy is a fire in its incipient stage. This would include smoking electrical sockets or fires confined to a stove; in other words, very small fires that are very easily extinguished and are unlikely to present an IDLH potential. In these circumstances, interior operations may be conducted without “2 Out”. In the event the situation escalates, interior crews shall be removed until 2 Out is established.

History

Acceptable Atmospheres

Firefighting

Background: Through the years, firefighter deaths and injuries have been greatly reduced due to our better understanding of the respiratory dangers we encounter and their effect on our bodies. One area in which we have definitely seen improvement is that of protecting ourselves from the numerous toxic atmospheres encountered during firefighting, technical rescue, and hazardous materials operations. The use of positive-pressure self-contained breathing apparatus, mechanical ventilation, and basic air quality monitoring should be commonplace at incidents where respiratory hazards may exist.

OSHA Standards define IDLH (Immediately Dangerous to Life & Health) atmospheres as those with unacceptable levels of toxic vapors, flammable atmospheres, and oxygen deficient or enriched atmospheres. Additionally, this document shall address corrosive and radioactive atmospheres as potentially IDLH. There remains one phase of fire department operations in which the fire service, in general, does a poor job of properly protecting themselves. This is the overhaul phase, when many of those deadly fire gases are at peak levels. Firefighters are routinely educated in the hazards associated with inhalation of these gases. But due to the lack of any “visible” threat, combined with the added weight factor involved, we are frequently removing our SCBA prematurely. This is contrary to the respiratory protection standard which states that when employees are performing work in a dangerous atmosphere, respiratory protection must be used. This standard further states that in order to discontinue the use of respiratory protection, the atmosphere must be declared safe through the use of air monitoring equipment. For the purposes of this respiratory protection standard, acceptable atmospheres at firefighting, technical rescue, and hazardous material emergencies shall be addressed.

Although it would be impossible to monitor for all possible fire gases, we are now capable of monitoring some of them. Carbon monoxide (CO) and Hydrogen Cyanide (HCN) are two of the most common gases released at structure fires. Because of the physical properties of these gases (CO vapor density is .97 and HCN vapor density is .94, with air = 1), HCN gas will tend to rise while CO, since its vapor density is very close to the density of air, does not disperse rapidly and can be found pretty much anywhere at the ceiling or on the floor. Therefore, if we can show that the CO/HCN levels are being reduced through recognized practices, we can assume that we are adequately ventilating our work area. Once carbon monoxide and hydrogen cyanide levels drop below the threshold limit value, it is most probable that oxygen levels have returned to a safe range and other potentially toxic gases have been displaced by fresh air. However, we should remain cognizant of possible buildup of carbon monoxide, hydrogen cyanide or other toxic fire gases in low areas, high areas, and difficult to ventilate spaces such as closets and attics. If this is suspected, additional or supplemental atmospheric monitoring should be initiated prior to

removal of SCBA (ongoing monitoring – retesting with monitors on time interval) and be reevaluated at ten-minute intervals.

Procedure

1. All personal protective equipment, including SCBA, shall be worn during the attack and initial overhaul phase of all structural fires. Personnel should continue to wear all PPE until the IC advises the atmosphere has been determined safe. In large commercial structures with large floor area or multiple floors (malls, high-rises), the building may be declared safe in sections with the use of atmospheric monitors.
2. Once there are no visible contaminants, atmospheric monitoring should begin and be reevaluated at ten-minute intervals. This should be done with the hand-held meters carried on designated units or with the 4-gas meter and hydrogen cyanide (HCN) monitors carried by Battalion 1, 2, 3, 4, Tech 1 and SHOT units. T12, T25, T27 and T39 also carry single sensor carbon monoxide (CO) and hydrogen cyanide meters. These devices are utilized by attaching the 4-gas, CO or HCN monitor to the lapel of a member of an interior overhaul crew. It is preferable to use redundant meters when determining the safety of atmospheres and multiple meters on large structures.
3. If, after several minutes of monitoring a work area, there is no alarm by the 4-gas, CO or HCN monitor, the IC may declare the atmosphere as safe and authorize the removal of SCBA. Continuous monitoring of the work area must continue as long as personnel are present.
4. Fires outside structures, including dumpster fires, dump fires, or vehicle fires, will require the use of full PPE, including SCBA, until no visible products of combustion remain and the area has been evaluated and determined safe via metering. Brush fires are not excluded from this provision and atmospheric metering should be considered if certain conditions exist.
5. If, at any time during overhaul, personnel experience any type of irritation or smell strong odors that could be related to a hazardous atmosphere, the use of SCBA shall be required regardless of 4-gas, CO or HCN monitor readings. Also, if the type of fuel involved is known to be hazardous (i.e., plastics, poisonous chemicals, etc.), the use of SCBA during overhaul shall be required.
6. Consideration of safeguards regarding fine and potentially airborne particulates shall remain a priority, despite meter findings. The vigilant use of eye and respiratory protection shall remain a priority for crews operating in potentially dangerous atmospheres. Respiratory protection may include, but not be limited to: particulate filter masks, N-95 masks, canister filters, or other industry-accepted devices.

Personal CO and HCN Monitors: The 4-gas and HCN monitoring instruments assigned to Battalions 1, 2, 3, 4, and Tech 1, along with T12, T25 and T27 single gas CO and HCN monitors, are only to be used for determining a safe CO or HCN level during the overhaul phase of firefighting. **These monitors shall not be used for other emergencies, such as carbon monoxide alarms or gas leaks.** The CO monitor is designed to detect relatively

low levels of carbon monoxide gas. It has a digital display that gives a reading of carbon monoxide in parts per million (ppm). The monitor has an audible alarm that is set to activate at 25 ppm. According to OSHA, this is the maximum concentration of carbon monoxide that a person can be exposed to for up to 8 hours without suffering any ill effects.

The HCN monitor is designed to detect relatively low levels of hydrogen cyanide gas. It has a digital display that gives a reading of hydrogen cyanide in parts per million. The monitor has an audible alarm that is set to activate at 5 ppm. This setting is for the Recommended Exposure Limit (REL) set by NIOSH. These instruments have only two controls, on and off buttons. The monitor should always be turned on in a clean atmosphere prior to entering the work area and it should be allowed to “clean itself” in a non-contaminated area prior to being turned off. Turn off the monitor only when the digital display reading has dropped to zero. If the monitor’s internal sensor is exposed to extremely high levels of CO or HCN, it could be damaged. For this reason, the monitor should not be used in any atmosphere in which visible products of combustion (smoke) are present.

Maintenance of Personal CO and HCN Monitors: The personal CO and HCN monitors will be maintained and calibrated by designated SHOT personnel. If a problem is found with a monitor, it should be reported to the Battalion Chief to whom the monitor is assigned. **At no time should any unauthorized personnel attempt to calibrate a monitor.**

Single Sensor Monitors: The single sensor monitors are carried on the Special Operations units and Battalion vehicles. These monitors are capable of detecting Hydrogen Cyanide and Carbon Monoxide. The following are the preset alarm points.

	<u>Sensor Low Alarm</u>	<u>High Alarm</u>
HCN	5 ppm	10 ppm
CO	25 ppm	100 ppm

4-Gas Monitors: The 4-gas monitors assigned to Battalions 1,2,3,4 and Tech 1 are capable of monitoring O2 %, LEL %, CO ppm, and H₂S ppm. The monitors are equipped with audible, visual and vibrate alarms. These monitors can be used in conjunction with the other monitors carried by the Battalions/Tech 1 for use in determining the proper levels that SCBA can be removed. The following are the preset alarm points.

	<u>Sensor Low Alarm</u>	<u>High Alarm</u>
LEL	10%	20%
O2	19.5%	23.0%

CO	25 ppm	100 ppm
*H ₂ S	10 ppm	15 ppm

In the event one of these alarm levels is reached, ventilation must be established to correct this hazard immediately and a HazMat unit should be dispatched to the scene. If the source of this hazard can be located, it should be removed and placed in an area so that it will not cause a hazard anymore. If SCBA has been removed, it must be donned again until the atmosphere being monitored falls within the acceptable limits range. *H₂S = **Hydrogen Sulfide**

Supplied Air Breathing Apparatus

Background: Due to the restrictive nature and limited openings at confined spaces, different breathing apparatus are required to allow for entry by fire service personnel. Supplied Air Breathing Apparatus (SABA) was purchased to ensure that proper entry could be made in all confined spaces located in Seminole County.

Policy:

1. SABA will only be utilized by trained personnel.
2. Personnel certified for SABA use will be fit tested annually.
3. SABA masks will be disinfected after each use.
4. All escape cylinders will be completely full prior to entry.
5. One line tender will be provided for each entrant.
6. All air lines will be locked or taped to ensure accidental separation does not occur.
7. One person will be stationed at the air source to ensure an uninterrupted flow of breathing air. A redundant system must be used.
8. Entrants will only progress as far as they can safely escape utilizing air from the escape cylinder. No more than 300' of air hose may be used.
9. Properly equipped "2 Out" or RIT personnel will be standing by.
10. Only NIOSH approved SABA respirators will be placed into service for use by Seminole County Fire Department personnel and said appliances shall be used in compliance with its respective certification.

HEPA Adapter/Filter

Background: The Center for Disease Control (CDC) issued warnings that indicated medical providers caring for suspected TB patients, or patients with other suspected airborne diseases, should protect themselves from possible exposure. CDC indicates that working on these patients in tight quarters with limited air movement requires the use of a HEPA-type filter mask capable of filtering particles 1 micron or larger in diameter.

Policy:

1. Respiratory protection shall be utilized with a known or potential airborne threat.
2. The Scott mask with adapter/filters may be used when there is a threat of airborne infectious diseases.
3. A seal check should be done prior to entering the environment.
4. If the mask is used to protect from an exposure, it should be properly disinfected. The mask should be cleaned with soap and water solution without the adapter/filters in place.
5. The filter cartridges are one-time use and should be disposed of properly after any use.
6. These filters are not intended for use in atmospheres which are, or may become, **IMMEDIATELY DANGEROUS TO LIFE & HEALTH (IDLH)** or in atmospheres where the identity and/or concentration of the containment are unknown.

Note: Disposable N-95 HEPA masks are also provided for use by EMS personnel. These masks are a one-time use only and are available through the EMS supplies procedure. These masks can be utilized by EMS personnel and can be placed on patients suspected of suffering from a common contagious airborne disease (i.e., cold, flu). The mask shall be disposed of after a single use, following bio-hazard disposal procedures.

Inspection:

1. These filters are intended for use in pairs only.
2. Observe the expiration date on the filters for replacement.
3. The filters should be checked for damage, deterioration, and moisture.
4. If any damage is discovered, make arrangements through Logistics for replacement.

Oxygen Cylinder Filling Procedures

Background: To establish a procedure for the use, storage, maintenance and refilling of all portable medical oxygen cylinders used by the Department. The Department currently utilizes a multi-section trans-filling station manifold designed for filling multiple cylinders at one time. The system will utilize up to four supply tanks.

Safety Operations for Refilling Station:

All safety procedures must be adhered to when handling the compressed medical oxygen cylinders. Failure to do so can result in a catastrophic failure of the vessel with the potential of serious injury or death to the users.

Avoid carrying the cylinders by the valve assembly. Grease and oil from other equipment on the hands may create a violent reaction with the gaseous oxygen, resulting in fire.

Operational Procedures:

1. The cylinder should be inspected for any obvious damage or contamination.
2. Place the cylinder in the ~~wall-mounted refilling sleeve~~-blast containment cabinet
3. Connect the refilling pigtail valve to the cylinder.
4. If the pressure in the cylinder is below 50 psi, the cylinder will need to be vacuumed down to 25 psi of vacuum.
5. Crack the in-line valve and slowly fill the portable cylinder at a rate no faster than 10 psi per second.
6. Close the valve on tank #1 and repeat the process with tanks #2, #3, and #4, until the pressure gauge reads 2000 psi.
7. Fill the required information on the log sheet. The information required on the log sheet will include:
 - a. Date
 - b. The lot number on the **Supply** cylinder and the cylinder being filled.
 - c. CAD number of the person filling.
 - d. Number of bottles filled.

Vacuum Procedures:

1. With the cylinder valve OPEN and all other valves CLOSED, turn on the vacuum pump.
2. Wait until the vacuum gauge reads 25mm of Hg, then turn off the pump.
3. Open the valve on the supply tank marked #1.

4. Crack the in-line valve and slowly fill the portable cylinder at a rate no faster than 10 psi per second. Continue until the pressure equalizes.
5. Close the valve on tank #1 and repeat the process with tanks #2, #3, and #4, until the pressure gauge reads 2000 psi.

ONLY ONE SUPPLY TANK VALVE SHOULD BE OPENED AT A TIME.

1. Close all cylinder valves and the supply tank valve.
2. Open the Relief valve at the end of the manifold assembly ~~near the relief valve~~ to bleed off any remaining product.
3. Remove the refilling valve assembly from the portable cylinder and seal the valve stem with a NEW plastic seal.

Changing of Supply Cylinders

When changing out the supply-side cylinders, the newest tank shall be placed in position #4. All other tanks should move down the scale in position towards position #1. The tank with the least amount of product should end up in position #1. Make sure that all tank identification tags are placed properly to reflect the change in the supply tank line-up.

*O² > 23.5% shall only be utilized in equipment designed for O² service and distribution.

MEDICAL EVALUATIONS

Background: In accordance with OSHA 1910.134(c)(1)(ii), Seminole County Fire Department will ensure that medical evaluations of firefighters will occur prior to initial respirator use. Furthermore, in compliance with *Operations Bulletin #2013 Fitness for Duty*, all employees who may be required to don respiratory protection equipment shall comply with the Fitness for Duty policy.

Policy:

1. The Seminole County Fire Department will provide medical evaluations for firefighters in compliance with OSHA 1910.134 as well as requiring compliance with Seminole County Fire Department's *Operations Bulletin #2013 Fitness for Duty*.
2. Medical evaluations shall be conducted by a physician or other licensed health care professional (PLHCP).
3. Medical evaluations shall remain confidential. Record retention and availability will comply with 29 CFR 1920.1020.

Major Alarms

Background: The greater the work effort on an alarm, the more susceptible the user of an SCBA is to overexertion. To reduce this overexertion risk to personnel, comprehensive medical evaluations are conducted annually by a licensed healthcare professional, as well as routine medical monitoring and/or evaluations during alarms. These routine medical evaluations may be conducted as time permits, including, but not limited to: pre-SCBA use, during rehabilitation, and post incident, to ensure that baseline vital signs are stable. This baseline testing ensures that the user can utilize an airpack and/or continue to perform these strenuous functions after rehabilitation.

Major Alarms:

1. Structure fires requiring two or more alarms.
2. Significant Hazardous Materials alarms, particularly ones requiring encapsulating suit entry.
3. Confined space alarms.
4. Extensive work detail alarms.
5. Smoldering muck fires.
6. Large overhaul details where continuous crew rotation is in place.
7. Significant building collapse.

Procedures:

1. A Rehab Group will be established.
2. One ALS transport unit will be assigned to the Rehab Group when available.
3. Establish a suitable area on the scene for medical evaluations.
4. Assemble the appropriate amount of personnel to assist with evaluations.
5. Take vital signs (either pre- or post-entry, or both).
 - a. Blood pressure.
 - b. Pulse rate and quality.
 - c. Respiration rate and quality.
 - d. Pulse-ox reading.
 - e. Body temperature.
 - f. COHb levels.
 - g. EKG-Lead II (this is required only if prior vital signs are not within normal limits).
6. Record initial readings.
7. Make the determination if personnel are able to be utilized on the alarm, based on the evaluation findings.
8. Ensure all personnel are channeled through the medical unit station for post-evaluation, prior to reporting to service.
9. Record readings and compare them to initial readings.
10. Clear personnel for return to work assignments.

Special Considerations of Medical Unit Leader:

1. Notify Rehab Group & Command of any potential problems/patients. Have a transportation plan for any potential patients to a medical facility.
2. If personnel were involved in a hazardous materials accident, a unit with a contamination barrier should be used. Determine proper decontamination requirements.
3. If long-term commitment is required, develop medical personnel rotation.
4. Track personnel information:
 - a. Employer.
 - b. Patient information.
 - c. Medical facility personnel transported to, if applicable.

MAINTENANCE & TESTING

Airpack Daily Maintenance & Performance Check

Background: The Seminole County Fire Department utilizes Scott high pressure airpacks. All apparatus and command vehicles are equipped with breathing apparatus and all personnel are assigned a face piece. This equipment is designed to be used when personnel are exposed to atmospheres that may be IDLH. Only NIOSH approved SCBA will be placed into service for use by Seminole County Fire Department personnel and said appliances shall be used in compliance with its respective certification. In order to ensure that this equipment will function in these hazardous areas, daily equipment checks will be performed.

Procedure:

1. Scott Face Piece:
 - a. Daily Inspections:
 - i. Pliability test – exercise all moving parts and check for soft pliable rubber.
 - ii. Face piece test – check for distorted shape around temporal area. If shape is not uniform to the shape of a face, replace immediately.
 1. Facepiece Seal Protection.
 2. The employer shall not permit respirators with tight-fitting facepieces to be worn by employees who have:
 - a. Facial hair that comes between the sealing surface of the facepiece and the face or that interferes with valve function, or
 - b. Any condition that interferes with the face-to-facepiece seal or valve function.
 3. If an employee wears corrective glasses or goggles or other personal protective equipment, the employer shall ensure

that such equipment is worn in a manner that does not interfere with the seal of the facepiece to the face of the user.

b. Daily Maintenance:

- i. Once inspection is complete, after use and as otherwise necessary, ensure cleanliness of face piece.
- ii. Remove all dirt and grime from all parts of mask assembly.
- iii. If needed, clean mask with warm soapy water.
- iv. After cleaning, ensure the exhalation valve is operating properly and check for a tight seal by donning the mask and taking a deep breath with the mask opening occluded. The mask should pull firmly against your face by this test.
- v. Facepieces and related components shall be stored in a manner that protects them from damage and contamination as well as prevents deformation of the facepiece.

2.Scott Airpacks:

1. Daily Inspections: Using PSTRAX

- a. Visual inspections of the airpack harness and air bottle.
 - i. Inspect for damaged straps and buckles.
 - ii. Ensure all adjustment points are operational.
 - iii. Inspect air bottle for deep cuts or frayed wrapping.
 - iv. Inspect air bottle gauge for proper operation.
 - ~~v. Inspect hydrostatic test dates.~~
 - vi. Inspect gauge and valves.
 - vii. Compare regulator gauge pressure to pressure in the air bottle. This pressure should be within 100 psi.
- b. Operate tank valve and check for leaks.
- c. Operate by purge valve.
- d. Operate regulator (donning switch) for proper operation/function with facepiece.
- e. Ensure the low-pressure alarm is functional.
- f. Charge the system by turning the air bottle on. Once this is done, turn the valve of the air bottle off and slowly drain the regulator. Watch the regulator gauge slowly lower to a pressure which will activate the low-pressure alarm. This psi should be approximately 500 1100 psi.
- g. PASS Device:
 1. Motionless test.
 2. Manual activation.
- h. Airpacks and related components shall be stored in a manner that protects them from damage.
- i. Add check HUD for function and serviceability.

2. Daily Maintenance:

- a. Inspect pack for cleanliness.

- b. Ensure the harness and air bottle is free from dirt and debris.
- c. If dirty, wash pack with a mild detergent, rinse with clean water, and let air dry.
- d. After use, sanitize airpacks in accordance with manufacturer's specifications.
- e. All deficiencies should be immediately reported to the station lieutenant.
- f. Air cylinders with an air pressure less than ~~5050~~ 4000 psi (90% capacity) should be recharged to full capacity.
- ~~g. Check batteries.~~

Major

Purpose: To ensure that breathing apparatus operate effectively when needed and that they meet all applicable standards, air packs will be tested every year and after all major repairs.

Procedure:

1. Airpacks are tested once a year per manufacturer's recommendation.
 - a. Testing is conducted by a manufacturer trained technician.
 - b. The technician is responsible for all documentation and testing of airpacks.
 - c. Airpacks shall be tracked by serial number for documentation purposes.
 - d. Only NIOSH certified/manufacturer approved parts shall be used in the repair of SCBAs and components. All repairs shall be made in accordance with the manufacturer's specifications.
 - e. These following functional tests will be conducted by the technician:
 - i. Visual Inspection.
 - ii. Facepiece Leak Test.
 - iii. Static Pressure/Lock-up Test.
 - iv. High Pressure/Leak Test.
 - v. Breathing Test.
 - vi. Remote Pressure Gauge Accuracy Test.
 - vii. Secondary Pressure at High Pressure Cylinder Test.
 - viii. Purge Flow Test.
2. SCUBA appliances are tested per manufacturer's recommendation.
 1. Testing is conducted by a manufacturer trained technician.
 2. The technician is responsible for all documentation and testing of SCUBA equipment.
 3. SCUBA appliances shall be tracked by serial number for documentation purposes.
 4. These following functional tests will be conducted by the technician:
 - A. Full face mask and breathing valve.
 - B. Pressure regulator test.
 - C. Harness/BC inspection
 - D. Cylinder inspection.

Compressor

Background: Presently, the Department derives all breathing air for SCBA, SABA, and SCUBA from the compressors located at Stations 11, 27, 29, 35, and the compressor located at the training center. It is imperative that these compressors be maintained to the highest level to ensure that the safety and needs of the Department are met.

Policy:

1. **General**—While most breathing air systems are engineered to provide years of trouble free service, they require certain routine replacement of parts or adjustments and cleaning. The manufacturer's recommendations should be adhered to in order to prolong the life of the equipment and to maintain the designed performance.
2. **Operators**—It is the responsibility of the equipment operators to perform operational checks, observe and report any loose or missing hardware or oil and/or air leaks and to report such discrepancies immediately. The equipment must also be kept free of dust and dirt, especially the inter-coolers. **If anything about the equipment appears questionable, tag the system as "out of service" and immediately report the problem.**
3. **Maintenance/Repair Personnel**—All repairs and/or adjustments shall be logged into the permanent repair log for the equipment. Air fittings used on the equipment shall be suitable for high-pressure air whenever replacement is required. **Only certified repair personnel are to perform maintenance repairs on the compressor.**
4. **Safety**—Repairs are not to be made on the compressor unless the power has been disconnected and locked out/tagged out.

REMEMBER: High-pressure air can cause injury or death. Do not allow high-pressure air to come into contact with your skin. Do not attempt to loosen or tighten any fittings charged with high-pressure air.

5. **Intake filter/Purification cartridges** shall be maintained per manufacturer recommendations.

Air Quality

Policy:

1. Breathing air shall, *at a minimum*, meet **Grade D** requirements as described in ANSI/CGA spec. G-7.1-1989.
Oxygen content of 19.5-23.5%*

Hydrocarbon content of 5 mg/ m³ or less
CO content of 10 ppm or less
CO₂ content of 1,000 ppm or less
Lack of noticeable odor

*O₂ > 23.5% shall only be utilized in equipment designed for O₂ service and distribution.

2. While Grade D is the *minimum* goal of this standard, every effort shall be made to produce Grade E air (suitable for use by divers).
3. Air samples shall be taken *at least quarterly* and shall be evaluated by laboratory analysis to assure compliance with current Grade E air requirements as described in ANSI/CGA specifications. This service will be provided by the contracted vendor. This will be tracked and coordinated through the Logistics section. The laboratory shall issue a certificate to indicate the test results. An air sample shall be taken of the compressor output and, if the air quality falls to Grade D, the system will not be utilized to fill SCUBA bottles. If the air quality falls below Grade D, storage cylinders shall not be used until the problem is corrected. The stored air shall then be purged from the cylinders and the cylinders shall be refilled.

Mask Fit Testing

Purpose: The intent of this standard is to provide guidelines for Quantitative Fit Testing of approved National Institute of Occupational Safety and Health (NIOSH)—Mine Safety Health Administration (MSHA) approved respirators.

Background: The Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.134 requires that pressure demand respirators be fit-tested by exposure to a “test atmosphere”. This includes our HEPA half-face respirators. For the purpose of our standard, Self-Contained Breathing Apparatus (SCBA), Supplied Air Breathing Apparatus (SABA), and tower air facepieces shall also be tested.

Test Frequency: Quantitative fit testing shall be performed prior to initial use and whenever an employee is assigned to duties that require the potential use of any type of respirator. Such testing shall be repeated *at least annually* and whenever the employee has:

1. Weight change of 20 pounds or more.
2. Recommendation of qualified test administrator or PLHCP.
3. Change in manufacturer or model of facepiece occurs.
4. Significant facial scarring in the area of the facepiece seal, if the scarring has occurred since the latest fit testing.
5. Significant dental changes, i.e., multiple extractions without prosthesis or acquiring dentures.
6. Any other condition which might interfere with facepiece sealing.

Preparation For Testing And General Requirements:

1. The test subject shall be allowed to pick the most acceptable respirator from a sufficient number of respirator models and sizes so that the respirator is acceptable to, and correctly fits the user.
2. Prior to the selection process, the test subject shall be shown how to put on a respirator, how it should be positioned on the face, how to set strap tension and how to determine an acceptable fit. A mirror shall be available to assist the subject in evaluating the fit and positioning of the respirator. This instruction may not constitute the subject's formal training on respirator use, because it is only a review.
3. The test subject shall be informed that he/she is being asked to select the respirator that provides the most acceptable fit. Each respirator represents a different size and shape and, if fitted and used properly, will provide adequate protection.
4. The test subject shall be instructed to hold each chosen facepiece up to the face and eliminate those that obviously do not give an acceptable fit.
5. The more acceptable facepieces are noted in case the one selected proves unacceptable; the most comfortable mask is donned and worn at least five minutes to assess comfort. Assistance in assessing comfort can be given by discussing the points in the following section (#6). If the test subject is not familiar with using a particular respirator, the test subject shall be directed to don the mask several times and to adjust the straps each time to become adept at setting proper tension on the straps.
6. Assessment of comfort shall include a review of the following points with the test subject and allowing the test subject adequate time to determine the comfort of the respirator:
 - a. Position of the mask on the nose.
 - b. Room for eye protection.
 - c. Room to talk.
 - d. Position of mask on face and cheeks.
7. The following criteria shall be used to help determine the adequacy of the respirator fit:
 - a. Chin properly placed.
 - b. Adequate strap tension, not overly tightened.
 - c. Fit across nose-bridge.
 - d. Respirator of proper size to span distance from nose to chin.
 - e. Tendency of respirator to slip.
 - f. Self-observation in mirror to evaluate fit and respirator position.
8. The test subject shall conduct a user seal check. The subject shall be told to seat the mask on the face by moving the head from side-to-side and up and down slowly while taking in a few slow breaths. Another facepiece shall be selected and retested if the test subject fails the user seal check tests.
9. The test shall not be conducted *if there is any hair growth between the skin and the facepiece sealing surface, such as stubble beard growth, beard, mustache or*

sideburns which cross the respirator sealing surface. Any type of apparel which interferes with a satisfactory fit shall be altered or removed.

10. If a test subject exhibits difficulty in breathing during any of the tests, he/she shall be referred to a physician or other licensed health care professional, as appropriate, to determine whether the test subject can wear a respirator while performing his/her duties.
11. If the employee finds the fit of the respirator unacceptable, the test subject shall be given the opportunity to select a different respirator and to be retested.
12. Prior to the commencement of the fit test, the test subject shall be given a description of the fit test and the test subject's responsibilities during the test procedure. The description of the process shall include a description of the test exercises that the subject will be performing. The respirator to be tested shall be worn for at least five minutes before the start of the fit test.

Qualification of Test Administrators: Personnel authorized to administer fit tests shall possess evidence of having completed appropriate training in conducting Respiratory Fit Tests. Such individuals shall be able to prepare test solutions, calibrate equipment and perform tests properly, recognize invalid tests, and ensure that test equipment is in good working order. They shall ensure that test equipment is kept clean and well maintained so as to operate within the parameters for which it was designed.

Selection of Test Type: OSHA Standard 29 CFR 1910.134 references several acceptable protocols for fit testing.

The Quantifit functions by creating and maintaining a negative pressure in the respirator mask. This process lasts eight seconds. Once the adapter valve is closed by pressing the trigger button, sealing the respirator mask, the Quantifit removes air from the respirator mask until the challenge pressure is reached.

At this point, if there isn't a leak, the Quantifit doesn't remove any more air from the respirator mask. If there is a leak, air enters the respirator mask, and the pressure rises. The Quantifit then removes the air from the respirator mask until the challenge pressure returns. This process continues for eight seconds, and then the test ends. The individual under test releases the trigger button and breathes normally.

During the fit test, the Quantifit measures exactly how much air it removed from the respirator mask after reaching the challenge pressure. This measurement is used by the Quantifit to calculate the leak rate.

The Quantifit has two types of protocols: Standard protocols with fixed challenge pressures and modeled breathing rates; and Custom protocols with challenge pressures and modeled breathing rates determined by user defined parameters, including work rate, mask cartridge type, mask size, and subject gender.

Challenge pressure, expressed in hundredths of inches of H₂O, is the maximum partial vacuum created in a correctly fitting mask when the user is working at a typical rate. The modeled breathing rate is the calculated total inspiration for one minute.

The modeled breathing rate (in liters per minute (LPM)) is multiplied by 1000 to provide cubic centimeter. That amount divided by the leak rate (in cubic centimeters per minute (cc/min)) is the fit factor ratio. This is a ratio of the total air inhaled to the contaminated air inhaled.

Documentation: Documentation of Fit Testing shall include at least the following information:

1. Subject Name, Department, and Employee number.
2. Whether or not he/she has received respirator training.
3. Type of fit test performed (i.e. quantitative, qualitative, Irritant Fume or Saccharin).
4. Specific make, model, type and size of respirator tested.
5. Results of fit test (pass/fail, fit factor).
6. Identifying number of assigned respirator (if applicable).
7. Signature of test administrator and date.
8. Signature of test subject and date.

Quantitative Fit Test Protocol

A protocol is a series of quantitative fit tests in various positions or a combination of fit tests and exercises. One quantitative fit test consists of the 8-second-or-less procedure explained above.

In September, 2004, OSHA approved the Redon protocol to be used only with CNP instruments. This five-step protocol performs tests with three different donning to assure that the test subject is proficient at donning a respirator to achieve adequate fit. The test steps measured with this protocol are as follows:

1. Face Forward
2. Bend Over
3. Shake Head
4. Redon Respirator (1)
5. Redon Respirator (2)

It is recommended that the user follow the Redon protocol when testing any air-purifying respirators. When Self-Contained Breathing Apparatus (SCBA) Respirators are used, it is recommended that the SCBA protocol is used. This protocol is identical to the Redon protocol with the one exception that the challenge pressure is increased. The assumption is that while wearing an SCBA, the user will be under more stress, therefore creating a higher breathing rate. The Redon protocol uses a breathing rate of 0.58 H₂O, while the SCBA protocol uses a breathing rate of 1.50 H₂O.

The MIL protocol uses a challenge pressure of 1.0 H₂O. The CSA protocol contains the steps currently required by Canadian Standards Association as of this writing. It is expected that the CSA will soon adopt the Redon protocol recommended by OSHA.

The user may also tailor the protocol to meet his company's needs or may alternatively use the factory preset protocols and test values. But please know that in order to comply with current standards for respirator fit testing, the user must use one of the factory-set five-step protocols.

For additional information on Quantifit Fit Testing, please see the Occupational Health Dynamics "Quantifit User's Manual Respiratory Fit Tester and Software" Manual.

Hydrostatic Testing

Purpose: To provide guidance for personnel who use or fill breathing air cylinders in determining when such cylinders require hydrostatic testing.

Policy: Personnel authorized to use the breathing air compressor and cascade system shall not fill Self Contained Breathing Apparatus (SCBA) cylinders or cascade system storage tanks without ensuring that the vessel's hydrostatic test date is current.

Hydrostatic Test Frequency: Hydrostatic testing shall conform to current DOT, CGA, or OSHA standards.

1. Steel cylinders and carbon fiber composite cylinders shall have a hydrostatic test every five years.
2. Aluminum Wrapped (composite) Cylinders—Composite cylinders shall have a hydrostatic test every three years and shall be retired from use after fifteen years of service.
3. The markings identifying hydrostatic test date(s) shall be completely legible. Any vessel upon which the required hydrostatic test date is not completely legible shall be deemed to require a retest and shall be tagged as "out of service."
4. A vessel exhibiting any form of damage, to either the vessel or the valve/gauge assembly, shall be tagged as out of service and shall be submitted for evaluation, repair and hydrostatic retest.
5. Such damage as evidence of exposure to high heat or flame, e.g., paint turned to a brown or black color, decals charred or missing, gauge lens melted, or elastomeric materials distorted, shall be cause for removing cylinders from service.

TRAINING & EDUCATION

Background: The OSHA Respiratory Protection Standard (29 CFR 1910.134) mandates that annual training be conducted to ensure that personnel maintain a base knowledge of all aspects of respiratory protection.

Policy: Each employee shall have a thorough understanding of the Fire Department's Respiratory Protection Standard. Each employee shall complete annual training on respiratory protection and, more specifically, assigned respirators. Additionally, new employees will receive a thorough training regimen, prior to placing them in any IDLH atmospheres. All training shall include **at least** the following items:

Type of Respirators
How They Function
Selection Criteria
Limitations
PASS Devices
Respiratory Protection Standard
Emergency Operations
Inspection
Donning & Doffing
Seal Check
General Maintenance
Medical

1.Type of Respirators:

- a. Self-Contained Breathing Apparatus (SCBA) – Breathing apparatus are carried on all engines, rescues, towers, squad, and command vehicles. Presently, the Fire Department uses Scott breathing apparatus. These include 45-minute and 60-minute high pressure (~~5500psi~~) (4500) air bottles. The 45-minute bottles are the standard bottle carried in our packs. The 60-minute bottle is utilized by SHOT personnel, primarily for level “A” entries. Each employee is provided with personal masks that are compatible with the airpacks. The Scott high pressure airpack utilizes a positive pressure face piece, mounted breathing regulator, and redundant dual-path pressure-reducing regulator mounted on the back frame. In the event of a primary system failure, the secondary system automatically supplies air. When the secondary system is in operation, the vibralert alarm is actuated to warn the user that the primary system has malfunctioned. All breathing apparatus are positive pressure, meaning the face piece constantly has one to two pounds of internal pressure to keep contaminants from entering in the case of poor face seals. All aspects of the positive pressure SCBA will be thoroughly explained and discussed by the instructor.

- b. Supplied Air Breathing Apparatus (SABA) – ~~Scott and Mine Safety Appliance (MSA)~~ are carried on SHOT apparatus. These breathing apparatus utilize a high-pressure breathing hose that goes from a fixed air source to the regulator. A maximum of 300 feet of this hose may be used, allowing entry into small confined spaces. A ~~40~~ 15-minute escape bottle is also provided in the event the main air source is interrupted. These are highly specialized apparatus and are only utilized by SHOT personnel. All aspects of the SABA will be thoroughly explained and discussed by the instructor.
- c. HEPA filter/adaptor – These filters/adaptors have been assembled and placed on all engines, recues, towers, BC vehicles and squad, including spare apparatus. The filters/adaptors are to be utilized when EMS personnel are working on suspected TB patients and patients with other suspected airborne diseases.

2.Function – Each employee should have a basic understanding of the function of the respirator that he/she is assigned. While each of these devices is designed to provide safe breathing air to the user, the differences in each one are significant.

1. SCBA – SCBA breathing air is compressed into a cylinder that is carried on the user's back. This air is regulated down to a pressure that can be introduced into a mask worn by the user. The air exhaled by the user passes through an exhalation valve on the mask.
2. SABA – SABA compressed breathing air passes through a hoseline to a regulator. The pressure is regulated down to a safe pressure and introduced into the mask of the user. A small compressed air cylinder is worn on the belt of the user. In the event there is a failure in the hoseline or a loss of air in the supply cylinders, the small cylinder on the user's belt can be activated, allowing the user to escape the IDLH atmosphere.
3. HEPA filter – Unlike the SCBA and SABA, the HEPA filter is not an atmosphere-supplying respirator. It serves only as a means to filter out unwanted airborne particles from the user's respiratory system.

3.Selection Criteria – Each employee shall be trained to identify potential IDLH atmospheres. In such cases, selection of an atmosphere-supplying respirator is required prior to entry. In most cases, this will mean use of the SCBA, with the exception of SABA used by SHOT personnel when entering a confined space. In cases of non-IDLH atmospheres, but in which the employee suspects the presence of an airborne particulate hazard, the HEPA filter is to be worn.

4.Limitations – Each type of respirator has its place in employee protection. No type is intended for every situation.

1. SCBA – Although this is an atmosphere-supplying respirator, the amount of air time is limited to the size and pressure of the air cylinder. The added weight and bulkiness of the unit can also limit the employee’s ingress/egress into certain areas.
2. SABA – Also an atmosphere-supplying respirator, the SABA is good for IDLH atmospheres; however, the employee is limited to the length of the airline. **Note: Maximum 300 feet between employee and air supply.**
3. HEPA – This is not an atmosphere-supplying respirator and must not be used in an IDLH atmosphere. The HEPA filter is capable of filtering out particles one micron in size or larger. The HEPA will not protect the employee from particles that are less than one micron in size.

5.Emergency Operations – Each employee must receive training in emergency operations of any respirator that he/she is assigned.

1. SCBA/SABA –
 - A. Loss of air.
 - B. Regulator failure.
 - C. Mask failure.
2. HEPA – No emergency procedures.

6.Inspection and Maintenance – Each employee shall be trained in the proper procedures for inspection and maintenance of any assigned respirator. All inspection and maintenance shall be performed according to the manufacturer’s specification.

7.Donning and Doffing – Each employee shall demonstrate competency in the proper donning and doffing of any assigned respirator. The employee must don the respirator in a time frame that is consistent with the standards established by the Department.

8.Mask Seal Check – Each employee must be trained to properly perform a negative/positive pressure mask seal check prior to entering a contaminated atmosphere. The seal check must be performed as specified by the manufacturer.

9.Failure/defective - Any respiratory protection component that fails to meet standard or intended use during inspection, maintenance, use or has been deemed otherwise defective shall be appropriately tagged and removed from service until such time that evaluation and repair by a factory trained technician has occurred. In the event that the defect or failure occurs during use, the user must leave the “respirator use area” immediately. Only following component evaluation and repair by a trained technician can said component(s) be returned to service. This includes, but is not limited to: SCBA components, SABA components, supplied air carts, breathing air compressors and fill stations.

10. **Maintenance** – Only personnel trained to do so by the manufacturer shall perform maintenance other than general cleaning.

PROGRAM EVALUATION

Background: In accordance with OSHA 1910.134(c) this program is written and administered by trained individuals and shall be periodically evaluated to reflect applicable changes which may impact respirator use as well as the overall effectiveness of the program.

Policy: It shall be the policy of this organization to periodically evaluate and amend this program in an effort to optimize workplace safety and maintain compliance with all applicable standards, rules and laws. Stated evaluations shall include, but are not limited to consideration of the following:

1. Routine evaluation of program effectiveness.
2. Change in equipment.
3. User feedback and consultation to evaluate program and identify issues in accordance with OSHA 1910.134(I)(2).
 - i. Respirator Fit (including the respirator impact on effective job performance).
 - ii. Appropriate respirator selection for the hazards to which the employee is exposed.
 - iii. Proper respirator use under the workplace conditions the firefighter encounters.
 - iv. Proper respirator care and maintenance.
4. Change(s) in standards, rules or laws applicable to the program.

APPENDIX 1 – Technical Rescue

Background: The two disciplines of technical rescue where hazardous IDLH atmospheres are most likely to be encountered are at confined space incidents and trench rescue emergencies. For the purpose of this standard, a trench shall be considered as a confined space. Hazardous atmospheres encountered at confined space emergencies could include toxic gases such as hydrogen sulfide or carbon monoxide, flammable vapors from either gases or volatile petroleum liquids, or oxygen-deficient atmospheres. Any or all three of the conditions may coexist at an incident.

Confined space emergencies pose an extraordinary risk to emergency response personnel. These spaces can be very deceiving to rescue personnel, in that there may be no visible threat at all, but the hidden danger is an IDLH atmosphere that overcomes the rescuer before he is able to escape the space. Often, these incidents result in multiple deaths. Operating procedures for confined space rescues may be found in our Incident Management System manual.

Technical Rescue Procedure:

1. Personnel shall not enter a confined space prior to atmospheric monitoring being conducted. This applies to all situations, including emergencies, routine entries, and training. **No Exceptions!**
2. Ventilation of the space shall be conducted prior and during all entry operations. **Rapid ventilation is a priority.**
3. Once air quality monitoring has been conducted using proper techniques, trained personnel utilizing appropriate personal protective equipment may make entry.
4. A Rapid Intervention Team (RIT) shall be in place and prepared for operation prior to a confined space entry. **NOTE:** Extreme caution shall be used when activating RIT when rescuers are overcome at a confined space incident.
5. All entries into confined spaces shall be evaluated, conducted, and/or supervised by Special Hazards & Operations Team personnel in coordination with Command Staff.

Rescue Entry: This type of entry may be made at an emergency incident after the Incident Commander has determined that a Rescue Entry is feasible and the victims are viable. This entry shall be made in a rescue mode, with appropriate resources on scene. Only previously-trained confined space/trench rescue personnel **shall** be utilized on the entry and rapid intervention teams. Atmospheric monitoring for this type of entry shall include the following areas and permissible limits. The entry **shall not** occur until the atmosphere is within the limits and **shall** be immediately terminated if the limits are exceeded during the entry.

Oxygen	NO ENTRY IF	Greater than 23%
Flammable Level	NO ENTRY IF	Greater than 10% LEL
CO		No Limit
H ₂ S		No Limit
PID (Optional)		No Limit

Recovery Entry: This type of entry may be made at an emergency incident after the Incident Commander has determined that a Rescue Entry is not feasible or would not be productive. This entry shall be for the purpose of retrieving any deceased victims, with an emphasis on safe operations and preservation of evidence. Only previously-trained confined space/trench rescue personnel shall be utilized on the entry and rapid intervention teams. Atmospheric monitoring for this type of entry shall include the following areas and permissible limits. The entry **shall not** occur until the atmosphere is within the limits and **shall** be immediately terminated if the limits are exceeded during the entry.

Oxygen	ENTRY ONLY IF	>19.5 or <23%
Flammable Level	ENTRY ONLY IF	< 10% LEL
CO	ENTRY ONLY IF	< 200 PPM
H ₂ S	ENTRY ONLY IF	< 15 PPM
PID	ENTRY ONLY IF	< 200 PPM*

* Unless specific identification of contaminant indicates otherwise.

Routine and Training Entry: Entry into a trench or confined space for the purpose of training or equipment maintenance shall be in accordance with the Seminole County Safety Plan. Atmospheric monitoring for this type of entry shall include the following areas and permissible limits. The entry shall not occur until the atmosphere is within the limits and shall be immediately terminated if the limits are exceeded during the entry.

Oxygen	ENTRY ONLY IF	20.9 % ± 0.2
Flammable Level	ENTRY ONLY IF	00.0 %
CO	ENTRY ONLY IF	0 PPM
H ₂ S	ENTRY ONLY IF	0 PPM
PID	ENTRY ONLY IF	< 5 PPM

Monitoring Strategy: Appropriate atmospheric monitoring equipment for confined space and trench rescue entries is carried and maintained by the Special Hazards & Operations Team. Only regularly calibrated, properly functioning monitoring devices shall be used for these operations. Unless there is evidence to suggest a corrosive and/or radioactive atmosphere may be present, pH and radioactive monitoring is not necessary. Only personnel that are properly trained and thoroughly familiar with the equipment shall be used to operate the devices. The following guidelines provide an operational basis for the atmospheric monitoring team for confined space and trench rescue entries.

1. Monitoring equipment should be activated and warmed up in a clean atmosphere and preliminary checks will be conducted in accordance with manufacturer recommendations.
2. The monitoring crew should approach the space/trench only after the officer in charge has deemed the approach area safe from physical hazards.
3. The initial monitor of choice for the approach and external monitoring is a combination flammable/oxygen/toxic meter that has a general sensing mode. The space should be approached with the instrument in the general sensing mode and sampling done within three feet of the ground. Any dramatic increase in the general sensing readings could be an indication of a toxic and/or flammable gas.
4. A below-grade confined space or trench should first be monitored from an exterior vantage point by using a meter with a pump and an extension hose. Additionally, ensure that the downwind side is monitored. After general sensing approach has been conducted, initial monitoring should be conducted in the upper areas of the space. Successive sampling should be obtained at the mid-point and at the bottom. Care should be taken to ensure there is adequate time

for the sample to reach the instrument via the pump and that no water is drawn into the instrument from the bottom of the space.

5. The initial component of the atmosphere to examine is the oxygen level. Most meters will monitor oxygen simultaneously with flammable levels and specific toxins. The second component to monitor is the flammability. It is important to note that an oxygen-deficient atmosphere will affect the accuracy of flammability readings. The third component to examine is specific toxic gases that may be present.
6. At least one entry person shall be outfitted with a meter that monitors for flammability, oxygen, carbon monoxide, and hydrogen sulfide. Monitoring shall be conducted continuously during entry/rescue operations. External monitoring of the space will also be conducted continuously as the configuration of the entry point permits. Appropriate actions shall be taken if the previously listed thresholds are exceeded.

APPENDIX 2 – Hazardous Materials

Background: Atmospheric monitoring at a hazardous materials emergency is a hazmat technician-level function. First responder-level personnel should identify potential hazards, take appropriate personal protective actions, to include SCBA and structural firefighting gear, isolate the area, and request technician-level assistance (SHOT). As a matter of practice, first responders should attempt to remain upwind and uphill from the incident. Atmospheres at hazardous materials may be flammable, oxygen deficient, toxic, corrosive, and/or radioactive. Typically, the identity and hazards of a material(s) at an emergency can be classified as known or unknown. Monitoring strategies will differ, depending on the properties of the known material(s) present. The monitoring strategy for an unknown material(s) is methodical and covers the spectrum of hazards that may be present.

Hazardous Materials Procedure: SHOT personnel shall conduct atmospheric monitoring at unknown incidents and at incidents where a known material(s) may enter the atmosphere, causing it to become flammable, toxic, oxygen-deficient, radioactive, and/or corrosive. The extent, frequency and type of monitoring conducted may vary based upon many conditions. However, the following will serve as a general guidance for atmospheric monitoring activities at hazmat emergencies. At any time a crew enters the hot zone, a 2 Out will be established.

Known Hazards

Many hazmat emergencies involve responses to known materials with very familiar hazards. Most common are emergencies involving flammable materials such as gasoline, natural gas, and propane, or toxic substances such as chlorine. Monitoring strategies for known material(s) emergencies should be tailored to the specific hazards present.

Corrosive atmospheres can be monitored utilizing pH paper that has been moistened with water. The damp paper should be held with a clamp or hemostat and should be slowly waved in the areas where you would expect to find the corrosive atmosphere. Care should be taken to keep from immersing the paper in any liquids. Monitoring personnel shall wear an appropriate level of PPE that provides respiratory and dermal protection. Adhesive pH paper may also be worn on PPE. Visible corrosive vapors indicate a need for gas-tight, fully encapsulating PPE. The HazMat Group will determine the proper level of protection for entry personnel.

Radioactive atmospheres can be monitored utilizing alpha/beta/gamma/neutron survey instruments. Personnel who are actively monitoring or working in a known radioactive environment shall wear SCBA and structural protective clothing. Gamma radiation pagers may be deployed as needed. Personnel will carry a personal radioactive dosimeter on the exterior of their clothing whenever operating in a known radioactive environment. The action threshold for radioactive monitoring is 2mR/hr. Isolation zones should be established for areas above this level. Be aware that this level may be below the safe background level emitted from properly operating radioactive sources, such as soil density instruments.

Flammable atmospheres can be monitored with the 4-gas monitors carried on the SHOT units. Operating personnel should be thoroughly familiar with the limitations and nuances of these instruments. Personnel must ensure that adjustments have been made to correlate correctly for the flammable vapor present (if the substance has been positively identified). Care should be taken to ensure the instrument is not exposed to high flammable concentrations, as this can damage the sensor. The action level for flammable atmospheres is 10% of the lower explosive limit.

Oxygen monitoring will be conducted simultaneously with the flammable monitoring. Oxygen-deficient atmospheres will negatively affect the accuracy of flammable monitoring. Additionally, an oxygen-deficient atmosphere is an indication of some other, possibly toxic, contaminant present. Generally, an oxygen-deficient atmosphere will only be encountered in confined spaces. Oxygen-enriched atmospheres are rarely encountered. Typically, these will only be found at incidents involving compressed or cryogenic oxygen. Care should be taken at these incidents as the flammability of most combustible materials is increased dramatically. Threshold limits for oxygen are levels below 19.5% or above 23% by volume.

Toxic atmospheres may be tested by several monitoring devices used by the Special Hazards & Operations Team. These include chemical specific electrochemical detectors, colorimetric tubes and organic vapor analyzers. SHOT also carries a wide array of advanced detection, monitoring, and chemical identification devices for chemical agents, biological agents, radiological isotopes, and toxic industrial materials. These include GC/MS, FTIR, Raman Spectroscopy, Gamma Spectroscopy, Immunoassay, Microscopy, and PCR, amongst others. The type of device(s) used will be dictated by the circumstances

surrounding the individual incident. Personnel should be thoroughly familiar with the operating principles and limitations of the monitoring equipment used. Appropriate PPE, to include SCBA and dermal protections, shall be used as necessary. Action levels will vary, depending on the material present. Reference materials such as TOMES, NIOSH pocket guide, and MSDS shall be utilized to determine unsafe conditions. Typically, the Short Term Exposure Limit (STEL) and/or IDLH levels are good action indicators for hazmat emergency personnel.

Unknown Hazards

Many hazmat incidents involve response to unknown chemical releases. These include solids, liquids, and gases. As a general rule, gases pose the most serious risk in terms of hazardous atmospheres. Gases are followed by liquids in terms of potential hazard. Every effort should be taken to identify the material(s) present, prior to entering a potentially hazardous atmosphere. If the material can be classified into a specific category, such as a solvent, then a monitoring strategy can be tailored to the likely hazards that may be present.

The strategy for monitoring unknown atmospheres is similar to known atmospheres in that the same equipment is utilized. However, with unknown atmospheres, personnel must monitor all areas. These atmospheres include corrosive, radioactive, flammable, oxygen, and toxic. This monitoring should be conducted simultaneously for corrosive, radioactive, flammable, oxygen, and organic vapors. Specific toxic monitoring may be conducted subsequent to the initial survey. Monitoring personnel should remember that a corrosive atmosphere may quickly damage the other instruments and render them inoperative. Again, personnel should be thoroughly familiar with the operating principles and limitations of each instrument used. Generally, personnel monitoring an unknown hazardous atmosphere should exercise a high level of caution and utilize full personal protective equipment. The HazMat Group will determine the proper level of protection for entry personnel.

Calibration and Maintenance

There are several specific personnel on the Special Hazards & Operations Team charged with the responsibility of periodic calibration and maintenance of all monitoring equipment. As a general rule, the instruments shall be fully field-calibrated on a monthly basis. More frequent calibration may be needed as identified by the responsible calibration personnel. Additionally, instruments will be recalibrated after extended use or if the instrument's calibration is in question by operating personnel. **Only SHOT authorized personnel or factory authorized representatives will conduct routine calibration and instrument maintenance.**



Title: Personal Protective Equipment

Controller: Administration

Origination Date: 3/93

Revision Date: 7/26/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", written over a horizontal line.

Effective Date: 8/3/2023

Purpose

To establish guidelines for the proper issue, wear, use and care of Fire Department protective clothing and protective equipment.

History

It is the policy of the Seminole County Fire Department to provide its members with protective clothing and equipment to safeguard them from injury when involved in fire department activity. The protective clothing and equipment shall be appropriate for the various activities and services the fire department members may provide.

Procedure

4016.01 Standard Issue Protective Equipment

1. Helmet
 - a. Shall be regulation issue and approved color based on rank.
 - b. Helmets shall be kept clean and frequently inspected for cracks, broken suspension, etc.
 - c. The helmet will be worn square on the head with chinstrap in place at all times at any hazardous environments, situations requiring protective headgear or where otherwise required by a supervisor.
 - i. Flip-down eye shields (Bourke's) and goggles must be of approved style and worn in accordance with the manufacturer's specifications.
 - ii. Helmets equipped with the Bourke eye shields will require goggles to be worn in conjunction with the shields to provide proper eye protection during hazardous operations.
 - iii. For helmets equipped with internal drop-down eye protection personnel will wear that feature in conjunction with the Bourke eye shields in lieu of goggles.
 - d. No objects of any sort shall be authorized to be carried in the helmet between the suspension liner and shell.
 - e. Helmets or customized shields issued to ten-year employees must be maintained in accordance with Department and manufacturer standards.
 - f. Helmet markings (i.e., reflective decals) originally provided by the manufacturer shall remain affixed and in good repair to meet safety standards.

Helmet accessories and markings may be additionally customized over and above the manufacturer's specifications based on the following criteria:

- i. Paramedics shall have Star of Life decal on helmet sides.
 - ii. SHOT members shall have the SHOT decal on helmet sides.
 - iii. Additional decals may be affixed only with specific approval of the Fire Chief (i.e., approved memorial sticker).
 - iv. Lettering consisting of name (or nickname) permitted on back of helmet.
- g. Helmet mounted flashlights (approved type) are permitted as long as these are installed and used following manufacturer's recommendations.
- h. Department approved helmet color scheme **SHALL NOT** be altered in any manner.
- i. Helmets requiring repair or repainting shall be coordinated through Logistics to ensure integrity and that paint specifications meet or exceed current safety standards.
2. Structural Bunker Coat
- a. Shall be regulation issue and approved color, clean, and in good repair.
 - b. It shall be worn fully fastened during work or at emergency incidents with all snaps or zipper fastened and the liner intact. When engaged in hazardous work, the collar shall be up around the neck and properly fastened. Sleeves fully extended. Coat tails should be out and below the waist.
 - c. On emergency scenes the bunker coat should only be removed or unfastened with the permission of supervisors during minimum risk operations.
3. Protective Hood
- a. Shall be regulation issue, clean and in good repair; they shall be worn over the head affixed in a manner to cover the outer circumference of the SCBA mask lens to ensure there is no exposed skin anytime breathing apparatus is also used.
 - b. Hood shall be worn fully covering head and shoulders under helmet and coat.
4. Structural Bunker Pants and Suspenders
- a. Shall be of regulation issue, maintained clean and in good repair.
 - b. They shall be worn and fully fastened during work at emergency incidents with all snaps or zipper-fastened, and the liner intact. Pant legs shall be fully extended and must be worn over the protective footwear.
 - c. Suspenders shall be worn over the shoulders as designed at all times when wearing the protective structural bunker pants.
5. Protective Footwear
- a. Shall be regulation issue, clean, and in good repair; to be worn underneath pant (Bunker or Brush) legs.

6. Protective Gloves

- a. Shall be regulation issue, clean, and in good repair.
- b. They shall be worn whenever work is being done that would expose the hands to injury.
- c. Gloves are worn fully extended to cover entire hands, with gauntlet inside of coat sleeve. If the coat sleeve (new style gear) has a thumb gauntlet, the thumb should be inserted appropriately into the gauntlet and the glove worn over the top of the thumb gauntlet.

7. Hearing protection should be worn, when practical, while operating gas-powered tools or when the wearer may be subjected to loud or continuous noise.

7. SCBA Mask

- d. Shall be regulation issue, clean and in good repair.
- e. SCBA mask shall be worn in accordance with manufacturer's specifications, acceptable standards and per training guidelines.
 - i. All personnel will undergo an annual face mask "fit test" to ensure proper fit and performance of issued mask in accordance with the *Respiratory Protections Standard OPS Bulletin #4015*.
 - ii. It is the responsibility of each member to maintain his or her SCBA mask in clean and serviceable condition.

8. Helmet Rank Identification

- a. Helmet colors are used to identify the rank of the individual using the combat uniform.
 - i. Firefighter – yellow helmet of approved design. Tenured firefighters with 10 years or more in the department are authorized to wear an issued black leather style helmet.
 - ii. Lieutenant – red helmet of approved design. Tenured lieutenants with 10 years of more in the department are authorized to wear an issued red leather helmet.
 - iii. Chief Officers – white helmet of approved design. Chief Officers may choose to wear either a standard or leather helmet of approved design white in color.

4016.02 Standard Issue Brush Equipment

1. Helmet and Goggles

- a. Shall be regulation issue and approved color based on rank.
 - i. Helmet color shall be in accordance with 4016.01 (8) *Helmet Rank Identification* above.
- b. Goggles shall be of approved design.
- c. Items shall be kept clean and frequently inspected for cracks, broken suspension, damaged ear flap, etc.

2. Brush Coat
 - a. Shall be regulation issue and approved color, clean and in good repair.
 - b. It shall be worn fully fastened during work or at emergency incidents using all snaps or buttons.
 - c. The brush coat is designed for wildland or brush fire operations and never intended for structural firefighting or auto extrication operations.
3. Brush Pants
 - a. Shall be regulation issue and approved color, clean and in good repair.
 - b. It shall be worn fully fastened during work or at emergency incidents using all snaps or buttons.
 - c. The brush pants are designed for wildland or brush fire operations and never intended for structural firefighting or auto extrication operations.
4. Footwear
 - a. Personnel shall use only department approved and issued protective footwear with wildland ensemble.
5. Brush Emergency Gear
 - a. Consist of a regulation issue web belt, emergency fire shelter and hot shield mask and carrying case.
 - b. These items must be in good repair. Damaged items shall be replaced as quickly as possible.
 - c. Personnel SHALL NOT enter active wildland or brush fire zones unless equipped with this gear.
6. Ensembles dual certified in NFPA 1951 and NFPA 1977 (Fire-Dex TecGen51 gear)
 - a. Shall be regulation issue and approved color, clean and in good repair.
 - b. TecGen51 coat and TecGen51 pants are not to be worn for any kind of structural firefighting or when there is known or probable IDLH environments in which airpacks are required.
 - c. TecGen51 coat and TecGen51 pants are ONLY to be worn during technical rescues or brush responses.

4016.03 Wearing of Protective Clothing/Equipment

1. All personnel are issued two sets of protective gear. The newest set will be the primary set and should be in-service unless being cleaned or repaired.
 - a. This rotation will continue each time the employee receives new gear; the oldest set will always be the secondary set. Any additional gear items above the authorized quantities shall be turned into the warehouse.
2. Fire Department personnel are expected to operate with the philosophy that their protective clothing is designed for protection from unexpected dangers.
 - a. Unexpected dangers, by definition, cannot be planned for.
 - b. The more the protective clothing is utilized, the more protection is afforded.
3. Company officers will be responsible to ensure that appropriate protective clothing and other safety items are worn for the situation at hand.

- a. The officer in charge of operations shall be the only person who may relieve personnel from wearing full protective clothing, but only if members are in a designated safe area and away from operational activities.
4. When responding to emergency situations, excluding routine EMS calls, all personnel on the apparatus shall wear full protective clothing with helmets optional. Wearing of bunker coats and/or pants on apparatus shall be optional for drivers, but shall be worn upon arrival at the emergency scene.
5. During training activities protective clothing levels shall be the same level that would be required at an actual incident.
6. The wearing of protective gloves shall be mandatory when working with tools and equipment with sharp edges or points, rope, hose, and air or generator powered tools.
7. During forcible entry operations on vehicles and ventilation of structures, approved eye protection shall be worn in addition to full protective clothing. In addition, approved eye protection shall be worn while using station grinders, blowers, or other equipment that may cause airborne debris. Ear protection (supplied to each station) should also be worn when using this equipment around the station.
8. Any defects in protective gear, regardless of how minor, should be reported to the employee's immediate supervisor as soon as possible, at which time measures will be taken for repair or replacement through the logistics warehouse (normal operating hours), or Assistant Chief, or their designee (after hours).
 - a. Once protective clothing is removed from service, its use for emergency operations shall be prohibited.
9. Protective firefighting gear, when issued, should be kept in the possession of the employee except where adequate locker storage is provided. The employee may be responsible for full replacement costs of their protective clothing that is lost, stolen, or intentionally damaged or altered.
10. Protective firefighting gear issued by the County shall only be used by the employee while in the performance of their official duties or scope of employment.
11. All issued protective firefighting gear shall be brought to each operational assignment the employee is assigned.
12. Special protective clothing may be provided on various apparatus and shall be governed by specific standard operating procedure manuals (Special Hazards and Operations Team).
13. Once protective clothing is removed from service, its use for emergency operations shall be prohibited.
14. Personal Protective Equipment shall not be washed in a regular washer at home or the station.
 - a. The water temperature and/or detergents used could damage the PPE materials.
 - b. Use of these machines may result in spreading of contaminants from the PPE to the machine and onto subsequent items washed.

15. All protective firefighting gear should be cleaned in strict accordance with manufacturer's care and cleaning instructions, performed by the department's logistics personnel or third-party vendor. Damage which results from failure to follow these instructions may subject the employee to full replacement or repair costs.
16. Special cleaning shall be performed prior to reuse when protective clothing requires Hazardous Materials or biohazard decontamination. This cleaning will be coordinated through the logistics warehouse.
17. Because of the possibility that fire suppression gear may become contaminated by products inherently involved with fire or rescue scenes, fire suppression gear should not be placed in sleeping quarters or worn in fire station living areas. For this same reason and when possible, fire suppression gear should not be worn into residential spaces on non-fire related incidents.

4016.04 Brush Gear Use Guidelines

1. In wildland/urban-interface situations the recommended choice of protective equipment consists of full structural ensemble including bunker pants, bunker coat, helmet, hood, gloves, footwear and emergency equipment consisting of the web belt, emergency shelter and hot shield. Personnel must have their brush gear available. The officer in charge has the discretion to allow the use of brush gear with issued protective footwear in lieu of structural ensemble based on incident conditions.
2. In the event that a wall of fire is approaching a defensible structure, the minimum complement will include full structural bunker gear.
3. Brush Fire Mop Up - The minimum acceptable personal protection for mop-up shall include hand, head and eye protection.
4. Special Operations – *Tec-Gen 51* maybe worn in the absence of an atmosphere classified as, or likely to become, an IDLH environment in which SCBA wear and use is required. A Battalion Chief may approve brush gear for specialty rescues on a case-by-case basis.
5. Green Forestry pants and Forestry shirt will only be approved for designated Burn Team members.
6. The use of full protective clothing for combating brush/grassland fires may be suspended at the option of the field supervisor when the potential for heat exhaustion/stroke is greater than the potential for injury from fire exposure.

4016.05 Contaminated Fire Suppression Gear

1. Contaminated protective gear will be placed in double-bagged, impermeable red plastic bags with a visible biological hazard symbol.
 - a. A label will be placed on the bag containing the following information:

- i. Approximate amount, location and type (if known) of the contaminant.
 - ii. Name, station, and shift of the personnel.
- b. The contaminated items will be taken to the warehouse and turned in to Logistics. The employee will utilize their 2nd set of gear until the primary set is cleaned and returned.
- c. Logistics will ensure that the gear is decontaminated according to manufactures guidelines.
- d. Under no circumstances will kitchens, bathrooms, or living areas be used for decontamination of fire suppression gear.

4016.06 Annual Advanced Cleaning and Advanced Inspection of Gear

1. Every set of structural bunker gear (coat and pants) shall have an Advanced Cleaning semiannually and an Advanced Inspection annually.
2. It will be the responsibility of the individual to ensure that the structural bunker gear gets to the appropriate/pre-designated location in a timely manner as requested by the person coordinating the cleaning and inspection.



Title: Apparatus or Equipment Malfunction Report

Controller: Planning/Resource Manager

Origination Date: March 13, 2015

Revision Date: 2/5/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

This Operations Bulletin establishes a procedure to report instances where apparatus or equipment malfunctions during operations which would prevent a timely response to emergency incidents.

History

Emergency incident responses require reliable apparatus and equipment that are ready to respond at all times. Inevitably, there are times where apparatus and/or equipment malfunctions impeding the timely response of personnel to calls for service. This policy defines the process for personnel to report and document instances where apparatus or equipment fail causing a delay or failure in response, or in any way affect the timely delivery of emergency services.

Procedure

4017.01 Definitions

- A. Vehicle Malfunction or Failure: Any condition or event where response apparatus had any type of mechanical or warning device failure that delayed or prevented the response of said apparatus to a call for service.
- B. Equipment Malfunction or Failure: Any condition or event where a piece of emergency equipment malfunctions or fails to operate as designed during an emergency incident.
- C. Assigned Unit Number: Is the actual number permanently assigned to the unit.
 - i. For example: a spare rescue would be assigned "R03"
 - ii. A front run engine is designated by their assignment (e.g. E42 would be listed as such).
- D. Unit Operating As: Defined as the assignment a unit had when the incident occurred.
 - i. For example: R03 working as R27 – this field would be completed as R27.
 - ii. R27 has a malfunction – this field would still be completed as R27.

4017.02 Apparatus or Equipment Malfunction or Failure Reporting:

- A. All personnel are required to report all incidents where apparatus or equipment malfunctioned or failed in a way that delayed or prevented the timely response to emergency incidents, calls for service or resulted in an inability to provide timely emergency services.

- B. After the incident has been mitigated or completed, the crew involved in the event will complete the Adverse Event or Apparatus Breakdown Form located on SharePoint according to the instructions on the form.
 - i. It is imperative that the “assigned unit number” and “unit operating as” fields are accurately completed. This helps in capturing accurate malfunction data to individual units while on assignment.

4017.03 Apparatus or Equipment Disposition/Replacement:

- A. Apparatus or equipment malfunctioning will be removed from service immediately.

- B. Personnel will notify the communications center and the respective Battalion Chief immediately of the malfunction or failure.
 - i. If the apparatus malfunction occurs during response, the communications center shall dispatch the next closest and most appropriate unit to replace the initial unit.
 - ii. If the malfunction or failure involves a piece of equipment, the officer in charge will assess the need for a replacement piece of equipment and request as needed additional units outfitted with the needed piece of equipment to mitigate the incident.

- C. Malfunctions involving apparatus will require the evaluation of the fleet services contractor.
 - i. Depending on the type of malfunction or problem, fleet services will determine and advise the type of response for repairs and coordinate the return of the malfunctioning apparatus to the fleet facility for service.
 - ii. Personnel shall coordinate with the respective Battalion Chief, Fleet Manager and tanker operator on duty to secure a spare apparatus to switch into.

- D. Malfunctions involving equipment – the piece of equipment shall be placed out of service and tagged for repairs.

- i. Personnel shall coordinate obtaining a replacement piece of equipment from Logistics and tanker operators.

4017.04 Returning Apparatus or Equipment to Service:

A. After apparatus repairs are completed by the fleet services contractor, the apparatus shall be inspected by the fleet manager to confirm the apparatus is ready to be placed in service.

- i. The fleet manager will notify the respective Battalion Chief the unit is ready for pick up.
- ii. The Battalion Chief will coordinate the switching of the unit.
- iii. After personnel change back to the original apparatus, they will make sure the spare unit condition is clean, fueled and ready for reissue.

1. Tanker operators will inspect the unit being returned to make sure the unit is serviced and the assigned inventory is accurate.

2. Tanker operators have the authority to refuse a truck being turned in if it is not in serviceable, clean condition and require the crew to clean/service the truck prior to acceptance.

B. After a piece of equipment is repaired or serviced, the fleet manager or tanker operator will coordinate the return of the equipment to the assigned unit.

- i. If a spare piece of equipment was issued while the primary equipment was serviced, the fleet manager or tanker operator is responsible to retrieve the loaner equipment and make sure it is in serviceable condition.

4017.05 Documentation:

A. All repairs or service performed on apparatus or equipment shall be documented on the Adverse Event or Apparatus Breakdown Form in the appropriate follow up section within SharePoint-

- i. Fleet services contractor will enter the findings and repairs performed in this section.
- ii. The Planning/Resource Management Assistant Chief will review these forms and add any other pertinent information or comments prior to closing the Malfunction Report.



Title: Maintenance and Replacement for Firefighting Nozzles

Controller: Operations

Origination Date: 4/91

Revision Date: 2/5/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To establish a procedure for repair and/or replacement of all nozzles used in the field.

History

The Department currently uses a variety of nozzles in the field, Akron Assault fog nozzles, small booster line fog nozzles, and smooth bore nozzles.

Procedure

With all fog nozzles, an inspection of operation and a simple flushing with clean water is all that is required by field personnel. This will clear out debris and ensure the nozzle is operating as designed. In the event a nozzle is found to have a problem that requires more detailed repair, it should be brought to the warehouse for exchange. No lubrication is required in the field. Lubricants used in the stations, such as WD-40 and silicone spray should not be used. These lubricants will hold sand and grit. An inspection of nozzles should be done during the truck's weekly maintenance. Smooth bore nozzles require no maintenance, however, if any damage is noted the nozzle should be brought in for inspection.



Title: Vehicle Management

Controller: Administration

Origination Date: 6/88

Revision Date: 7/12/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 8/2/2023

Purpose

To establish standards for Seminole County Fire Department personnel to properly manage and operate departmental vehicles.

Procedure

Responsibility for County Vehicles:

1. The users or custodians of any County vehicle shall be responsible for the care, maintenance and proper use of that vehicle.
2. Personnel shall promptly report any loss, damage or unserviceability of any County vehicle assigned to them or under their control to their immediate supervisor.
3. Personnel shall ensure that all County vehicles are used for the business of the County. Limited personal use of staff vehicles is allowed (example: lunch breaks), when it is advantageous to the County.
4. No personnel shall operate a Department vehicle unless he/she has a valid Florida Driver's License of the appropriate classification and the approval of the proper supervisor.
5. Department vehicles shall be maintained with fuel tanks at least ½ full. Emergency vehicles shall maintain at least 5/8 full. Vehicles shall not be fueled indoors or within 50 feet of an open flame.
6. Members shall not use a departmental vehicle to push or tow any other vehicle, nor shall they allow their vehicle to be pushed or towed except by a County vehicle provided by the County for that purpose. Winches on staff vehicles may be used for pulling, when deemed necessary.
7. Drivers will not operate unsafe vehicles or vehicles that will be damaged in operation due to lack of needed repair. The various supervisors have the responsibility to ensure that their personnel do not operate unsafe vehicles.

Vehicle Checks/Preventative Maintenance:

1. All departmental vehicles shall be visually inspected daily to ensure that the vehicle is in safe condition for operation.
2. The supervisors whose vehicles are scheduled for preventative maintenance checks shall ensure that the vehicle is made available for this check or shall reschedule the PM as soon as possible.
3. The operators of departmental vehicles shall ensure that the interior and exterior of the vehicle is maintained reasonably clean.
4. All departmental vehicles shall be equipped with a fire extinguisher, first aid kit, road warning devices and a flashlight. Fire extinguishers, first aid kits, road flares,

- jacks, spare tires and other similar safety equipment shall be inspected for serviceability at least monthly by the assigned operator of the vehicle.
5. The vehicle's WEX card, fuel card, county insurance card, fleet emergency contact card, vehicle registration, and any other important vehicle information shall be placed in a 3-ring binder pouch,, "clipboard", or other known and easily accessible compartment

Operation:

1. The operators of County vehicles shall use due care in their operation, obeying all posted speed limits and traffic regulations (Refer to IMS manual section 5.11 for emergency/non-emergency response procedures). Courtesy shall be extended to other motorists at all times.

Vehicle Accident Procedures:

1. When a department vehicle is not responding to an alarm and is involved in an accident causing personal injury, major or minor damage or hazards, the driver shall immediately stop and render whatever aid is appropriate.
2. Communications shall be notified of the unit designation, exact location of the accident and assistance needed and shall notify the appropriate supervisors.
3. If the accident involves a responding emergency vehicle, the responders shall stop and assess the severity, resource needs, and determine the need to stay or continue to the originally dispatched alarm. Communications shall immediately be notified and shall dispatch units to replace the out-of-service unit or send them to the accident.
4. A vehicle accident packet is located in the glove boxes of most vehicles.
5. Communications shall notify the jurisdictional law enforcement agency and request they respond to investigate all accidents involving Department vehicles that result in damage to private property. Personnel will request that the responding law enforcement agency complete and provide copies of, or access to, the appropriate accident reports.
6. Observe all aspects of the scene. Do not argue with anyone. Be able to identify the other driver(s) and passengers. Observe other parties for extent of injuries.
7. Per Seminole County Manager Policies, do not volunteer any information to anyone. Only discuss the facts with law enforcement. Do not discuss this accident with any insurance adjuster or investigator except the Seminole County Insurance Adjuster.
8. The County Safety Officer shall be notified as soon as possible of all accidents involving Department vehicles. The Communications Center may assist with this.
9. When able, complete the Seminole County Accident/Incident Loss report, Workers Compensation forms, and Supervisor's Investigative Report if needed, and submit to your supervisor within 24 hours.
10. All reports required by the County Safety Officer and Insurance Office shall be completed. These reports are to be submitted to the Fire Chief's office within one (1) workday of the incident. Whenever possible, the names, addresses and witness statements are to be secured.

11. FHP will conduct accident investigations whenever possible.
12. See Operations Bulletin 1018 for information on Vehicle Accident Review Board (VARB) procedures.

Vehicle Acquisition and Replacement:

1. The purchase of new or replacement of all Fire Department vehicles and apparatus will be based on a number of factors and best practices, including but not limited to: budgetary considerations, adherence to the adopted and comprehensive vehicle replacement schedule, vehicle serviceability (vehicles currently in-service), vehicle availability (vehicles eligible for replacement), purchasing rules and regulations, industry best practices, safety/technological advancements, operational needs/enhancements, Seminole County Fleet/vendor recommendations, etc.
2. The purchase, design and specification of new or replacement vehicles and apparatus will be accomplished by a work group established by the Fire Chief (or designee). The work group will consist of up to five members from a cross section of personnel who will solicit input from various members within the respective divisions of the Department. Where necessary, and as designated by the scope of the project, the work group may recommend the establishment of a larger group, referred to as the vehicle specification committee. The vehicle specification committee membership will consist of diverse representation and in consideration of, at a minimum, representatives of operations, administration, maintenance, vendor, and end-user(s).



Title: Apparatus Inspection & Maintenance

Controller: Operations

Origination Date: 11/87

Revision Date: 7/2023

Approved by: _____

Effective Date: 8/14/2023

Purpose

To establish guidelines for the inspection and maintenance of emergency response vehicles.

History

Daily and weekly vehicle checks are essential to ensure that:

1. Vehicles are safe for operation.
2. Vehicles and equipment are not damaged due to operations or are in need of service or repairs.
3. Tools, equipment, and apparatus are response ready for “all hazards” incidents.
4. Equipment placements on vehicles are consistent for all vehicle types.
5. All assigned equipment is accounted for.

Procedure

1. Daily Vehicle Check

- a. It is the responsibility of each apparatus assigned driver/operator and the assigned station Lieutenant to ensure that the daily vehicle check is completed in the PSTRax Apparatus Module and deficiencies are noted, reported and mitigated in a timely manner.
- b. Vehicle check shall be started promptly at shift change, daily, and will be focused on until complete. Deficiencies and/or missing equipment found prior to 12:00 PM (Noon) will be held accountable to the previously assigned driver/operator. After 12:00 PM (Noon) the current driver / operator shall assume accountability. Exceptions to this shall be in the event alarm / activity load has prevented a thorough inspection prior to 12:00 pm or there is evidence that clearly points to the previous driver / operator as the responsible party.
- c. Run-up of pumps, small engines, positive pressure ventilation (PPV) fans, and equipment will follow the “Apparatus and Vehicle Maintenance Guidelines” available on the forms section of the Fire Department SharePoint Page.
- d. Each employee shall complete the Daily Air Pack check list located in the SCBA Module in PSTRax under their own login credentials.
- e. A complete vehicle check shall be performed anytime a vehicle is changed out.
- f. Ensure that the WEX card, insurance card, and vehicle registration are located in the white three ring binder located in the cab section of the apparatus/vehicle.
- g. Inspect the inventory of all tools and equipment for shortages, damage, and operating condition.

- h. Visually check the condition of all pre-connected hose loads, nozzles, supply hose, life support equipment, and rope.
- i. Start all small engines, check operation and run for at least five (5) minutes.
- j. Make ready any equipment that may have been used by the off-going crew.
- k. Apparatus and equipment shall be washed and cleaned as needed in addition to the weekly schedule.

2. Weekly Vehicle Check

- a. Lieutenants are ultimately responsible to assure that assigned operators complete the weekly vehicle check located in the PSTRax Apparatus Module including the prompt reporting of deficiencies. Station Lieutenants will have oversight of this process maintaining accountability for the weekly vehicle check process.
- b. Weekly vehicle check and equipment detail will follow the “Apparatus and Vehicle Maintenance Guidelines” available on the forms section of the Fire Department SharePoint page and be accomplished by the on duty shift on the following days, but may be completed by the assigned shift on other duty days during the week, allowing supervisors the ability to maximize the use of available time.

Saturday	Engine (including SHOT)
Sunday	Rescue
Monday	Special apparatus (tanker, woods truck, squad, tower, BC and staff vehicles, MCU)

3. Weekly Vehicle Equipment Detail

- a. Remove all small tools from the storage, clean and inspect.
- b. Clean all nozzles, check operation.
- c. Check operation of ~~smoke ejectors~~, portable lights and cord reels.
- d. PPV fans should be completely discharged and recharged twice per month (1st and 3rd Saturday).
- e. Check tightness of saw blades mounted on saw.
- f. Replace equipment and assure it is safely mounted and secured.
- g. Rotate hose loads as follows:

1 st Saturday	Front 1 ¾ “ pre-connect; all woods truck jacketed hose
2 nd Saturday	Rear 1 ¾ “ pre-connect
3 rd Saturday	2 ½ “ systems loads and attack lines
4 th Saturday	2 ½ “, 4” ,and 5” supply hose (and 1 ½ “ attack line on rescue)

4. Cleaning

- a. All vehicles will be washed daily as needed and during the weekly vehicle check. Suction hose, ladders and other special equipment will be removed and carefully washed; also, windows and vehicle interior will be cleaned.

5. Apparatus Waxing

- a. Apparatus shall be waxed as a part of the first weekly vehicle check of the month

6. Vehicle/Unit Deficiencies

- a. **Documentation:** Vehicle/apparatus deficiencies shall be documented utilizing “Alert Feature” in the PSTRax checklist. When creating the deficiency alert, the appropriate Fleet personnel will be automatically notified as to the nature of the deficiency, enabling the advanced procurement of necessary parts and supplies. **Documenting Corrective Action** – Whenever a deficiency is corrected, the corrective action shall be noted within the PSTRax VDL Alert by the individual doing the work.
- b. **Completed Unit Deficiency Alerts:** When a VDL alert is corrected and closed, the PSTRax system will automatically archive the VDL Alert and will be available for retrieval/historical reference.
- c. **Carrying Deficiency Forward:** Uncorrected vehicle deficiencies may be carried forward by leaving the VDL Alert open. A notation must be made, in the VDL Alert notation field.
- d. **Deadline Deficiencies (Formerly Red X Deficiencies):** Any deficiency that impacts the safe operation of the vehicle, may cause increased damage to the vehicle or may render the vehicle unable to perform its functions on an alarm are to be marked :URGENT in the VDL Alert feature. Marking the VDL alert URGENT indicates that the vehicle is out-of-service. The appropriate Battalion Chief is to be notified that the vehicle is out-of-service.

Examples of Deadline Deficiencies**Safety**

1. Tires
 - Less than 6/32” tread depth
 - Tread separation/cuts with tire cord showing, bubble, chunk missing with tire cord showing
 - Leaks
2. Brakes
 - Uneven pulling/no brakes/unable to stop within 30’ at 20 mph
 - Fluid leaking (hydraulic)
 - Unexplained noises
3. Emergency warning lights
 - Any combination of inoperative lights that would result in a lack of visible emergency warning lights when observing apparatus from any angle
4. Headlights/Brake Lights/Running Lights

- No low beam headlights
 - Brake or taillight inoperative
5. Windshield Wipers Not Working
 6. Audible Warning Devices
 - More than one device out of service at one time (example: electronic siren, mechanical siren; electronic siren and air horns) (engines & tanker)
 - Squads/staff/command vehicles – when electronic siren is not working

Mechanical

1. Air leaks
 - Major air leak (50 psi loss in 1 hour or less)
2. Steering (Any Steering Problem)
 - Hard steering
 - Excessively noisy steering
 - Play in the steering (more than 30 degrees steering wheel movement required to maintain a constant direction)
3. Engine
 - No oil pressure/low oil pressure
 - Noise in the engine/vibration
 - Major oil leaks (more than one quart a day)
 - Coolant system/overheating/leaks
4. Transmission
 - Does not shift properly
 - Major leaks (more than a quart a day)
 - Noise/vibrations
5. Rear End/Drive Shaft
 - Leaking/noise/vibration
 - Drive shaft clunking into gear (vibration)
6. Chassis/Body & Compartments
 - Cab doors not operating properly
 - Non operative seat belts
 - Broken springs/shocks
7. Bearings
 - Any noise, vibrations, metal shavings
 - Excessive fluid loss
8. Pump
 - Not operating
 - Not engaging or disengaging consistently
 - Unexplained noises
9. Any deficiency that will critically impact safe or efficient operation

Clearing Deadline Deficiencies

Only a Battalion Chief, Assistant Chief or Fleet Maintenance Supervisor may clear a Deadline Deficiency. If, in the opinion of one of these supervisors, the deficiency is not serious enough to place the unit out-of-service, he/she is to make an appropriate notation in the VDL alert. If corrective work is performed, the repair action is to be noted by the person doing the work, in the VDL alert. The out-of-service status is not cleared until one of the designated supervisors is satisfied that the deficiency is corrected and the VDL alert is closed. No vehicle will be placed back in service without this procedure being followed.

A Fleet Maintenance Supervisor will be responsible for clearing Deadline Deficiencies when the unit is repaired at the Fleet Maintenance facility during normal operating hours. A Battalion Chief or Assistant Chief will be responsible for clearing Deadline Deficiencies at other times, unless there is a question regarding the repairs and then a Fleet Maintenance Supervisor will be requested.

Whenever a Deadline Deficiency is signed off or changed to a lower classification by a Fleet Maintenance Supervisor, the appropriate Battalion Chief will be notified before the unit is placed in service.

Examples of Deficiencies That Require the Prompt Attention of Fleet That Are Not Deadline Deficiencies.

1. Tires
 - Minor cuts
 - Uneven tread wear
 - Lug nuts loose
 - Minor leaks
2. Brakes
 - Squeals
 - Soft pedal
 - Minor leaks – air/fluid
3. Emergency warning Lights
 - After changing a bulb, the light is still inoperative
4. Headlights/Brake Lights/Running Lights
 - High beam headlights not working
 - More than 50% of marker lights/running lights out on adjoining side
5. Windshield Wipers
 - Not working properly
 - Blades need replaced
6. Audible Warning Devices
 - Air horns not working
 - One of the sirens not working

Mechanical

1. Air Leaks
 - 50 psi loss in three hours
 - Air pressure does not build-up to 70 lbs. within 20 seconds
2. Steering
 - Steering fluid leaks
3. Engine
 - Multiple minor oil leaks
 - Loss of power, 0-35 mph takes more than 25 seconds
 - Hard to start
4. Chassis/Body & Compartments
 - Broken/improper compartment door latches
5. Bearings
 - Fluid leaks
6. Pump
 - Excessive leaks (pump & tank)
 - Hard to operate controls
 - Primer not operating properly



Title: Tire Tread Depth

Controller: Fire Support

Origination Date: 12/86

Revision Date: 6/1/2023

Approved by: _____

Effective Date: 7/1/2023

Purpose

To establish a standard and consistent procedure to ensure that all vehicles used by the Department are equipped with tires of adequate tread depth.

History

Station personnel have monitored tire tread depth using tire wear bars on a daily basis. Fire apparatus mechanics have used tire tread depth gauges when vehicles were having scheduled Preventative Maintenance (PM). Greater than anticipated wear between PM's and the necessity of having adequate tread depth for the safe operation of emergency vehicles in less than ideal road conditions has resulted in the requirement to more closely monitor tire tread depth.

Procedure

1. A station tread depth gauge will be assigned to each station.
2. The tire tread depth gauge will be used to check tread condition when completing the daily vehicle check.
3. A measurement will be taken in each of the three locations across the surface of the tire to include the inside, middle and outside tread.
4. An average measurement of tire tread depth of less than 7/32" and more than 6/32" will require a **0** entry in the unit deficiency list.
5. An average measurement of tire tread depth of less than 6/32" will require an **X** entry in the unit deficiency list and for the unit to be placed out-of-service.



Title: Lifeline & Utility Ropes

Controller: Operations

Origination Date: 08/87

Revision Date: 02/17/21

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', is written over a horizontal line.

Effective Date: 7/1/2023

Purpose

To establish a standard and consistent procedure in the use, care and inspection of Fire Department Lifeline Rope and Standard Utility Rope.

History

A firefighter's lifeline rescue rope is a precision tool used for a skilled occupation. It should be treated with the same care and respect as any other lifesaving tool. When your life and someone else's may literally "hang by a thread", too much care cannot be given for its preservation.

***All rope used by the Seminole County Fire Department for Life Safety or Rescue must meet or exceed NFPA requirements for design, construction and performance.**

Reference

NFPA 1983 – Standard on Fire Service Life Safety Rope and System Components (2012 Edition).

Procedure

Care of lifeline rescue rope:

1. All utility rope shall be well marked and will never be used for life safety or rescue.
2. All lifeline rescue rope will be stored in designated rope bags. Stored rope should be protected from sunlight, acid, dirt and grit, high temperatures and hydrocarbon fuels. (Do not store rope in apparatus compartments with fuel or fuel powered equipment.)
3. Do not walk or stand on your lifeline rescue rope as it will grind dirt, grit, and sand into the core of the rope.
4. Do not drag rope on the ground.
5. Keep rope as dry as possible. (Always allow rope to fully dry before stowing away.)
6. Do not keep rope under tension for long periods of time.
7. Avoid sharp edges and bends. Pad ropes at points of abrasion with rope pads (rope bag will work).
8. Use pads on sharp edges such as windowsills, parapets, or roof edges.
9. Use appropriate knots to avoid sharp bends. When possible use a second anchor point.
10. Always use rope for intended purpose. Do not use lifeline as a tow line, search line, or to lift heavy objects.

Rope Inspection:

1. All ropes will be inspected after **each use** and during **monthly** maintenance of apparatus. A “Lifeline Use Log” will be placed in the inventory / deficiency book of each apparatus to record inspections.
2. Visually inspect the rope and perform a hands-on inspection by grasping the rope at one end. Then slide the entire length of the rope between your fingers.
3. A rope washer will be available at stations 12, 25, 27, 35, and the FTC. **Do not** use a clothes washing machine.
4. Inspection criteria:
 - a. Abrasion/Sheath Wear - The core is exposed or more than half of the outer sheath yarns are abraded.
 - b. Fraying, broken or damaged sheath strands which indicates abrasion or overloading.
 - c. Glazing and/or glossy marks or hard, stiff areas which signify heat damage.
 - d. Discoloration, a change in the ropes color is an indication of chemical damage or over-exposure to the elements of nature including ultraviolet light.
 - e. Exposed core fibers indicate severe sheath damage and possible core damage.
 - f. A lack of uniformity in diameter or size indicates core damage. This is noticed by a depression in the diameter of the rope, lumps within the rope, or exposure of the white core fibers protruding from the sheath.
 - g. Flexibility and/or inconsistency in texture including, but not limited to, stiff or soft areas that may signify possible core damage.
 - h. Use/Age – the rope is simply worn out from use.
5. The following conditions require a rope to be taken out of service:
 - a. Any damage is found during a visual / hands on inspection.
 - b. The rope has been exposed to excessive heat or direct flame impingement.
 - c. The rope has been exposed to liquids, solids, gasses, mists or vapors of chemicals or any other material that may have deteriorated the rope.
 - d. The rope has been shock loaded or subjected to excessive loads (including drops).

NOTE: Notify the Lieutenant or Assistant Chief of Special Operations for ropes to be taken out of service and for immediate replacement.

Record Keeping

All lifeline rescue rope and utility rope will be marked at both ends with the following information: size, diameter, length, and service date. A Lifeline “Use Log” will be placed in the apparatus inventory / deficiency log for rope use and inspections to be recorded.

Fire Training Center: Rope Rescue Operations and Technician Course

This Operations Bulletin will be applicable to the Rope Rescue classes taught at the Fire Training Center. Records must be kept for all life safety rope utilized during these courses at all times. The rope is to be inspected and the procedures for record keeping are to be followed before and after use.

Use

The Seminole County Fire Department utilizes both Technical Use and General Use equipment, both on the rescue units and at the Fire Training Center for classes.

The goal for any Rope Rescue situation, whether during an incident or at training shall be an absolute minimum of a 10:1 Safety Factor.

NFPA 1983 (2012) Life Safety Rope Performance Requirements:

Technical Use “T” (previously Light Use “L”)

- 3σ MBS of no less than 20 kN (4,496 lbf)
- Minimum elongation of no less than 1% at 10% of the breaking strength
- Maximum elongation of no more than 10% at 10% of the breaking strength
- Minimum diameter of 9.5mm (3/8in)
- Maximum diameter of 12.5mm (1/2in)

General Use “G”

- 3σ MBS of no less than 40 kN (8,992 lbf)
- Minimum elongation of no less than 1% at 10% of the breaking strength
- Maximum elongation of no more than 10% at 10% of the breaking strength
- Minimum diameter of 11mm (7/16in)
- Maximum diameter of 16mm (5/8in)

Definitions

Lifeline Use Log - An information sheet located in the apparatus inventory / deficiency log book with the following information: Apparatus (unit assigned to), in service date, diameter, length of rope, designated use, date of use / inspection, incident IR# and location, type of use, remarks and name.

Life Safety Rope - Rope dedicated solely for the purpose of supporting people during rescue, fire-fighting, other emergency operations, or during training evolutions.

Personal Escape Rope - A system component; a single purpose, one person, one-time use for emergency self-escape (Self-rescue rope: not classified as life safety rope.)

One Person Rope - Life safety rope designed to support a one-person load when in use; also can be used to support a two-person load when used in systems where two ropes are used as separate and equal members. Minimum braking strength of new one-person rope is 4500 pounds. Maximum working load is 300 pounds.

Two Person Rope - Life safety rope designed to support a two person load when in use. Minimum breaking strength of new two-person life safety rope is 9000 pounds. Maximum working load is 600 pounds.

Utility Rope - Various size ropes designed for use in hauling fixed loads, should never be used for life safety or rescue.



Title: Proper Idle Down For Turbo Charged Equipped Engines.

Controller: Operations

Origination Date: 1-1988

Revision Date: 7/2023

Approved by: _____

A handwritten signature in black ink, appearing to read "Mike W. J.", is written over a horizontal line.

Effective Date: 8/2/2023

Purpose

The purpose of this Operations Bulletin is to reduce the potential for costly repairs and damage to turbo chargers due to improper idle down procedures.

History

The bearings in the turbo require oil from the engine while it is free spinning after a load has been placed on the motor. To reduce the possibility of unnecessary damage, the following procedure should be followed.

Procedure

All Seminole County Fire Department diesel-powered vehicles are equipped with turbo chargers. It is essential that the diesel engines be idled down with no load for a minimum of 3-5 minutes before shutting off engine.

Due to the excessive amounts of hazardous exhaust these engines discharge into the atmosphere, it is required for vehicles that are parked inside the bay to idle down for a minimum of 3-5 minutes outside the bay. After required idle down period is complete, slowly drive vehicle into the bay at idle speed then shut off engine.

Turbo charged gasoline engines are becoming more prevalent, currently SCFD has a few of them in our fleet of vehicles. They are the Ford 150 pickup trucks. They also need to be idled down for a minimum of 3-5 minutes.

If an emergency shut down is required during normal operating procedures due to malfunction, immediately do so.

It is essential that all supervisors be aware of these procedures and assure that vehicle operators follow them.

For further information, refer to the Owner's manual of vehicle or contact fleet.



Title: Use, Care, and Maintenance of Mobile Computer Systems

Controller: Planning and Resource Management

Origination Date: April 1, 2014

Revision Date: 2/5/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish guidelines for the use, care, maintenance and tracking of all assigned mobile computing devices and EMS tablets.

History

All primary emergency apparatus and key staff vehicles have been issued a mobile computing device (MCD) to enhance communication with the Seminole County Communication Center. Additionally, ALS licensed vehicles have been issued an EMS tablet to initiate and complete incident reports.

Procedure

1. MCD (Getac A140)

- a. Each Fire Department primary emergency apparatus is assigned a specific MCD which shall always remain with the unit. Each MCD is labeled with a bar coded inventory tracking decal.
- b. All MCD's are mounted in the apparatus with a specialized bracket to secure the MCD from possible dislodgement and/or theft.
- c. Whenever problems arise with the MCD, station supervisors should attempt to correct the problem utilizing trouble-shooting document in Operations Bulletin #01009.
- d. In the event the MCD problem cannot be corrected through steps taken on the trouble shooting document, or it becomes inoperable, assistance ***shall*** be initiated through the County Information Services (IS) help desk at 407-665-0311. After normal business hours and on weekends, station supervisors shall coordinate with their Battalion Chief and arrange for the use of a spare MCD.
 - i. If the problem cannot be corrected through the help desk, a spare MCD may be utilized until the primary unit's MCD can be repaired. Spare MCD's are located at each of the Battalion Chief's offices.
 - ii. A Seminole County Accident/Incident Loss form shall also be completed for any physical damage to the MCD or charger. A ticket number from County IS help desk must be included on the form.
 - iii. Each Battalion office will maintain spare chargers which can only be obtained once the Seminole County Accident/Incident Loss form is completed. The exchange must be approved by the on-duty Battalion Chief

who will ensure the damaged equipment is properly tagged and returned to the Planning Section.

- iv. Authorization from the on-duty Battalion Chief must be obtained prior to placing a spare MCD in service.
- v. The on-duty Battalion Chief will be responsible for ensuring that the Seminole County help line, 407-665-0311, has been contacted, a ticket number has been issued, and placed on the Accident/Incident Loss form. The MCD will remain at the Battalion Chief's office where a representative from County IS will pick it up.
- e. In the event of computer device failure, unavailable spares, or system failure, the Fire Department map book and verbal radio communication shall be utilized. Station supervisors shall always ensure that all assigned apparatus have up to date Fire Department map books.
- f. Reserve units are equipped with assigned MCD's and shall be used when switching from primary emergency unit to reserve unit. MCD's will not be transferred from primary emergency unit to reserve. If a MCD on a reserve unit is found not to be working, the steps in (section d) will be followed for repair/replacement.
- g. Members shall refrain from loosening or removing fasteners or hardware on the bracket.
- h. It will be the responsibility of each station supervisor to ensure the MCD's assigned to their units are securely bracketed and are in good working order.
- i. Department members shall not download any programs or files to the MCD. Authorization from Planning in conjunction with Information Services must be obtained prior to any type of software being loaded on the MCD. The primary purpose of the MCD is to assist in sending and receiving pertinent incident information.
- j. Department members shall not allow any person to gain remote access into the County maintained MCD unless authorized by Planning or Information Services.

2. EMS Reporting Tablet (iPad)

- a. All ALS primary emergency response units are assigned two (2) iPads, a primary and a backup, for the purpose of incident reporting.
- b. EMS tablets are labeled with a bar coded inventory tracking decal.
- c. Station supervisors shall ensure all EMS tablets are response ready and secured properly while in the apparatus.
- d. Reserve units are NOT equipped with EMS tablets.
- e. In the event the EMS tablet becomes inoperable, assistance shall be initiated through the County IS help desk at 407-665-0311. After normal business hours

- and on weekends the backup iPad will be utilized until the primary iPad can be repaired/replaced by County IS.
- f. A Seminole County Accident/Incident Loss form will be completed for any physical damage including a device not charging, before the unit can be replaced by County IS. This must include a ticket number generated from the County IS help desk.
 - g. In the event there are no spare EMS tablets available, an EMS paper report shall be completed for each patient encountered and a copy left with the hospital if the patient is transported. A computer-generated report shall be completed upon returning to quarters. Station supervisors shall always ensure all assigned apparatus have adequate EMS paper reports for incidents.
 - h. Department members shall not download any programs or files to the EMS tablet. Authorization from Planning in conjunction with Information Services must be obtained prior to any type of software being loaded on the EMS tablet.
 - i. Department members shall not allow any person to gain remote access into the County maintained EMS tablet unless authorized by Information Services.



Title: Body Armor

Controller: Operations

Origination Date: 02/1/17

Revision Date: 2/5/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To establish a procedure for the use of protective body armor. The intention of body armor is to provide added protection for personnel in violent or potentially violent environments when responding to emergencies to calls for assistance.

Procedure

In accordance with NFPA 1500, the Fire Department shall provide each member with protective clothing and personal protective equipment (PPE) that is designed to provide protection from the hazards to which the member is likely to be exposed and is suitable for the tasks that the member is expected to perform. Body armor has been proven to provide an effective means to protect the wearer from blunt force trauma, sharp objects as well as gunshot wounds. Protective body armor has been provided for each Department apparatus position and shall be utilized only by members who are trained and qualified to use such equipment.

Use of Protective Body Armor:

1. Personnel dispatched to the following types of incidents shall don protective body armor prior to entering the affected area and shall wear said PPE until all potential threats have been mitigated by law enforcement:
 - a. Any incident where it is reported that shots have been fired, persons have been shot or stabbed, or a weapon is involved.
 - b. Any civil disturbance, i.e., large gatherings, protests.
 - c. Any reported suicide where the means involve the use of a weapon or are unknown; unless directed otherwise by law enforcement, i.e., scene secured.
 - d. Any SWAT standby or police situation involving violence.
 - e. Any domestic violence, family dispute or address that has been identified as a concern for such.
 - f. Any incident that may potentially involve an explosive device, including a suspicious package, bomb threat, etc.
 - g. The Officer in charge may give direction to wear body armor anytime they feel it is necessary due to the changing nature of alarms.
 - h. This guideline is not meant to be all inclusive. The decision to don ballistic PPE should be based on the on-scene ranking officer's rapid evaluation of the factors present, as related to personnel safety. This decision should include any intel passed on through communications, LEA partners on scene, personal observations during response and once on scene, and any knowledge gained from previous responses or known history on the location or area of the

incident. Any **significant lack of information** specific to these concerns should lean towards donning the ballistic PPE, or denying entry until the threat can be more clearly defined through LEA.

2. The wearing of protective body armor shall not relieve personnel from the requirement that they stage or remain in a secure area of the incident scene until informed by law enforcement that the scene is secure. The scene will not be secured when we are dealing with an active shooter and utilizing the SAVE protocol.
3. Body armor will not be worn over or under bunker gear or any other type of outer garment (i.e. HazMat suit). Body armor will be worn over class D or E uniforms. Exception to this would be inclement weather conditions.

Guidelines for the Care, Use and Maintenance of the Protective Body Armor:

1. The care, use and maintenance of protective body armor shall be in accordance with the manufacturer's recommendations.
2. All protective body armor shall meet or exceed National Institute of Justice NIJ 0101.06 requirements.
3. As with any type of personal protective equipment, personnel shall not utilize body armor if they have not been trained in its use and limitations.
4. Personnel shall not wear damaged protective body armor.
5. Contaminated body armor will be double-bagged in impermeable red plastic bags and brought to logistics for cleaning.
6. When not in use, protective body armor shall be stored lying flat and secured to prevent theft. Hanging of the vest can easily cause curling and prematurely stretch out the elastic straps.
7. Body armor will be inspected by Professional Standards on an annual basis and after either penetrating or blunt force trauma.
8. All questions on the care, use and maintenance of protective body armor shall be referred to Professional Standards.



Title: Santa Express Guidelines

Controller: Operations

Origination Date: 02/26/13

Revision Date: 2/1/2023

Approved by: _____

Effective Date: 2/1/2023

Purpose

To provide a guide for annual Santa Express requests.

Procedure

Dates and Times

- Dates are scheduled mid-November – December 23rd.
- Santa Express will not be scheduled on December 24th or 25th.

	Mon – Fri	Sat & Sun
Max # per Day	2	3
Time Blocks	1–3 pm	10–12 noon or 1–3 pm
	3–5 pm	3–5 pm
	7–9 pm	7–9 pm

Scheduling

- Santa Express scheduling is done through the Fire Prevention Staff Assistant. Station Lieutenants may take a tentative reservation, but must contact Fire Prevention Staff Assistant to schedule the event.
- An e-mail will be sent to confirm the event is scheduled. The e-mail will contain the Santa Express guidelines.

Santa Express Guidelines

- Units must always remain available to answer emergency calls.
- A chase provided by the requester car is required to follow the unit carrying Santa, so that Santa may be transferred if the unit receives an emergency call.
- Santa can be picked up at a specific location or met at the fire station.
- The station officer may at any time stop or refuse to transport Santa if an unsafe condition arises.
- Santa may be driven throughout a neighborhood, transported and dropped off at a specific location, or both. The unit transporting Santa may stay 30 minutes, at the most, after a drop off for public relations demonstrations.

Unit Assignment

- Only engines and towers will be scheduled for Santa Express.
- Towers scheduled outside of their station area will require approval of the Operations Chief or his designee.

- E-24 and E-26 may be used on the edge of their response zones to aid other station areas.



Title: Supply Ordering Procedures

Controller: Planning and Resource Management

Origination Date: 09/7/94

Revision Date: 2/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', is written over a horizontal line.

Effective Date: 2/1/2023

Purpose

To provide an efficient ordering system, monitor supplies usage, abuse or misuse, identify defects in materials, and compile statistical data for budgeting and evaluation.

History

The issue of supplies is the responsibility of Logistics Support of the Seminole County Fire Department. Supplies include items such as office supplies, paper products, janitorial products and EMS Supplies.

Procedure

Station supply orders are due to Supply by 1300 on the **last Monday** of each month. EMS Supply orders are due to Supply by the **first and third Sundays** of each month.

Ordering is accomplished through SharePoint by a web-based inventory system. Specific instructions can be obtained from warehouse personnel.

Emergency Issuance of Supplies

After normal working hours or on weekends, emergency supply requests require approval by an Assistant or Battalion Chief. If an item requires replacement, a Battalion Chief or Assistant Chief will coordinate access and obtain necessary items deemed an emergency. The Chief Officer coordinating this action will record the items removed and the shelf location for each item and send an e-mail to the warehouse supervisor including this information.

This access is only for items deemed an emergency. Non-emergency items should be obtained during normal business hours.



Title: Warehouse Receiving

Controller: Planning and Resource Management

Origination Date: 04/13/06

Revision Date: 6/3/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', is written over a horizontal line.

Effective Date: 7/1/2023

Purpose

To ensure that items received at the logistical warehouse are processed in an efficient manner.

Procedure

1. When packages are delivered to the logistical warehouse, the employee will verify the order has been placed by Seminole County and instruct the driver on where to off-load and place the items.
2. The employee will look at the shipping papers to ensure that the package delivery point, number of boxes, condition of boxes and other pertinent information is accurate. If not, the employee will make a notation on the shipping papers.
3. The information will be logged on the delivery log.
4. A copy of the shipping papers and packing list will be made by the employee for all items received. If no packing list accompanies the package, a substitute packing list will be created and copied. The copy of the shipping papers, packing list or a copy of the substitute packing list will be placed in a delivery file. For EMS supply orders, a copy of the packing list will be sent to EMS1Group@seminolecountyfl.gov. If any EMS medication orders are received, EMS-1 will be notified via phone.
5. The shipping papers and the packing list or substitute packing list will be filed by the p-card holder to reconcile the monthly p-card statement or filed in the warehouse office for items purchased on a purchase order until the invoice is received. At that time, the packing list or substitute packing list, and invoice will be verified for accuracy, signed off, and sent to FD Finance. **(See Operations Bulletin – Invoice Processing)**
6. If the item is a capital expenditure the Purchasing division Property Administrator will be notified via email at BCCAssets@seminolecountyfl.gov to get a number applied. If the item is non-capital, the person requesting the item will be notified to determine where/how the item will be placed in service. NOTE: If the item has a gas motor on it, sent it to fleet to get it into the system for servicing.
7. Old delivery logs and copies of shipping papers/invoices will be filed when they are no longer current.
8. If items are not picked up by the requesting party in a reasonable time frame, if it cannot be determined who requested the item, or if the item is not for Seminole County Fire Department, the Assistant Chief of Fire Support will be notified.

EMS/Fire/Rescue Section: Supply Requisition # 6003



Title: Uniform Ordering Procedure

Controller: Planning and Resource Management

Origination Date: 11/2008 Revision Date: 10/2010, 6/3/15

Approved by: *[Signature]* Effective Date: 6/2/15

Purpose:

To establish guidelines for acquisition of adequate uniform and uniform supplies.

Procedure:

Members of the EMS/Fire/Rescue Division are provided the opportunity to obtain the necessary uniform items by ordering via a web based ordering system set-up by the contracted uniform vendor named Designlab. The website can be accessed by the following method:

Website: <https://designlabonline.net/seminole/>

Login: Will be emailed to each individual via vendor.

Your order will be acknowledged via an email to your county email address. Members will be notified by logistics when the items have been received and are ready for pick-up at the warehouse.

Allowance:

Members will be allotted a maximum uniform account dollar allowance established each year in the annual budget process. "Year" refers to the fiscal year, which begins on October 01 and ends 12 months later on the last day of September. No member shall exceed **\$300** in total uniform purchases per fiscal year. This dollar amount is subject to budget availability and is inclusive of apparel, footwear, alteration and repair. The maximum allowable for safety shoe purchase will be **\$125** annually. Annual purchase amounts will be tracked by the vendor. Allowances above the dollar amount may be approved at the Assistant Chief level when circumstances are determined to show the need.

Only alterations completed by the approved vendor will be reimbursed through the uniform allowance.

Certain clothing items as identified by the attached chart are considered by the Internal Revenue Service (IRS) as taxable items. The taxable benefit of uniform purchases (i.e., the items not identified as being essential and protective) will be included in the employee's paycheck at least quarterly.

<u>Firefighter/Lieutenant Clothing</u>	<u>Taxable</u>	<u>Non-Taxable</u>
Division Logo "T" Shirt	X	
Division Logo Shorts	X	
Ball or Beanie Cap	X	
Job Shirt	X	
Safety Shoes		X
Belt		X
Badge, Collar brass and Citation Bars		X
Uniform Pant		X
Uniform short sleeve shirt		X
Uniform long sleeve shirt		X
Tie		X
Polo shirt		X
Light weight jacket (windbreaker)		X
Heavy Jacket		X
Bell Crown Hat		X
Dress Uniform Jacket		X
<u>Chief Officer Clothing</u>	<u>Taxable</u>	<u>Non-Taxable</u>
Division Logo "T" Shirt	X	
Division Logo Shorts	X	
Ball or Beanie Cap	X	
Job Shirt	X	
Safety Shoes		X
Belt		X
Badge, Collar brass and Citation Bars		X
Uniform Pant		X
Uniform short sleeve shirt		X
Uniform long sleeve shirt		X
Tie		X
Polo shirt	X	
Light weight jacket (windbreaker)		X
Heavy Jacket		X
Bell Crown Hat		X
Dress Uniform Jacket		X
Dress Uniform Pants		X
Sweater	X	
<u>Specialty Uniform Items</u>	<u>Taxable</u>	<u>Non-Taxable</u>
Bike Team Shorts		X
Bike Team Shirts		X
Special Polo shirts	X	
Special Teams "T Shirts	X	

The following allotments are not considered as part of the annual \$300 allotment as listed above. If a new hire starts above the rank of Firefighter, he/she will receive quantities equal to a new employee of the appropriate rank.

Initial issue new Fire Fighter

Item	Qty
T-Shirts SS	5
Work Trousers	5
Belt	1
Button down SS	1
Button down LS	1
Tie	1
Name Tag	1
Collar Brass	1 set
Badge Shirt	1
Bell Crown Hat	1
Hat Badge	1
Work Boots	1
Dress Shoes	1
Polo Shirt	3
Job Shirt	1
Gym Shorts	3
Dress Pants	1

Promotion to Lieutenant

Item	Qty
White Button SS	2
White Button LS	1
White Polo Shirt	3
Collar brass	2
Name Tag	1
T Shirt SS	5
Class A Hat silver band	1
Hat Badge	1
Shirt Badge	1

Promotion to Battalion Chief

Item	Qty
Collar brass	2
White SS Button down	3
White Button LS	1
Polo Shirt	3
Name Tag	2
Badge	2
Class A Suit	1
Coat Badge	1
Hat Badge	1
Belt Gold Buckle	2
Hat Band Gold	1
Bell Crown Hat	1

Promotion to Division Chief

Item	Qty
Collar brass	2
White SS Button down	3
White Button LS	1
Polo Shirt	3
Name Tag	2
Badge	2
Coat Badge	1
Hat Badge	1

Promotion to Assistant Chief

Item	Qty
Collar brass	2
White SS Button down	3
White Button LS	1
Polo Shirt	3
Name Tag	2
Badge	2
Coat Badge	1
Hat Badge	1

Promotion to Fire Chief

Item	Qty
Collar brass	2
White SS Button down	3
White Button LS	1
Polo Shirt	3
Name Tag	2
Badge	2
Coat Badge	1
Hat Badge	1



Title: WEX Fuel Card Program

Controller: Fire Support

Origination Date: March 2011

Revision Date: 2/5/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To establish a procedure for the use of the WEX fuel card.

History

Some outlying stations have considerable distances to get fuel at county fueling depots, meaning longer response times and greater fuel usage. Use of the WEX card allows for efficient fueling of fire department vehicles and keeps units in their first run areas. Additionally, all fire department frontline and reserve apparatus, specialty units/equipment, command vehicles and all light duty administration vehicles are issued a WEX fuel card to be used as the primary method of fueling when a county fuel depot is not within close proximity.

Procedure

1. Each assigned WEX card contains the BCC number of the vehicle it is assigned to and shall not be used on any other vehicle. Any deviation of this policy shall be reported to the Fire Department Administration/Business Office at (407)665-5125 or (407)665-5063.
2. All fire department employees are issued a driver number that will be utilized when fueling with a WEX card. This number must be entered every time the WEX card is used. Employees will ensure their WEX driver numbers are secured and not shared with other employees. Problems associated with WEX driver numbers should be reported to the Administration/Business Office.
3. WEX cards shall be kept with the assigned unit at all times. Lost or stolen cards shall be immediately reported to the on duty Battalion Chief or the employee's supervisor for non-shift personnel, who will notify the Administration/Business Office.
4. Employees shall not purchase high-octane (super-unleaded) gasoline for their assigned vehicles with the WEX card. Non-ethanol fuel for boats and equipment are the only exception. Anytime a fuel purchase is made for boats and/or equipment the employee shall enter a mileage number of 9999 at the fuel pump, not the mileage of the apparatus the WEX card is assigned to.
5. Each time the unit is filled using a WEX card, a receipt must be obtained either from the pump or the cashier.

- a. Immediately upon returning to the fire station or office the receipt shall be scanned using the assigned Multi-Function Device (MFD) at each station, Fire Training Center or Public Safety Building using the designated WEX scan function on the MFD.
 - b. The employee who entered their WEX driver number for the purchase of the fuel shall be responsible for ensuring the receipt is scanned to the WEX file located on the y drive.
6. All WEX receipts shall have the assigned unit number clearly written on the receipt prior to scanning. Receipts shall be maintained for 60 days to ensure all entries have been reconciled by the Administration/Business Office.
7. Problems associated with the MFD while scanning to the WEX folder must promptly be reported to Information Services. In the event the MFD or WEX folder is not operational after normal business hours, the station lieutenant will notify the duty Battalion Chief to ensure the receipt is scanned by other means and that adequate follow up is performed so the issue with the MFD is properly resolved. For non-shift employees, they shall notify their supervisor and to ensure the receipt is scanned by other means and that adequate follow-up is performed. Any deviation to the WEX receipt procedure must be reported to the Administration/Business Office.



Title: Complaints and Disputes Concerning Vendor Performance

Controller: Financial/Admin Office

Origination Date: 04/6/11

Revision Date: 7/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. J.', is written over a horizontal line.

Effective Date: 8/2/2023

Purpose

To establish a method for the Seminole County Fire Department (SCFD) to collect information on the vendors that supply goods and services to the Department. This information will be forwarded to the Purchasing and Contracts Division for tracking of poor or unsatisfactory performance and allow for a response from the vendor on issues and how they intend to resolve problems.

Procedure

The Report a Vendor for violating the terms and/or conditions of an active contract the Vendor Material/Service Issue Form must be completed.

The Vendor Material/Service Issue Form is available from the Financial/Admin office or the Purchasing and Contracts SharePoint site.

This form will be filled out by the individual who has a complaint and forwarded via e-mail through the chain of command to the Assistant Chief that oversees that Contract. The form will then be sent to Financial/Admin Office for review. After it is approved it will be submitted via email to the Purchasing and Contracts Division for review. The Purchasing and Contracts Division will then send a copy of the form to the vendor for a response.

The Purchasing and Contracts Division will email the Department the Vendors response to the complaint and advise the Department of the next steps.

Copies of all the Vendor Material/Service Issue forms will be maintained by the Financial/Admin Office.

A properly prepared form must contain the following information:

1. Purchase order number
2. Term contract number
3. Vendor Name
4. User Department/Division, contact person, and phone number.
- 5.

Describe the problem encountered including details, graphs, pictures and any other applicable documentation



Title: Checking Out Of Equipment

Controller: Planning and Resource Management

Origination Date: 8/23/11

Revision Date: 2/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', is written over a horizontal line.

Effective Date: 2/1/2023

Purpose

To establish a procedure for Seminole County Fire Department employees to check out equipment for purposes outside the Fire Department.

History

The Seminole County Fire Department has a history of participating in Public Education and Special Events, which sometimes includes assisting/participating in demonstrations. There may be a need for an employee to check out equipment. Since most equipment is not assigned to individuals, but to apparatus, this drove the need to establish a formal procedure for checking out and proper tracking of County equipment.

Procedure

The employee wishing to use equipment for a Fire Department approved event off-duty will need to send an e-mail to the Warehouse Manager or his/her designee requesting the use of said/requested equipment.

The request shall include:

1. The date which the employee will need to pick-up the equipment.
2. The event and date for needing the equipment (i.e., school event, HOA meeting, etc.).
3. The date the equipment will be returned.

Once approved, the Warehouse Manager will complete the equipment check out form and notify the employee the equipment is ready to be picked up. When the employee picks up the equipment, he/she will sign the form and confirm the return date. The loaned equipment will be returned on or before the date noted. If an extension is necessary, the Warehouse Manager will be notified at least 24 hours before the due date. When the equipment is returned to the warehouse, the employee will complete and sign the form, which will be retained by Logistics.

Any damage or repairs will be noted and reported to the appropriate repair technicians so repairs can be made prior to being placed back in-service.

If the requested item is a SCBA, at no time will there be fewer than 10 spare SCBA available for use by the Department. If spares are low, the request may be denied.



Title: Safe Restraint and Transport of Children in Emergency Vehicles

Controller: Operations

Origination Date:

Revision Date: 2/1/2023

Approved by: _____

Effective Date: 2/1/2023

Purpose

To establish procedures for the safe restraint and transportation of ill or injured children in the patient compartment of transport units following the best practices outlined according to the National Highway and Traffic Safety Administration (NHTSA).

History

EMS providers have always faced significant challenges when it comes to safely restraining children for transport in emergency vehicles. Prior to September 2012, there had been a lack of consensus and sometimes conflicting opinions on how to properly restrain children during transport. NHTSA established a working group to identify the best practices and to publish a white paper on national recommendations on the safe restraint methods to transport children; their recommendations are the basis for this policy.

Procedure

Definitions:

1. **Bench Seat:** Also known as the squad bench, this is the multi-person side facing seat alongside the cot mounting area in the rear of a ground ambulance.
2. **Captain's Chair:** Also known as the EMS provider's seat, this is the passenger location that (usually an EMS professional) faces the rear exit of the emergency ground ambulance that is typically located immediately behind the driver's seat. From this location, the person is physically able to see the patients being transported.
3. **Child (Children):** For purposes of this policy and in accordance with NHTSA recommendations, a child is defined as any individual who the provider believes fits pediatric/child size seat by height, weight or combination of both.
4. **Child Restraint System (CRS):** A CRS is any device (except a passenger system lap seat belt or lap/shoulder seat belt), designed for use in a motor vehicle to restrain, seat, or position a child.
5. **Convertible Child Restraint System:** Any CRS device designed for use in a motor vehicle that can be secured either in a forward or rear facing configuration. Convertible CRS have separate belt paths for both configurations.
6. **Cot:** A temporary bed used in ambulances for the purposes of transporting patients to a medical facility for treatment. Also commonly referred to as a stretcher or gurney.
7. **Cot Restraints:** A restraining device that is designed for use on a cot in an ambulance to restrain or position a child in a sitting position. Cot restraints may be devices that are permanently mounted (integrated), or can be secured to a cot in an ambulance.
8. **Five-Point Cot Restraint System:** A system for restraining a patient to the cot of a ground ambulance, consisting of three horizontal restraints across the patient's torso

(chest, waist and knees) and two vertical shoulder restraints across each of the patient's shoulders.

9. **FMVSS No. 213:** Federal Motor Vehicle Safety Standard No. 213 is the standard for child restraint. FMVSS No. 213 specifies requirements for child restraint systems used in motor vehicles and aircraft. The purpose of FMVSS No. 213 is to reduce the number of children killed or injured in motor vehicle crashes and in aircraft.

General Safety Rules:

1. The most essential principle to follow on ALL transports regardless of whether it involves a child or not, is to *make everything as safe as possible*.
2. The ultimate goal of this policy is to *Prevent forward motion/ejection, secure the torso, and protect the head, neck, and spine of all children transported in emergency ground ambulances*.
3. General safety requirements:
 - a. Seat belts and restraints must be used for ALL ambulance occupants whenever the vehicle is in motion.
 - b. Secure all portable or loose equipment.
 - c. Follow all current pediatric standards of care for injured children.
 - d. Monitor personnel driving practices through use of technology and other means.
 - e. Follow policies and medical parameters to reduce the unnecessary use of emergency lights and sirens (when transporting patients) when appropriate.
 - f. At **NO TIME** shall a child, even when secured in an appropriate child restraint system, ride secured in the squad bench or any seat which places the child riding sideways (facing the side of the vehicle). The practice of using a CRS in such fashion is prohibited by all CRS manufacturers.

State of Florida Requirements:

1. Florida Statute 316.613 (1) (a) requires that all children riding in a motor vehicle shall: *“If the child is 5 years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device. For children aged through 3 years, such restraint device must be a separate carrier or a vehicle manufacturer’s integrated child seat. For children aged 4 through 5 years, a separate carrier, an integrated child seat, or a seat belt may be used.”*

Transportation of an Uninjured, Non-patient Child:

NHTSA’s recommendation is to transport the unharmed child *“in a vehicle other than an emergency ground ambulance using a size appropriate child restraint system that complies with FMVSS No. 213.”*

1. As a result of this recommendation SCFD Personnel are NOT authorized to transport an uninjured minor/child in the transport unit as a rider.
 - a. Exception may be granted in the event that an older child (who does not require riding in a CRS device) is actively engaged in assisting with care, for example: breaching communication barriers by translating information between the crew and patient, may ride with the patient to assist. The child must still be appropriately

- secured in the rear-facing captain's chair only. **At NO time** shall the child ride in the side bench or a side mounted seat on the transport unit.
- i. In such an event the supervisor must weigh the risk vs. benefit of utilizing the child to assist, resorting to this as the last viable option.
2. Whenever responding to an incident where the adult caregiver is ill, injured or otherwise incapacitated and there is no other competent adult family member to care for a minor/child who is unharmed, the crew will take the following actions:
 - a. Notify the Communications Center requesting a Sheriff's Deputy and the on-call Civilian Child Protective Services Representative for immediate response. This notification will get CPS enroute quickly.
 - b. The crew will brief the on-scene Sheriff's Deputy upon their arrival of the situation and leave the unharmed minor/child in their custody.
 - i. In the event the adult patient is critical, the transport unit will proceed with transport immediately and the other on-scene crew will remain with the child until the Sheriff's Deputy arrives to take custody of the minor/child.

Transporting the Ill/Injured Child

1. A child who is ill or injured but does not require spinal immobilization shall be transported using one of the following options:
 - a. Transport the child in the rear-facing captain's chair in an appropriate size convertible CRS (if available) that complies with FMVSS No. 213, utilizing the forward-facing belt path.
 - i. An integrated CRS in the captain's chair may be used in place of the regular seat if the unit is equipped with such device and is of appropriate size for the child.
 - b. In the absence of a CRS, the child must be transported secured to the cot, head first, using three horizontal cot restraints across the child's torso (chest, waist and knees) and one set of vertical restraints across the child's shoulders (five-point cot restraint).
 - i. The backrest of the cot may be raised/positioned in a way to provide comfort/cradling based upon the child's condition and to allow for proper medical care.
 - ii. For very small children, padding on either side of the child safely secured under the straps may provide additional support.
 - c. Variations of the cot restraint configuration may be required if the child's condition is critical or requiring active, aggressive medical management. In these situations, **common sense and practicality shall prevail**, keeping in mind that the goal is to have the child secured to the cot in the best possible way to ***prevent forward motion/ejection, secure the torso, and protect the head, neck, and spine of all children transported in emergency ground ambulances.***
2. A child requiring spinal immobilization shall be secured in an appropriately sized immobilization device (pedi-immobilizer or LBB) and the device then securely strapped to the cot using three horizontal cot restraints across the child's torso (chest, waist and knees) and one set of vertical restraints across the child's shoulders.

3. An injured or ill child **SHALL NOT** ride unsecured at any time in the transport unit.
 - a. The practice of securing an adult caregiver to the cot and allowing the caregiver to hold the child unsecured during transport **is specifically prohibited**.
 - b. If an adult caregiver is allowed to accompany the ill/injured child in the patient during transport, this caregiver must be seated securely using the appropriate restraint system in the captain's chair.
 - i. Ideally, the adult caregiver riding in should ride properly secured in the forward facing right front seat of the transport unit.



Title: Crime Scene Preservation

Controller: Operations

Origination Date: 08/9/90

Revision Date: 2/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', is written over a horizontal line.

Effective Date: 2/1/2023

Purpose

To establish procedures for:

1. Preservation of a crime scene.
2. Death Scene Protocol.
3. Movement of deceased persons.

History

Seminole County Fire Department and law enforcement personnel must interact on a daily basis. Often this activity includes working at scenes where a death has occurred, either from a homicide, accident or natural causes.

Seminole County Fire personnel are not always aware of the circumstances surrounding the alarm, nor do they have knowledge of the condition of the patient without establishing the viability of the patient.

Crime scenes and the patients involved may contain certain types of evidence, which may assist in the Law Enforcement investigations.

There is a need for guidelines to provide appropriate information to enable Fire Department personnel to operate in cooperation with law enforcement agencies at a crime scene.

Procedure

1. Crime Scene Preservation:

- a. In the event Fire Department personnel arrive on a crime scene prior to the arrival of law enforcement, an immediate request for law enforcement will be made through the Communications Center.
- b. If the victim is obviously deceased, the body should not be disturbed. The position of the deceased may provide valuable clues to an investigation.
- c. Do not touch, move or relocate any item at the scene, unless necessary to provide treatment to an injured victim.
- d. If an item must be moved, the original location and position must be marked and the new location given to the first arriving law enforcement officer.
- e. Attempt to secure the crime scene by not allowing onlookers or other unauthorized persons on the crime scene.
- f. Observe and note anything unusual, especially if the evidence may not be present when police arrive. This may include smoke and odors.

- g. **Administer immediate care to the patient if the scene is secure! Remember that your role is to provide emergency medical care, not law enforcement or detective work.**
- h. Maintain detailed records of the incident including your observations of the victim and crime scene. In many felony cases, first arriving units will be called to testify in court, detailed records regarding an alarm may be crucial to giving appropriate testimony.
- i. Upon arrival of law enforcement personnel, Fire Department personnel should advise them of all available information regarding the scene and leave the scene at the earliest appropriate time.
- j. Control the flow of helpers at the scene, disruption of any portion of the crime scene may hamper the investigation.
- k. Make efforts to limit the number of uniformed Fire Department personnel at the scene of a crime. Uniforms, regardless of agency, create hostility.
- l. When cutting clothing from a victim, never cut through a bullet hole, knife, or other penetrating wound.
- m. When removing clothes do not shake the clothes or turn them inside out, this can dislodge important gunpowder and bullet fragments. In shotgun injuries you may see a wad of material; this is a part of the shot shell that is expelled from the weapon, sometimes into the wound. Do not discard it.
- n. In the event a person is involved in a hanging and a decision is made to resuscitate, the rope (or other material) should be cut above the knot or noose. It is important to maintain the handling apparatus. **Do not allow this statement to interrupt the treatment of the patient!**
- o. Do not touch a weapon at a crime scene unless in the judgement of EMT/Paramedic it poses a threat to the treatment of the patient. If law enforcement is present, they should be requested to remove the gun. It is prudent to put the gun safely to the side if required. Notify law enforcement of the movement.
- p. It is important to preserve the rules of the Chain of Evidence. These rules require that evidence never be beyond your direct custody and it never be accessible by anyone until you hand it to the proper authority – usually the investigating officer. One method is (assuming the police arrive at the hospital before you leave) keeping the evidence on the ambulance stretcher or in your equipment as you enter the emergency room. Keep the evidence in your sight at all times until law enforcement arrives to take possession of the item(s). Always note on your report the type of evidence, your method of handling it, and to whom you gave it.

2. **Death Scene Protocol:**

- a. Resuscitation efforts will be initiated on all patients with the exception of the following:
 - The patient is obviously dead and resuscitation efforts would be useless due to the circumstances of the incident.
 - The patient has sustained obvious trauma that is incompatible with life.
 - A licensed physician or Medical Examiner pronounces the patient dead.

- A fully executed “Living Will” or the patient’s personal physician “Do Not Resuscitate” orders are presented to the EMS personnel.
 - The patient’s personal physician or the on-line medical controller physician states to a minimum of two (2) EMS personnel that resuscitation is to not be attempted on the patient. The physician must agree to accept the responsibility for pronouncing the patient dead and sign the death certificate.
 - b. The primary responsibility of the EMS personnel is to the patient.
 - Neither the family or law enforcement has the right to refuse resuscitation efforts for the patient.
 - EMS personnel are responsible for the medical judgement as to whether resuscitation efforts will be initiated
 - Document absence of vital signs and if EKG is obtained, attach the strip to the EMS run report.
 - c. At possible crime scenes, do not remove or cut clothing unless absolutely necessary for patient’s evaluation/care.
 - d. If there is any doubt as to how to handle a situation, immediately notify the on-line medical control physician.
- 3. Movement of Deceased Persons:**
- a. In the event a person is declared deceased in an unattended death, it is important to not move the body. If the body must be moved to assess the victim, the body should be moved back to the position found upon your arrival. Advise law enforcement of movement upon their arrival.
 - b. Be careful not to trample the evidence around the area, notice and collect anything that falls out of the victim’s pockets or clothes.
 - c. Do not move/remove a victim after the establishment of death without approval of the appropriate law enforcement officer, unless the victim’s body is in danger of further injury or destruction (i.e.: fire, etc.).



**Title: Durable Medical Equipment (DME)
Repair and Maintenance**

Controller: Operations

Origination Date: January 14, 2009

Revision Date: 6/29/23

Approved by: _____

Effective Date: 8/2/2023

Purpose

This Operations Bulletin outlines the process and guidelines for the repair and preventive maintenance of durable medical equipment.

History

Durable medical equipment (DME) relates to all electrical and/or mechanical devices used for the delivery of medical care. Fire Department personnel are required to use DME during emergency alarms and training exercises. It is imperative to maintain this equipment for these uses at all times in accordance with the manufacturers' specifications and operational parameters. This procedure outlines the process for repairs and scheduled maintenance for all DME.

Procedure

7003.01 Definition of durable medical equipment:

- A. All medical equipment that is electrical and/or mechanical and is reusable: Examples of these items include Life Pak 15 monitors, Stryker stretchers and stair chairs, Power Loads, blood pressure cuffs and gauges, LUCAS devices, stethoscopes, thermometers, pulse oximetry units, blood glucose meters, traction splints, oxygen regulators, suction units, nitrous units, etc.

7003.02 Preventive Maintenance Programs:

- A. Physio-Control Life Pak 15 ProCare Agreement:
 - i. Agreement includes scheduled annual preventive maintenance and inspections, repairs and parts as needed and software updates/upgrades per year.
 - ii. Contract agreement is updated each year beginning on October 1st and ending on September 30th.
 - iii. Agreement includes on-site repairs and maintenance/inspections per year.
 - iv. Scheduling for each monitor is completed through the EMS1 Group office and placed on the daily calendar for rotation of units at a specific on-site location.
 - v. If any monitor is placed out of service for repair, fire personnel will tag it and notify their supervisor and the EMS1 Lieutenant immediately and place a spare monitor (available in each Battalion) in service.
 - vi. The EMS1 Lieutenant will facilitate the repair process with the selected vendor.
- B. Stryker Stretchers and Stair Chair ProCare Agreement:
 - i. Agreement provides an authorized service representative for Stryker products.
 - ii. Agreement includes annual service and maintenance with complete inspection, lubrication and cleaning one time per unit per year at a specific on-site location.
 - iii. Agreement includes repairs and parts as needed for each unit.

- iv. ProCare Agreement is updated each year with a selected vendor beginning on October 1st and ending on September 30th.
- v. Scheduling for each unit and is completed through the EMS1 Office and placed on the daily calendar for rotation of units at a specific on-site location.
- vi. If any stretcher or stair chair is placed out of service for repair, personnel will tag it and notify their supervisor and the EMS1 Lieutenant immediately and place a spare unit in service as described in Ops Bulletin #7009.10
- vii. The EMS1 Lieutenant will facilitate the repair process with the selected vendor.

C. LUCAS Device ProCare Agreement:

- i. Agreement includes repairs and replacement parts at no charge due to material defect or workmanship as described under the original warranty, service loaner, no charge for shipping, discounts on non-warranty repairs and software (as stipulated in contract).
- ii. Agreement is updated each year.
- iii. If any unit is placed out of service for repair, personnel will tag it and notify their supervisor and the EMS1 Lieutenant immediately and place a spare unit from the warehouse in service.
- iv. The EMS1 Lieutenant will facilitate the repair process with the selected vendor.

7003.03 Durable Medical Equipment not under maintenance program:

- A. Includes all other DME not listed above and not under a service contract.
- B. If any DME requires repair or parts, fire personnel will notify their supervisor and the EMS1 Lieutenant.
- C. Repair parts for most DME are kept in stock at the warehouse. Other parts are available to order only by request through the specific vendor.
- D. Spare DME is kept at the warehouse for replacement of out of service units during repairs.

7003.04 Durable Medical Equipment planned replacement

- A. Planned replacement for DME is based on manufacturer's recommendation, maintenance history for any particular item, and cost/benefit of any warranty or extended warranty purchased to cover the DME. Spare durable medical equipment is always on hand as well as warranty agreements that provide for loaner DME while equipment is repaired or replaced. Budget procedures allow for the purchase of replacement DME annually so new and updated medical equipment is always rotated with old. The EMS Division is constantly evaluating the functionality and need for replacement or updating of DME.



Title: Citizen Sharps Container Program

Controller: EMS Operations

Origination Date: 11/2003

Revision Date: 2/5/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. A.", written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish a standardized procedure for the Sharps Container Exchange Program. The concept of the program is to help to eliminate improper disposal of citizen-generated sharps, and to provide a safe medium to prevent bio-hazard exposures to our citizens. In addition, this program reduces the risk of Solid Waste Division personnel from being stuck by a contaminated sharp during their daily duties.

History

The Seminole County Solid Waste Division has developed a Sharps Container Exchange Program, and provides sharps containers to the public at no charge. This program incorporates all fire stations within Seminole County as a receiving and delivery point for all residents.

Procedure

This program allows citizens to stop at any Seminole County fire station and pick up an approved citizen sharps container (1 gallon jug type) and/or exchange a full sharps container. The container received from the citizen is disposed of through the existing bio-hazardous waste program established at all fire stations.

The community sharps container will be of a type that will reduce accidental exposure by children and non-health personnel. The top closure will be incorporated into the container, allowing easy sharp access, while limiting possible needle punctures. In addition, the jugs will provide the customer with a large container that will reduce excessive trips to the fire station for replacements. Community sharps containers can be ordered through the EMS supply catalog and are identified as community sharps containers. Do not dispense the sharps containers that we use in the field (i.e. - quart size, or gallon size with large opening) for community sharps. It is recommended to maintain a minimum of one carton of community sharps containers at each station.

Seminole County Fire Department will not accept any sharps that are not secured in an approved community sharps container. Nor will personnel handle such sharps and place in an approved container for the citizen.



Title: Infection Control

Controller: Operations, EMS

Origination Date: 11/1/94

Revision Date: 6/27/23

Approved by: _____

A handwritten signature in black ink, appearing to be "Mark W. [unclear]", written over a horizontal line.

Effective Date: 7/28/2023

Purpose

To provide a comprehensive infection control system that maximizes protection against communicable diseases for all members of the Seminole County Fire Department and for the public that they serve.

History

The Seminole County Fire Department recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of emergency response, including in-station operations. The health and welfare of each individual is a joint concern for the members, the chain of command and the Seminole County Fire Department.

Procedure

The Infection Control Program consists of the following:

1. Infection Control Policy Statement
2. Exposure Control Plan
3. Infection Control Roles and Responsibilities
4. Operating Procedures:
 - I. Health Maintenance
 - II. Infection Control Training
 - III. Personal Protective Equipment
 - IV. Station Environment
 - V. Scene Operations
 - VI. Post-Response
 - VII. Post-Exposure Protocols
 - VIII. Compliance and Quality Monitoring/Program Evaluation

7005.01 INFECTION CONTROL POLICY STATEMENT

Authority: Florida Administrative Code 64E-16, OSHA Bloodborne Pathogen Standard 1910.1030 (Ch. XVII 7-1-03 Revision), and Access to Employee Exposure and Medical Records 29 C.F.R. § 1910.20.

Scope: This policy applies to all members of the Seminole County Fire Department providing fire suppression, rescue and emergency medical services.

While each member is ultimately responsible for his or her own health, the Department recognizes a responsibility to provide as safe a workplace as possible. The goal of this program is to provide all members with the best available protection from occupationally acquired communicable disease.

1. It is the policy of the Department:
 - a. To provide fire suppression, rescue and emergency medical services to the public without regard to known or suspected diagnoses of communicable diseases in any patient.
 - b. To regard all patient contact as potentially infectious. Body substance isolation and universal precautions will be observed at all times and will be expanded to include all body fluids and other potentially infectious materials.
 - c. To provide all members with the necessary training, immunizations and personal protective equipment (PPE) needed for protection from infectious diseases.
 - d. To recognize the need for work restrictions based on infection concerns.
 - e. To encourage participation in Employee Assistance and Critical Incident Stress Management (CISM) programs.
 - f. To prohibit discrimination of any member for health reasons, including infection and/or seroconversion with HIV, HBV or HCV virus.
 - g. To regard all medical information as strictly confidential. No employee's health information will be released without the signed written consent of the employee in accordance to the most current Health Information Portability and Accountability Act (HIPAA) regulations.

7005.02 EXPOSURE CONTROL PLAN

Purpose: To identify those tasks and corresponding job classifications for which it can be reasonably anticipated that an exposure to blood, other body fluids, or other potentially infectious material may occur; to establish a schedule for implementation of the Department's infection control plan; and to identify the procedure for the evaluation of circumstances surrounding exposure incidents.

1. Exposure Determination:
 - a. The following tasks are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious materials:
 - i. Provision of emergency medical care to injured or ill patients;
 - ii. Rescue of victims from hostile environments, including burning structures or vehicles, water contaminated atmospheres, or oxygen deficient atmospheres;
 - iii. Extrication of persons from vehicles, machinery or collapsed excavations or structures;
 - iv. Recovery and/or removal of bodies from any situation cited above; and
 - v. Response to hazardous materials emergencies, both transportation and fixed sites involving potentially infectious substances.

- b. The following job classifications are reasonably anticipated to involve exposure to blood, body fluids or other potentially infectious substances in the performance of their duties:
 - i. Firefighter or Firefighter/Paramedic
 - ii. Lieutenant or Lieutenant/Paramedic
 - iii. Battalion Chief
 - iv. Division Chief
 - v. Assistant Chief
 - vi. Deputy Chief
 - vii. Fire Chief
2. Evaluation of Exposure Incidents
 - a. The procedure for the evaluation/investigation of circumstances surrounding incidents of exposure to blood, other body fluids, or other potentially infectious materials is detailed in 7005.04 (I). Medical follow-up, documentation, recordkeeping and confidentiality requirements are also defined in the same section.

7005.03 INFECTION CONTROL ROLES AND RESPONSIBILITIES

1. *Fire Chief*

1. The Fire Chief is responsible for seeing that a safe workplace is provided for all Department personnel. The task of managing the Department's Occupational Health and Safety and Infection Control programs are delegated to appropriate staff officers and personnel.
2. The Fire Chief will appoint the Department Infection Control Officer.

2. *Department Infection Control Officer*

1. Evaluate possible personnel exposures to communicable diseases and coordinate communications between the Departments, the County contracted physician, and Infectious Disease Physician.
2. Notify the Infectious Disease Physician of all significant exposures.
3. Complete the communicable disease exposure report, indicating disposition of medical management and file the report in the County's insurance office.
4. Collect quality assurance data on the Department Infection Control Program.
5. Notify Department staff if quality assurance data indicate a safety hazard requiring immediate attention.
6. Coordinate the employee immunization program.
7. Provide technical expertise in the development of the infection control curriculum.
8. Keep abreast of new developments in the field of infection control and make appropriate recommendations for the Infection Control Program.
9. Develop, modify, and update standards for proper use of personal protective equipment.
10. Determine proper stock supply levels of PPE both for station and for response units.

3. *Office of the Medical Director*

1. The Office of the Medical Director is responsible for the delivery of a comprehensive infection control educational program, which complies with OSHA Regulation 29 C.F.R. § 1910.1030.

4. *Infectious Disease Physician*

1. The contracted Infectious Disease Physician will provide immediate counseling and initiation of anti-viral medications or antibiotic prophylaxis as outlined in the most current Seminole County Practice Parameters 1.19 Post Exposure Prophylaxis (PEP) Policy.
2. Schedule a follow up appointment with the employee within 48 hours of initiating anti-viral medications as per the PEP protocol.
3. Make recommendations to the Infection Control Officer regarding changes in the treatment standards as they are developed for inclusion in this document.

5. *County Contracted Physician*

1. The County contracted physician is in charge of the Health Maintenance Program.
2. Presently this program provides baseline, annual physical and return to work determinations.
3. Maintain confidentiality of all medical and exposure records.
4. Provide counseling for employees who have been or feel that they have been exposed to a communicable disease. Spousal counseling will be available through the Employee Assistance Program (EAP).
5. In collaboration with the Infectious Disease Physician, determine the type of exposure and the treatment required (i.e., testing, prophylaxis medications, counseling, diagnostic workup).
6. Provide long term follow-up.

6. *County Insurance Office*

1. Maintain all confidential records of all exposures in their office.
2. Work with the County contracted physician for post exposure testing, treatment and counseling.

7. *Supervisors, Chief Officers and Company Officers*

1. Support and enforce compliance with the Infection Control Program.
2. Immediately correct any unsafe acts and refer personnel for remedial infection control training if required.
3. Mandate safe operating practices on-scene and in-station.
4. Refer for medical evaluation any personnel possibly unfit for work for infection control or other reasons. Refer to 7005.04 (A), Health Maintenance.
5. The Lieutenant at each station will ensure that station stock of PPE is adequate and that supplies nearing expiration dates are used first.
6. The Lieutenant at each station should keep abreast of storage capacity of biomedical waste and contact the private vendor when unscheduled pickups are needed.

7. The station Lieutenants will conduct annual infection control training every June.

8. *Fire Personnel*

1. Assume ultimate responsibility for his/her own health and safety.
2. Always use appropriate PPE as the situation dictates.
3. Report any suspected occupational exposure to communicable disease as soon as possible to their company officer.
4. Report any diagnosis of communicable disease (occupational or non-occupational) to the Department Infection Control Officer.

7005.04 OPERATING PROCEDURES

1. Health Maintenance:

- a. No personnel will be assigned to emergency response duties until an entrance physical assessment has been performed by the County contracted physician or his/her designee, and the personnel have been certified as fit for duty.
- b. Work restrictions for reasons of infection control may be initiated by the County contracted physician. These may be temporary or permanent. As an example, personnel with extensive dermatitis or open skin lesion(s) on exposed areas may be restricted from providing patient care or handling and/or decontamination of patient care equipment.
- c. All personnel will be offered immunization against hepatitis A and B at no cost. The risks and benefits of immunization will be explained to all members and informed consent obtained prior to immunization. The Infection Control Officer will assure that the records are maintained in accordance with OSHA's C.F.R. 29, § 1910.1030.
- d. These records will include the following:
 - i. Name, and ID number of personnel
 - ii. Immunization records for HAV and/or HBV or the signed Seminole County Hepatitis B Vaccine Declination form.
 - iii. Personnel may request serologic testing prior to hepatitis A or B immunization to determine if previous immunity exists. Personnel may refuse immunization or may submit proof of previous immunization. Personnel who refuse immunization will be counseled on the occupational risks of communicable disease and required to sign a Seminole County Hepatitis B Vaccine Declination form. Members who initially refuse immunizations may later receive immunizations upon request.
 - iv. All personnel will be offered initial and annual screening for tuberculosis exposure.
 - v. All personnel will receive annual health evaluations.
 - vi. Personnel returning to work following debilitating injury, illness or communicable disease (occupational or non-occupational) will be required to have a "Fit for Duty" evaluation as outlined in Operations

Bulletin #2013 by their primary care physician or to be cleared by the County contracted physician (or designee) prior to resuming job duties.

2. Post-Exposure Evaluation and Follow-Up:
 - a. When personnel incurs an exposure, it should be reported promptly to their supervisor.
 - b. Significant exposures **will require the activation of Post-Exposure Protocol as outlined in the Seminole County Practice Parameters 1.19 “Post-Exposure Prophylaxis” and notification of the chain of command.** Risk Management will also be notified at the earliest convenience.
 - i. If unsure about the “significance” of an exposure, consult with the Department Infection Control Officer for further guidance.
 - c. A Seminole County Government Exposure Incident Form will be completed in **all cases**. A Notice of Injury Form (DWC-1) and EMS run report will be completed if an actual injury occurred concurrent with exposure and/or if post-exposure evaluation and follow-up confirm that the employee was exposed and/or that the employee becomes ill as a result of the exposure incident. A confidential medical evaluation and follow-up will be provided to the exposed personnel including at least the following elements:
 - i. Documentation of the route(s) of exposure, and the circumstances under which the incident occurred;
 - ii. Identification and documentation of the source individual, unless the identification is not feasible or prohibited by State or local law;
 - iii. The Infection Control Officer via the Infectious Disease Physician shall request from the receiving facility to have the source individual's blood tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV infectivity. If consent is not obtained, a memorandum of record will be placed in the employee's medical record to establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
 - iv. When the source individual is already known to be infected with HBV, HCV, or HIV, testing for the source individual's known status (HBV, HCV, or HIV) will not need to be repeated.
 - v. Results of the source individual's testing shall be made available to the exposed personnel in accordance with the most current law or statutes and the personnel shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
3. Collection and testing of blood for HBV, HCV, and HIV serological status:
 - i. The exposed employee's blood shall be collected as soon as possible in accordance with the Post Exposure Prophylaxis Protocol (1.19) and tested after consent is obtained. The first test will be used as a baseline for exposure documentation. Follow-up screening at six weeks, twelve

- weeks, six months, and one year will follow this test or as recommended by the Infectious Disease Physician.
- ii. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serological testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, it will be done as soon as feasible.
 - iii. Infection control records will become a part of the personnel's personal health file for the duration of employment plus thirty (30) years.
- b. Medical records are strictly confidential. Medical records will not be released without the signed written consent of the employee in accordance with HIPAA requirements.
 - c. Personnel may examine their own medical records and may request that copies be sent to their personal physician. Release of medical records to another physician will be made only with the signed written consent of the employee and in accordance with the appropriate HIPAA requirements.
 - d. Abstracts of medical records without personal identifiers may be made for quality assurance, compliance monitoring or program evaluation purposes, as long as the identity of individuals cannot be determined from the abstract.
 - e. Communications between medical and personnel sections will focus on fitness to work or recommended restrictions, rather than upon specified diagnoses.
4. Infection Control Training:
- a. New personnel who will provide emergency medical services will be required to complete initial infection control training during the initial training period of the new employee.
 - b. The EMS Section will provide refresher infection control training once every two years to comply with the state requirements for EMT and paramedic recertification.
 - c. Annual infection control training will be conducted by the station Lieutenants every June. All materials will be appropriate in content and vocabulary to the educational level, literacy, and language of members being trained. Training will be in compliance with OSHA Regulation 29 C.F.R. § 1910.1030 and shall include:
 - i. An accessible copy of 29 C.F.R. § 1910.1030;
 - ii. A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - iii. An explanation of the modes of transmission of bloodborne pathogens, and biohazardous agents.
 - iv. An explanation of the Department exposure control plan and where the employee can find a copy to review;
 - v. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
 - vi. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
 - vii. An explanation of the basis for selection of personal protective equipment;

- viii. Information on the hepatitis A & B vaccine, including information on their efficacy, safety, and the benefits of being vaccinated; notification that the vaccine and vaccination will be provided at no charge;
 - ix. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
 - x. 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;
 - xi. Information on the post-exposure evaluation and follow-up that the department is required to provide following an exposure incident;
 - xii. An explanation of the signs and labels and/or color coding required for biohazard materials; information on the proper storage and disposal of biohazard materials;
 - xiii. Opportunity for interactive questions and answers.
 - xiv. The Lieutenants shall be knowledgeable in all the program elements listed above, particularly as they relate to emergency services provided by this Department.
 - xv. The Lieutenant will monitor each employee for compliance with the annual infection control training. The training will be facilitated through self-paced modules or programs in the Department's approved training management software. This software will record the training, acknowledgment of completion, and electronic signature of each employee verifying their review of the material.
5. Personal Protective Equipment:
- a. The Department is responsible for the supply, repair, replacement, and safe disposal of infection-control PPE.
 - b. Available PPE (in addition to PPE for structural firefighting) will include disposable medical exam gloves, non-latex gloves for disinfection purposes, head covers, face masks, safety glasses, fluid-impervious gowns, sharps containers, sleeve protectors, leak-proof disposal bags, and shoe covers.
 - c. Disposable personal protective equipment will be removed after leaving the work area, and as soon as possible if contaminated. After use, all disposable PPE will be placed in impermeable red plastic bags with a visible biological hazard symbol and disposed of as biomedical waste.
 - d. Selection And Use Of Personal Protective Equipment:
 - i. Emergency response often is unpredictable and uncontrollable. While blood is the single most important source of HIV, HBV and HCV infection in the workplace, in the field it is safest to assume that all body fluids are infectious. For this reason, PPE will be chosen to provide barrier protection against all body fluids. Equally important is the protection from airborne transmissible biologic agents or diseases. Proper respiratory protection will be chosen to provide filtration protection against airborne agents and disease.

- ii. In general, personnel should select PPE appropriate to the potential for **spill, splash, or exposure to body fluids, as well as airborne potentials**. No standard operating procedure or PPE ensemble can cover all situations. **COMMON SENSE, knowledge and training** must be used. When in doubt, select maximal rather than minimal PPE.
 - iii. Disposable medical exam gloves will be worn during any patient contact. All members will carry extra pairs of disposable medical exam gloves.
 - e. Gloves will be replaced as soon as possible when soiled, torn, or punctured. Wash hands after glove removal.
 - f. Disposable medical exam gloves will not be reused or washed and disinfected for reuse.
 - g. Where possible, gloves should be changed between patients in multiple casualty situations.
 - h. Structural firefighting gloves will be worn over the disposable medical exam gloves in situations where sharp or rough edges are likely to be encountered.
 - i. Facial protection, surgical mask in addition to eye protection shall be used in any situation where splash contact with the face is possible. When treating a patient with a suspected or known airborne transmissible disease, high efficiency particulate respirator (H.E.P.A.) will be used. For purposes of facial protection helmet face shields are not considered protection and will not be used for infection control purposes.
 - ii. Additional consideration should be made to mask the patient with the standard surgical mask or a non-re-breather mask if the patient requires oxygen treatment. N95 Particulate respirator masks have been provided as a first level protection tool for use by field providers and patients. It should be noted that if there is a suspicion of airborne transmissible biologic agents or diseases higher levels of provider respiratory protection will be used.
 - iii. Fluid-resistant gowns are designed to protect clothing from splashes. Structural firefighting gear also protects clothing from splashes and is preferable during fire suppression/rescue, or vehicle extrication activities. Gowns may interfere with, or present a hazard to, the member in these circumstances. The decision to use barrier protection to protect clothing, and the type of barrier protection used, will be left to the personnel. Structural firefighting gear will always be worn for fire suppression and wildland gear may be used for extrication activities as authorized.
 - iv. Under certain circumstances, head covers and/or shoe covers will be required to protect these areas from potential contamination. Structural firefighting gear (impervious boots, helmets) also may be used for barrier protection.
6. PPE Guidelines:
- a. The following guidelines are for the prevention of transmission of HIV, HBV, and HCV to Fire personnel.

- b. Table 1 below is based on application of universal precautions. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands (e.g., contact with urine or feces).
- c. As stated before, **it is the individual's responsibility** to ensure the use of PPE. All personnel should be familiar with all infectious control procedures and use the procedures for their own protection.
- d. There may be isolated situations where the guidelines for PPE are not followed due to operational restrictions. When this occurs, the individual who was affected by the operational restrictions must generate a memorandum through the chain of command identifying the situation that made it necessary not to use PPE guidelines. The reason for the memorandum is to identify all the problems concerning the operation issues and to evaluate them. From the evaluation, it will be determined how to deal with the operational restrictions to prevent further incidents of this type.

Table 1:

Task or Activity	Disposable Gloves	Protective Eyewear	Mask	Gown
Bleeding control – spurting blood	✓	✓	✓	✓
Bleeding Control – minimal bleeding	✓	✓		
Emergency Childbirth	✓	✓	✓	✓
Blood Draw	✓	✓		
Starting an IV Line	✓	✓		
Advanced Airway Procedures such as ET, King tube, suctioning	✓	✓	✓	✓ If splashing likely
Handling & cleaning of contaminated equipment	✓	✓	✓ If splashing likely	✓ If soiling likely
Taking Vital Signs BP, Temp, Pulses	✓	✓		
Administering an Injection	✓	✓		
Any suspected respiratory illness	✓	✓	✓ (consider N95)	

Summary:

1. Eye protection and gloves are required at all times.
2. If it's wet, it's infectious -- use gloves.
3. If it could splash onto your face, use eye protection and a mask.
4. If it's airborne, mask the patient and yourself.
5. If it could splash on your clothes, use a gown.

6. If it could splash on your head or feet, use appropriate barrier protection.
7. COVID-19 PANDEMIC PROVISION: **All SCFD personnel making initial entry into the scene of ANY and ALL EMS or Public Assist incidents will be required to don all PPE to include glasses, gloves and respiratory protection (N95 or greater protection).** Any responder that is going to make direct patient contact will be wearing a disposable gown. **Any crewmember that is going to accompany any patient with any of the COVID-19 signs and/or symptoms must utilize all PPE to include glasses, gloves, respiratory protection and gown.**
7. Station Environment:
 - a. Decontamination and Disposal:
 - i. All stations will designate separate areas for decontamination and disinfecting sinks.
 - ii. Storage of clean patient care equipment and infection control personal protective equipment will be in the station EMS storage area.
 - iii. Packaged and sealed biomedical waste, including sharps containers, will be discarded in station biomedical waste storage containers. Storage of biomedical waste at the station shall not exceed 30 days.
 - iv. Indoor storage areas shall have restricted access and be designated in the written operating plan. They shall be located away from pedestrian traffic, shall be vermin and insect free, and shall be maintained in a sanitary condition.
 - b. Fire Suppression Bunker Gear/Uniforms:
 - i. If contaminated, will be placed in double-bagged, impermeable red plastic bags with a visible biological hazard symbol. The contaminated items will be taken to the warehouse and turned in to Support Services personnel. Support Services personnel will issue temporary bunker gear if the employee does not have a second set of protective gear. Support Services will insure that all gear is decontaminated following the established guidelines.
 - ii. Uniforms should be evaluated for the current conditions. If worn or in poor condition, then the uniforms will be considered unserviceable and disposed of as biohazardous waste. Contaminated T-shirts will be disposed of as biohazardous waste. A label will be placed on the bag containing:
 - a. Approximate amount and location of the blood or other potentially infectious material.
 - b. Name, station, and shift of the personnel.
 - iii. Under no circumstances will kitchens, bathrooms, or living areas be used for decontamination or storage of patient care equipment.
 - iv. While decontaminating equipment, personnel must use appropriate PPE as noted on the table above.
 - v. Bunker gear should not be placed in sleeping quarters or worn in living areas.
8. Scene Operations:

- a. The blood, body fluids, and tissues of all patients are considered potentially infectious and universal precautions / Body Substance Isolation (BSI) procedures will be used for all patient contact.
- b. The choice of personal protective equipment is specified in 7005.04 (D).
- c. Members will be encouraged to use maximal rather than minimal PPE for each situation.
- d. While complete control of the emergency scene is not always possible, an attempt shall be made to limit splashing, spraying, or aerosolization of body fluids.
 - i. The minimum number of personnel required to complete the task safely will be used for all on-scene operations.
 - ii. The **“patient hot zone”** is defined as anyone within ten feet of the patient.
 - iii. Any Fire personnel within the patient hot zone shall wear currently approved **disposable gloves and eye protection**. Additionally, personnel should wear a **filtration mask covering both the mouth and nose** as appropriate.
 - iv. If a **mask is worn, it must be used throughout the duration of the call** including the person driving the rescue. Masks may only be removed after:
 - a. The patient has been transferred to the hospital staff;
 - b. The stretcher, non-disposable medical equipment and unit have been decontaminated using current decontamination procedures;
 - c. The patient(s) refuse treatment and/or transport and the crew has exited the patient hot zone.
 - d. Personnel should ensure adequate safety measures are taken to protect themselves and patients from physical injury. This may require all crew personnel to be in the hot zone and wearing proper protective equipment.
 - e. Patients who are febrile or actively coughing should have a mask placed upon them **unless** the need for oxygen therapy devices (masks or an advanced airway) precludes this. In addition, any family member accompanying the patient in the rescue should be offered a mask.
 - v. Masks are to be replaced:
 - a. Whenever damage or defects to the mask are discovered;
 - b. Immediately if it becomes contaminated with the patient’s body fluids;
 - c. If it becomes soiled or visibly dirty after alarm use if there is doubt as to whether the mask has become contaminated
 - vi. Hand washing is the most important infection control procedure. Personnel will wash hands:
 - a. After removing PPE;
 - b. After each patient contact;
 - c. After handling potentially infectious materials;

- d. After cleaning or decontaminating equipment;
 - e. After using the bathroom;
 - f. Before eating;
 - g. Before and after handling or preparing food.
 - h. Hand washing with soap and water will be performed for ten to fifteen seconds. If soap and water is not available at the scene, a waterless hand-wash is provided. Immediately upon returning to quarters or hospital, personnel must wash their hands with soap and water.
- vii. Eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm is prohibited at EMS scenes of operations. Exceptions: When proper steps are taken to decontaminate personnel from the hazards of infectious control issues.
- viii. Used needles and other sharps shall be disposed of in approved sharps containers. Sharps containers will be closeable, puncture resistant, and leak-proof. Sharps containers will be labeled as a biohazard and immediately accessible during alarms. Needles will not be recapped, re-sheathed, bent, broken, or separated from disposable syringes. Personnel must use all the safety devices built into the sharp instruments as intended for safety protection. **The most common occupational blood exposure occurs when needles are recapped.**
- ix. Multi-use sharps containers must be sealed when full. A multi-use sharps container is considered full when it reaches $\frac{3}{4}$ below the full line. Each multi-use sharps container should reflect date placed in service, which should be written in permanent marker on the front of the container. No multi-use sharps containers will be placed in service longer than 30 days, regardless of capacity level.
- x. Biohazardous waste generated at an alarm shall be packaged and sealed at the point of origin in impermeable red plastic bags with a visible biological hazard symbol.
- xi. Patients with suspected airborne communicable diseases will be transported wearing a face mask or particulate respirator whenever possible.
- xii. Under the Health Information Portability and Accountability Act (HIPAA) guidelines, no medical information will be released. Media queries will be referred up the chain of command. Patient confidentiality according to HIPAA will be maintained at all times.
- xiii. At the conclusion of on-scene operations, all potentially contaminated reusable equipment will be taken back to the station for decontamination. **CAUTION: Care must be used to prevent cross contamination of clean equipment.**

9. Post-Response:

- a. Upon return to quarters, contaminated equipment will be removed and replaced with clean equipment if available. Supplies of PPE on response units will be replenished.
 - b. Contaminated non-disposable equipment will be cleaned and decontaminated.
 - c. PPE as outlined in Table 1 will be used when handling and decontaminating the equipment or unit.
 - d. Eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm is prohibited during cleaning or decontaminating procedures.
 - e. Disinfection will be performed with a Department-approved disinfectant or with a 10% solution of bleach in water. When a disinfectant is used, it will be bactericidal, virucidal and tuberculocidal approved and registered by the Environmental protection Agency (EPA).
 - f. Any damaged equipment will be cleaned and disinfected before being sent out for repairs.
 - g. The manufacturer's guidelines will be used for the cleaning and decontamination of all equipment unless otherwise specified:
 - h. Durable equipment such as backboards will be washed with hot soapy water rinsed with clean water, and disinfected with an approved disinfectant or 10% bleach solution.
 - i. Equipment will be allowed to air dry.
 - i. Delicate equipment (cardiac monitors, etc.) will be wiped clean of any debris using a manufacturer approved disinfection solution then wiped dry and cleansed according to the manufacturer's specifications.
 - j. Portable radios or pagers when contaminated shall be turned off and the battery separated from the radio or pager. Red bag the equipment and tag it with the following information: station assignment, date, shift, IR#, personnel names and positions, description of how it was contaminated and with what. A memo must be generated and sent to the appropriate shift Assistant Chief. The equipment will be taken to Communications Maintenance for decontamination.
 - k. Work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures, and after spillage or contamination with blood or potentially infectious materials. Seats on response units contaminated with body fluids from soiled PPE will also be disinfected upon return to station.
 - l. Contaminated bunker boots will be brush-scrubbed with a hot solution of soapy water rinsed with clean water and allowed to air dry.
 - m. Personnel must shower if body fluids were contacted with personnel's skin. Clean clothes must be used.
 - n. Under no circumstances will any personnel launder contaminated work clothes at home.
 - o. Infectious wastes generated during cleaning and decontamination operations will be properly bagged and disposed.
10. Post-Exposure Protocols:
- a. Any personnel exposed to potentially infectious materials will immediately wash the exposed area with soap and water. If the exposure involves the eyes

or mucosal areas, the MyClyns spray will be used to irrigate the affected areas. It is recommended that the entire contents of the bottle be used in the exposed mucosal or eyes.

- b. Any personnel having an occupational communicable disease exposure will immediately report the exposure to his or her supervisor. Contaminated needle-stick injuries will require the activation of the Post-Exposure Prophylaxis Parameter (1.19).
 - i. The affected individual **will make the request** via radio to the Communications Center to get the Infectious Disease Specialist to call him/her back.
 - ii. Following the PEP Parameter activation, the individual must report the exposure immediately to his/her supervisor.
 - iii. Continue to follow the PEP Parameter as outlined in 1.19.
- c. Personnel will fill out a communicable disease exposure report as soon as possible, but must be completed before the end of the shift for exposures. The report will include details of the task being performed, the means of transmission, the portal of entry, and the type of PPE in use at the time.
- d. The supervisor will review the communicable disease exposure report and forward it through the chain of command to the Infection Control Officer.
- e. If a possible exposure occurred, medical evaluation by the contracted Infectious Disease Physician or the County contracted physician will be arranged by the ICO no later than 48 hours post-exposure. If no exposure took place, the ICO will counsel the member on exposure hazards.
 - i. **Casual Exposure:** This is the interaction with a patient that does not involve contact with the patient's blood or other potentially infectious body fluid. *Example: Assessment of vital signs or being in the same room as a patient.*
 - ii. **Minimal Exposure:** This is when a source individual's blood or body fluids contact a provider's intact skin. This also includes when a source individual's intact skin contacts a provider's mucous membranes. *Example: A provider who is not wearing gloves has contact with blood or body fluids; a combative patient grabs a responder's mouth.*
 - iii. **Moderate Exposure:** A moderate exposure occurs when a source individual's body fluids contact a provider's mucous membranes. *Example: Performing unprotected mouth-to-mouth resuscitation, patient sneezing or coughing on a provider.*
 - iv. **Significant Exposure:** This is the interaction with a patient that involves blood or other potentially infectious body fluid contact with the mucous membranes, non-intact skin or percutaneous inoculation or open wounds. The most common significant exposure occurs from needle-sticks. *Example: Percutaneous inoculation (needle-stick, laceration, bite), non-intact skin (chapped, abraded, weeping dermatitis), mucous membranes (involving the eyes, nose or mouth).*
- f. The ICO will perform infection control re-training or stress management counseling, if indicated, or refer members for such training or counseling.

11. Compliance and Quality Monitoring/Program Evaluation

- a. The ICO will collect quality monitoring data including:
 - i. Analysis and evaluation of reported exposures to communicable diseases.
 - ii. Observation of on-scene activities.
 - iii. Inspection of station facilities.
- b. Program Evaluation
 - i. The Infection Control Program will be reevaluated at least annually to ensure that the program is both appropriate and effective.
 - ii. In addition, the Infection Control Program will be reevaluated as needed to reflect any significant changes in assigned tasks or procedures; in medical knowledge related to infection control; or in regulatory matters.
 - iii. If the result from the ongoing reevaluation indicates the need to improve on any portion of the Infection Control Program, the following will be utilized: An addendum will be drafted on the needed area of improvement. Once approved, it will be added to the Infection Control Program.



**Title: Controlled EMS Medications;
Documenting, Replacing and Storage**

Controller: EMS Operations

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Approved by: _____

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Purpose

This Operations Bulletin establishes a compliance process with Federal and State guidelines for the security and inventory of Controlled Substances and the procedures to replace used, expired, lost, or damaged Controlled Substances.

This Operations Bulletin does not apply to the checking of dates on non-controlled medications carried by the ALS units, the replacement and ordering of non-controlled medications carried by ALS units, or to the wasting of the non-controlled medications carried by ALS units. Please refer to Operations Bulletin #07016, “EMS Medication Expiration and Ordering” for more information.

History

The State of Florida and Federal regulatory agencies require that a chain of custody record be kept for each Controlled Substance carried on all Advanced Life Support (ALS) units as noted below:

64J-1.021 FAC Security of Medications (June 2010 Revision)

(1) Each ALS and air ambulance provider shall develop, implement, maintain, and have available for review by the department written operating procedures approved and signed by the medical director for procuring, storing, handling, dispensing, and disposal of all controlled substances, medications, and fluids.

(a) These procedures must address the provider’s method for meeting applicable state and federal requirements.

(b) Security procedures which include the provider’s method of ensuring against theft, tampering with or contamination of controlled substances, medications, and fluids and the identities and position titles of employees who have access to controlled substances.

(c) The amount of each controlled substance, authorized by the medical director, to be in on-site storage.

(d) Documentation procedure for the distribution, disposal, and re-supply of controlled substances, medications, and fluids maintained on site. This procedure shall address on-site and shift change inventory procedures for all controlled substances stocked by the provider and identify a record-keeping procedure, which includes inventory schedules for stocking of medical supplies and reporting and resolving any discrepancy found during an inventory.

(2) All operating procedures related to controlled substances, medications, and fluids shall be consistent with and meet the minimum Federal requirements specified by the United States Department of Justice, Drug Enforcement Administration in Title 21, Code of

Federal Regulations, Food and Drugs, Part 1300 to END, Chapter II, April 1, 2000, and minimum State requirements specified in Chapters 499 and 893, Florida Statutes and rules adopted there under.

Procedure

7006.01 Approved Controlled Substances;

1. The following controlled substances are approved for use by the Medical Director (01/01/2020):
 - a. Diazepam (Valium)
 - b. Midazolam (Versed)
 - c. Morphine Sulfate
 - d. Ketamine Hydrochloride

2. Other controlled substances may be added or deleted at the direction of the Medical Director at any time based on the medical operation's needs.

7006.02 Approved Maximum Quantities;

1. As of 01/01/2020, the approved maximum quantity of controlled substances for each ALS unit in Seminole County are:
 - a. Diazepam (Valium) 30 mg in 3 (three) 10 mg containers
 - b. Midazolam (Versed) 20 mg in 2 (two) 10 mg containers
 - c. Morphine Sulfate 30 mg in 3 (three) 10 mg containers
 - d. Ketamine Hydrochloride 1 gm (1000 mg) in 2 (two) 500 mg containers
2. Due to changes in national supply of medications, these amounts may be adjusted at any time with Medical Director Approval.

7006.03 Controlled Substances Security;

1. All controlled substances shall be secured at all times by an on-duty paramedic or in the absence of a paramedic the supervisor at the affected station. There shall be no time gaps in the accountability of all controlled substances.
 - a. Any time the person having control over the drug box is relieved or is reassigned to another station during the shift, the incoming replacement or the supervisor must take control of the ALS box and controlled substances.
2. Controlled substances assigned to part-time or peak-load units must also be inventoried daily. If the peak-load unit is NOT in service, the medication box with the associated narcotics box will be removed from the unit and secured in the Station Lieutenant office. The Station Lieutenant will be responsible for the morning narcotics check as outlined in 7006.05.
3. The controlled substances are stored in a locked plexi-glass container that will be secured inside the ALS box. Unless being utilized, the ALS box will be locked at all times with a padlock to maintain the "double-locked" security mandated by the regulatory agencies.

- a. Keys to the controlled substance box, drug box padlock and compartment of the unit are NOT to be duplicated.
- b. Any problems regarding keys to any of the controlled substances locks or boxes must be reported to the EMS Group for correction immediately upon discovery of the problem.
4. Squad, Engine and Tower companies will ensure that the ALS compartment is locked at all times. Transport units must also be locked when out of the station and unattended during routine non-emergency activities.
5. The controlled substance box key, padlock key and compartment key will be carried on the Paramedic or responsible person **at all times** to maintain accountability.
6. EMS Operations maintains the inventory, numerical tags, and expiration dates of the valium injectors in the large SHOT caches. The appropriate padlock key for this cache will be carried on the Paramedic or responsible person at all times to maintain accountability.

7006.04 Electronic Drug Log;

- A. Each Advanced Life Support unit will have access to an internet-based application via their iPad, iPhones or Station computers. Each employee assigned to unit and station narcotics must sign into the program every time narcotics are assigned to them. And preform a narcotic check.
 - i. Only Seminole County Fire Department personnel can witness the wasting on an unused controlled substance.
- B. All entries in the Electronic Drug Log must be legible and complete.
 - i. All entries in the Electronic Drug Log will be automatically date and time stamped.
 - ii. All controlled substances expiration dates and control numbers must be verified with the exact date and control numbers as printed on the container.
 - iii. Any discrepancies, usage or other inventory comments must be clearly explained in the inventory comments section and carried forward with each inventory check until resolved.
- C. Narcotic Drug Log Entry:
 - i. Unit Electronic Drug Log shall be reviewed by the station supervisor overseeing the paramedic making the last entry on the drug log for proper documentation entries.
 1. It is the responsibility of the supervisor (lieutenant) reviewing the electronic drug log to ensure all entries are complete and signatures are present from each employee making any entries in the log.

7006.05 Inventory Control;

1. The controlled substances will be inventoried and the expiration dates along with control numbers will be checked and entered into the electronic drug log at shift change each day or any time control of the box is transferred to another individual during the course of the shift. Both the incoming and off-going shift paramedics and/or the supervisor taking control of the medications **are required** to participate

- in a **face to face** counting and physical inspection of the controlled substances any time an exchange takes place.
- a. It is the responsibility of the incoming or on duty station supervisor to ensure that the face to face controlled substances inventory counts and exchange is completed every time a change of personnel takes place. This will be strictly enforced.
 - b. The face to face inventory and inspection of all the controlled substances containers (Vial, CarpuJet, Ampule, etc.) must include a thorough visual inspection and confirmation of the expiration date and control number entered in the log to assure there is no tampering or damage to each container and the product is not expired. The individual signing for the controlled substances is attesting that these containers are intact and prior to their expiration date at the time of the exchange and acknowledges responsibility for the preservation, integrity and legal safekeeping according to this policy and federal regulations of said substances until they are turned over to the next or incoming authorized individual relieving them from duty.
 - c. It is a federal mandate that all medications are inventoried, and expiration dates are documented every 24 hrs.
 - d. When a paramedic is remaining on the unit for an additional shift (working overtime or time trade) he/she is still required to complete a new daily inventory entry in the drug log of said controlled substances. There must be one inventory check done at a minimum every 24 hours.
 - e. If a paramedic accidentally performs a face to face on the wrong unit. (Working on R36 but selects R26 and performs a face to face on R26), the paramedic should immediately advise EMS Operations through their chain of command. Additionally, advise the other unit. The other unit will have to then perform another face to face to correct any miss information.
 - f. When a lieutenant at a safe station is remaining on for an additional shift (working overtime or time trade) he/she is still required to complete a new daily inventory entry in the drug log of safe controlled substances. There must be one inventory check done at a minimum every 24 hours.
 - g. It is not required for the off going lieutenant to stay and witness the ongoing lieutenant safe inventory at a safe station. This can be witnessed by any on duty member of Seminole County Fire Department. (Lieutenant, paramedic, EMT).
 - h. Any discrepancies in the security of the controlled substance case should be reported immediately to EMS Operations via the Chain of Command.
2. Exceptions for the shift-change inventory will be allowed for urgent transfer of control for alarm responses, but the paramedic(s) responsible for signing the logbook will do so at the earliest possible time following the completion of the alarm.

- a. In the event of an alarm at shift change, the off-going paramedic will not be required to stay or have overtime compensation paid to wait on the unit to return to complete the face to face counting.
- b. When this situation takes place, once the unit has returned to quarters, the paramedic taking responsibility for the controlled substances will complete the counting of these medications in a **face to face** presence of the on duty station supervisor. The supervisor witnessing the count will enter full name and sign in the witness/off-going box as they were witness to this count
 1. In the comments section, the incoming paramedic will make a timed notation stating “change of shift alarm” or “controlled substances exchange during an alarm” depending on the situation and include the incident number and the dispatch time for said alarm.
- c. If the urgent transfer occurs during an actual alarm, both paramedics must complete the exchange entry in the drug log immediately upon the completion of the alarm. If one of the paramedics is off duty, the log must be completed specifically as outlined in 7006.05 (B) ii above.

7006.06 Usage of Controlled Substances;

1. After each occurrence of a controlled substance use, the inventory use must be noted in the Drug Log immediately upon completion of the alarm.
2. When a controlled substance is used during an alarm:
 - a. The paramedic administering will visually confirm that the medication being administered is not past its expiration date prior to use.
 - b. The paramedic responsible for the usage will perform a used/transferred out narcotics check in the electronic log with all of the following:
 - i. Reason for removal (Used/Removed)
 - ii. Medication given and how many vials were used
 - iii. Select which of the vials/control numbers were used
 - iv. Incident number
 - v. Quantity given
 - vi. Quantity wasted (If any)
 - vii. Usage comments/notes including reason for use and/or reason for wasting the medication.
 - viii. Attachments (optional)
 - ix. The printed name, and signature of the person whom actually gave the medication must be affixed in the first signature box of the administration area in the drug log.
 1. In the event that two paramedics are utilizing the same controlled substances box during an incident and both use medications from the controlled substances inventory each paramedic is responsible for signing and documenting the medication they used/administered. On their own individual sign in of the electronic narcotic drug log.

2. At no time shall a paramedic who did not ACTUALLY administer the medication to the patient document and sign the use of the medication on another person's behalf.
 - a. Taking credit for or documenting a medication administration that was performed by another paramedic is considered fraud and falsification of the medical record.
 - x. The printed name, and signature of the person witnessing the proper disposal or "waste" of the remaining medication shall be documented in the box labeled "witness" of the drug log, at the time of the used narcotic check is being filled out.
- c. When the entire amount of controlled substance is given to the patient during patient care and there is no leftover medication to waste, it is still necessary to obtain a witness signature. The witness signature portion will be filled out every time a narcotic is both used and wasted/disposed.
 - i. The paramedic administering the controlled substance must have proper documentation of its use and total amount given documented in both the drug log and the patient care report.

Any remaining, unused or leftover medication must be properly disposed of in the physical presence of a witness and will require documentation in PSTRax system and Elite PCR Controlled Substances section.

In this section you will be required to complete the medication given, how much was given, how much was wasted, the dosing units (mg or mcg), and the vial control number.

Medication waste must be documented on all administration if the waste is greater than zero. The waste field must be completed as a zero if there is no waste of medication.

- d. Only members of Seminole County Fire Department are authorized to witness the disposal or wasting of a medication.
- e. Units must not exchange or trade controlled substances under any circumstances.
 - i. If the initial arriving unit administers a controlled substance prior to the arrival of the transport unit, any leftover medication from the first arriving unit will be wasted and documented in their drug log.
 - ii. Should the patient require additional doses of a controlled substance after the patient transfer, the stock from the transport unit will be used.
 - iii. At no point in time should a partially used controlled substance be given to another unit for subsequent use during patient care.
 - iv. It is the responsibility of each crew to have 100% accountability for the proper use and disposal of all controlled substances assigned to their unit.

- v. At no time whatsoever are units allowed to exchange controlled substances. This includes controlled substances nearing their expiration date. These medications must remain accounted for on the unit that originally received them until their expiration date. When a controlled substance is nearing its expiration, the paramedic having responsibility of these substances must make arrangements for replacement as outlined in 7006.07 (F) below.

7006.07 Replacement or Exchange of Controlled Substances;

1. When a controlled substance is used on an alarm, the paramedic responsible for the security of the ALS box will make arrangements to have the medication replaced as soon as operationally possible.
 - a. If the inventory is down only one controlled substance it must be replaced within 24 hours from the time of use.
 - i. The crew who incurred the use of the controlled substance has the primary responsibility to replace the medication by the end of the shift in which the usage took place.
 - ii. When operational needs such as immediate coverage or extensive alarm responses preclude the crew from obtaining a replacement, the replacement of the used medication must be completed by 1700 hrs. the shift following the one who incurred in the original use.
 - iii. Whenever the replacement of a controlled substance is not completed within the required 24 hrs timeline, the paramedic responsible for the controlled substances must document in the inventory comments section the reason for the delay in the replacement. In addition, the supervisor will also make an entry in the daily activities log documenting the reason and an e-mail forwarded to the EMS Battalion Chief.
 - b. If the inventory of any controlled substance is down to one remaining container of any specific controlled substance, the paramedic must make immediate arrangements to obtain a replacement controlled substance from any of the designated battalion storage stations.
 - c. When the controlled substance is replaced the supervisor replacing the narcotic will perform a narcotic check/transferred in, to the specific unit receiving narcotic, from the specific safe he/she is replacing narcotic from. An entry must be made with the following:
 - i. Sign into the electronic drug log.
 - ii. Perform narcotics check
 - iii. Select unit receiving Narcotic.
 - iv. Select check type (Added/Transferred in).
 - v. Select source (safe that is being used to pull narcotic from).
 - vi. Total number of vials being replaced for any given medication.
 - vii. Select a narcotic item from source.
 - viii. The IR# (2019-04-1234)

- ix. Usage comments/notes
 - x. Attachment (optional)
 - xi. The printed name and signature of supervisor whom is replacing medication from safe to unit. (The person whom is logged in)
 - xii. Witness, the printed name, and signature of the paramedic whom is replacing medication.
2. Controlled substances can be used for treating patients up to the time and date of expiration.
 - a. Expired medications must be replaced from the unit's inventory immediately upon expiration or discovery. At no time shall medications past their expiration date remain in the inventory of a unit.
3. Medications with an expiration date of MM/YY (e.g., 10/17) will be considered to expire on midnight of the last day of that month. Medications with an expiration date of MM/DD/YY (e.g., 10/01/2017) will be considered to expire at midnight on the date indicated.
4. When a controlled medication nears expiration, replacements will be obtained through the controlled substances safes at the designated battalion stations. Expired medications must be labeled as expired. Utilizing a piece of tape, place across the top of the expired vial or the opening end of prefilled type syringe device container marked with the word "expired". These expired medications must be locked in the safes at designated battalion stations in the provided expired medication container and separated from the inventory ready to be distributed.
5. Any time a medication is exchanged because of expiration, the Drug Log must also be completed with an entry reflecting the expiration and the exchange in the inventory comments section. According to section **7006.07 A iii**
6. Replacement medications are obtained from the controlled substances safes located at designated battalion fire stations.

Proper documentation according to **7006.07 A iii**, must be filled out at the time of replacement of expired medication. All documentations are dated and time stamped automatically.

7006.08 Replacing Damaged or Lost Controlled Substance Container;

1. In the event that a controlled substance container is damaged or lost, a memo will be sent from the Station Lieutenant/Supervisor to the EMS Lieutenant and EMS Battalion Chief, via their respective chain of command immediately upon discovery of the damage or loss.
 - a. In the event that a controlled substance is lost or potential implication that has been stolen the law enforcement agency (LEA) having jurisdiction over the location of the incident must be contacted and a report completed for the lost medication.
 - b. EMS Operations will work in conjunction with the affected LEA to complete an investigation and completion of federally mandated reporting to the Drug Enforcement Administration (DEA).
2. This memo must outline what happened to the medication; who witnessed the occurrence (if any); and what was done with the remaining medication (if any).

3. A notation will be added to the station's daily log outlining the related events.
 - a. If a Law Enforcement report was completed, the log entry should also list the case number.
4. Additionally, an entry in the Drug Log will be made and in the "comments/notes" section, details of what happened to the medication.
5. Replacements for damaged or lost controlled substances will be procured as directed by EMS Operations personnel.
6. Damaged or lost controlled substances are NOT to be automatically replaced via the controlled substances safes located at the designated battalion fire stations. Any time it is necessary to replace a broken or lost controlled substance, the station lieutenant/supervisor will be responsible to contact a member of EMS Operations for replacement authorization and directions.

7006.09 Controlled Substances Storage at Designated Battalion Fire Stations;

1. To facilitate the replacement of controlled substances, or when unanticipated and additional supplies are needed, controlled substance storage safes are located at designated battalion fire stations. The safes at these stations are secured at specific designated areas, obscured from public view.
 - a. Assignment of the designated controlled substances safes at each battalion will be based on operational needs to facilitate prompt unit stocking.
2. The standard inventory for each safe will consist of:
 - a. Morphine Sulfate 10 mg – 15 (fifteen) each
 - b. Diazepam (Valium) 10 mg – 5 (five) each
 - c. Midazolam (Versed) 10 mg – 5 (five) each
 - d. Ketamine Hydrochloride 500 mg – 5 (five) each
3. The standard inventory quantities for the controlled substances safes may be adjusted by EMS Operations at any time based on operational needs, national drug supplies/shortages, and usage with the goal of maintaining an adequate replacement inventory stock for a two week time frame.
4. Controlled substances safes security:
 - i. The safes located at the designated battalion stations are equipped with a biometric locking mechanism that limits its access to a predetermined set of individuals. This biometric component requires the fingerprint read of the individual before the locking mechanism releases and access is gained.
 - ii. Each time the controlled substances safe is accessed and electronic record is generated with the date, time, and length of time the safe is opened as well as the name of the person gaining access. These records will be regularly downloaded by EMS Operations and compared to the drug safe log entries to monitor for compliance.
 - iii. Access to the controlled substances safes will be limited to the system administrators (EMS Operations) and station supervisors only.
5. The station supervisor assigned to each designated battalion station will complete the daily inventory count at the beginning of each shift or anytime the control of the safe is exchange in the same way as the exchange of control of the substances

- assigned to units in accordance with section 7006.05 (A) i-viii. The supervisor will also monitor/disburse any medications necessary during the course of the shift.
6. The Electronic Drug Log will track these substances and their issuance. The controlled substances must be inventoried at shift change or at any time the control and responsibility for the safe exchanges between personnel, and the inventory quantities reconciled and noted appropriately in the logbook.
 - a. The station supervisor will be responsible for the correct accountability and control of the safe during his/her assigned shift.
 - b. The biometric lock limits the access of the safes to supervisors and specific authorized personnel only.
 7. When controlled medications are issued, the supervisor responsible for the safe will:
 - a. Complete an entry in the electronic drug log according to 7006.07 A iii.
 - b. Notify EMS Operations Lieutenant if the supply inventory reaches a minimum of two containers of any medication.
 8. NEVER issue controlled medications without an entry in electronic drug log and verification by station supervisor responsible for replacing medication has been made
 9. The station supervisor will have overall responsibility and oversight of the medication safe. All supporting documentation for exchanges or replacements must be reviewed for accuracy, legibility and policy compliance prior to issuing the replacement controlled substances.
 10. The station supervisor will also make an entry in the daily log outlining who completed the inventory of the drug safe and has the control responsibility for the shift. If, during the shift, the control of the drug safe changes to another authorized person, an additional entry documenting the change is required.
 11. The EMS Operations Assistant Chief or their designee will maintain the oversight of the controlled substances inventory, supply and ordering.

7006.10 Controlled Substances Accountability;

1. In the event of a discrepancy with the inventory of controlled substances the last person documented as responsible for the controlled substances box will be held accountable for such discrepancy.
2. Station supervisors must maintain regularly scheduled reviews of the documentation in the Electronic Drug Log for accuracy and/or deficiencies.
3. This policy and procedure will be **strictly enforced** as mandated by State and Federal Laws as outlined in the History section of this document.

This Operations Bulletin and Policy is approved by:



Todd M. Husty, DO, FACEP
Medical Director – SCFD

6/20/2023

Date



Title: Animal Oxygen Masks

Controller: EMS Operations

Origination Date: 05/5/04

Revision Date: 2/5/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish a procedure for the use of animal oxygen masks.

History

Seminole County Firefighters have always provided some level of care to animals at structural fires. Until March 1, 2004, oxygen was provided to pets utilizing a human oxygen mask. Clearly, these masks do not fit the face of an animal.

In August 2003, a rescue attempt was made on a black Labrador in Sanford, Florida by two firefighters from SCFD. The attempt failed because the two were unable to fit the human oxygen mask. In between August of 2003 and March of 2004, donations were collected from citizens and local businesses to help purchase animal masks.

About Masks



Recovery O2 small (left) Recovery O2 large (center) Recovery O2 feline (right)

Each pack will have three masks: #32490B15 (small canine mask), #32490B10 (large canine mask), and #32490B16 (feline mask). The mask packs will be carried on all Rescue units and on the four Battalion Chief vehicles.

1. Rubber-mounted 22mm/oxygen adaptor fitted to tough polycarbonate mask with dual vents, not valves, thereby allowing unrestricted inhalation and exhalation.
2. If oxygen flow is set (or becomes closed) too low for patient requirement, vents allow the patient to inhale supplementary ambient air.
3. If oxygen flow is set (or becomes) too high for patient requirement, then vents allow excess to escape.
4. Optional hook and strap to help secure mask available.

5. Made from the most durable materials available.
6. Mask is wide section polycarbonate.
7. Polycarbonate adaptor is rubber-mounted so will not crack when dropped.
8. Diaphragm is made from high tear-resistant, chemical-resistant thermoplastic rubber.

Procedure

Location:

Animal oxygen masks will be placed in red bags with “Animal Oxygen Masks” clearly printed on the outside of the bag.

Using Animal Oxygen Masks:

1. The pack of animal oxygen masks should be deployed when an animal is in distress due to smoke inhalation, heat, or related respiratory emergency.
2. The appropriate oxygen masks should be placed over the snout of the animal and attached to the portable oxygen tank.
3. Set appropriate oxygen level for the patient – vents will allow firefighters monitor oxygen levels.
4. 911 Communications should be directed to dispatch an Animal Control Officer to the scene.
5. Cleaning solution should be used to disinfect the mask before placing it back into the animal oxygen pack. (according to Surgi-vet, Inc, the best cleaning solution is mild soap and water)
6. Masks are designed to be cleaned and re-used. Only dispose of them if they are damaged.
7. If masks are disposed, notify EMS Operations for replacements.



Title: Bariatric Transport Operations

Controller: EMS Operations

Origination Date: 09/12/2007

Revision Date: 2/5/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To establish a policy to safely and effectively move and transport extremely obese patients that exceed the normal operating limits of the Department's standard stretchers.

History

Seminole County Fire Department has seen an increase in the frequency of bariatric patient transports. By definition a "bariatric patient" is anyone, regardless of age, who has limitations in health and social care due to their weight, physical size, shape, width, health, mobility and environmental access with one or more of the following areas; body mass index >40 Kg/m² or weighs at or in excess of 400 lbs, or an abdominal girth measurement in excess of 72" at the waist line.

Procedure

7008.01 Deployment:

1. Seminole County Fire Department provides each rescue with a hydraulically powered standard stretcher capable of safely handling up to a 700 lb patient.
2. The bariatric capable unit can be deployed whenever a patient's weight exceeds the working load limit of a standard stretcher or the patient's physical size, shape or width will interfere with the safe operation of said stretcher during transfer and/or transport to the hospital.

7008.02 Notification:

1. Initial responding unit:
 - a. The initial responding unit makes the determination of the need for bariatric capable transport unit (BCU) and makes a request for the specialty unit and additional manpower through the Communication Center.
 - i. The initial responding unit provides the Communication Center a situation report of the patient's condition, to include:
 - (1) Estimated weight (this information may be obtained directly from the patient)
 - (2) Any access problems or situations where a specialty unit (squad, tower) may be required.
 - ii. The initial responding unit will also notify the selected initial receiving facility via phone and to confirm they are capable and ready to accept the patient.

- (1) The initial hospital notification must include an estimated weight and patient's condition to assist in gathering the necessary equipment to receive the patient.
 - b. If the initial responding unit is from a first response City jurisdiction, they will notify the Communication Center and request the need for bariatric capable transport unit.
2. Battalion Chief:
 - a. The Battalion Chief will only be notified if the request for bariatric capable unit is outside the county or a special circumstance; e.g. access problems, the need of a specialty unit, technical removal situations.
 - b. Upon notification, the initial responding unit will request the bariatric capable unit through the Communications Center.
 - c. Request additional units for manpower as deemed necessary based on the situation report by the on scene unit.
 - i. It is of utmost importance to have adequate resources on hand for the patient transfer.
 - ii. As a rule of thumb, there should be one crewmember for every 100 lbs of patient's weight.
 - d. Respond to the scene for overall supervision/command/safety.
 - e. If the alarm is on a city jurisdiction/response, the County Battalion Chief will coordinate with the requesting City Battalion Chief for response and/or additional unit requests.
3. Communications Center:
 - a. Receives the request for bariatric unit. Contact the BCU and ensure they are aware this is a bariatric transport (via CAD notes or radio).
 - b. Notify the responsible Battalion Chief of notification/response.
 - c. In the event that the bariatric unit is either committed to another alarm or out of service, the Communications Center will notify the responsible Battalion Chief and initiate request for mutual aid from other agencies with a bariatric capable unit.
4. Bariatric Capable Unit:
 - a. When dispatched to the call, load the bariatric stretcher and related equipment on the unit. If out of quarters, the unit will return promptly to the station to load the necessary bariatric equipment.
 - b. The station supervisor responsible for the BCU will make sure that the personnel responding on the bariatric transport are checked-off in the proper setup and handling of bariatric transports and move/rotate personnel to ensure compliance.

- c. Notify the Communications Center when the equipment is loaded and responding.

7008.03 Scene, Transport and Unload Operations:

1. The initial arriving ALS engine company paramedic will assume **overall patient care** (designated as Primary Medic). This will maintain a seamless patient care process throughout the incident.
 - a. The Primary Medic will transport the patient on the bariatric capable unit directing **all patient care needs**. The remainder of the initial engine company will follow the BCU to the receiving facility to assist in patient unloading.
2. The initial responding rescue company will assist with patient care and loading. Once the bariatric patient is loaded in the BCU, the initial rescue company will return to service to maintain adequate area transport coverage.
3. The BCU personnel's primary role is that of loadmaster for the operation.
 - a. The bariatric stretcher has the capability to carry 850 pounds in all height positions and 1600 pounds in the lowest position.
 - i. For those exceeding 850 lbs of weight, the stretcher may be raised enough to help transfer the patient ONLY.
 - ii. The stretcher must be at its lowest position anytime a patient exceeding the 850 lb weight is being moved on the stretcher.
 - b. The BCU personnel are responsible for proper unit positioning, leveling, placing supports and deploying all bariatric related equipment to ensure safe preparation, loading and securing of the patient for transport.
 - c. BCU personnel may assist in patient care duties during the transport, however; they are NOT to be the Primary Medic for this transport.
 - d. Personnel from the manpower units may be summoned to assist with deploying of the bariatric equipment; they will do so under the direction of the BCU loadmaster crew. The equipment has multiple pinch points and safety concerns so all bariatric equipment deployment must be carefully orchestrated by the loadmaster.
4. Transport response code: The patient will be transported based on the current guidelines on emergency response.
 - a. It is important to note that bariatric transports are not fast operations and that safety during unit movement is the primary rule.
 - b. If there is a Battalion Chief on-scene they will consult with the Primary Medic for risk assessment of any emergency hospital transport to make the appropriate transport decision.
5. When the BCU is departing the scene, the Primary Medic will contact the charge nurse at the receiving E.D. with an estimated ETA.

6. Upon arrival at the receiving facility, the unloading procedure will be carefully coordinated between the Fire Department personnel and hospital staff. If the facility has a patient lift, the movement and transfer of the patient will be coordinated with hospital staff handling the operation of said lift.
7. The Primary Medic will provide the staff a verbal and paper report as with any other EMS transport.

7008.04 Call Completion and Reports:

1. Upon patient care transfer, units will return to their normal response. The BCU will return to quarters and ready the unit for normal response. The BCU will notify the Communications Center when ready.
2. The Primary Medic will be responsible for the entire patient care report.
 - a. If a City unit is the initial and primary medic, they will complete their corresponding PCR as per their Department's procedure.
 - b. The County Medic on the BCU will complete a County PCR to document our portion of the care and transport process.
3. The BCU personnel will also send an e-mail to the EMS Battalion Chief with the incident number, date and jurisdiction. The data will be shared with EMS/Quality Assurance to be added to the Bariatric Registry for future responses and disaster planning/evacuation.

7008.05 Administrative Procedures:

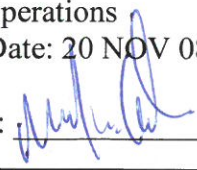
1. The supervisor responsible for the BCU will oversee the training and skills maintenance of the crew assigned to the BCU, ensuring proficiency of the personnel in handling the equipment, as well as having the proper personnel on the unit when the unit responds to a bariatric transport.
2. When the bariatric unit is not in service (repairs or PM) and upon returning to service, the station responsible for the unit will notify the Communications Center of the unit status.
3. In the event that the bariatric unit is unavailable for a transport, the Communications Center will make a mutual aid request to other departments or services that have bariatric capable units.



Title: EMS Patient Stretcher Operations and Maintenance

Controller: Operations
 Origination Date: 20 NOV 08

Revision Date: 3/12/18

Approved by: 

Effective Date: 3/12/18

Purpose

This Operations Bulletin establishes specific operational requirements, safety rules and service procedures for the operation of EMS patient transport stretchers.

History

Transport of patients to the hospital is a common procedure performed by our personnel daily. Proper handling, securing and maintaining the patient transport stretchers is necessary to prevent further injuries to the patient or the personnel operating, handling or controlling the EMS stretcher. By its very nature, when loaded with equipment or a patient, the stretcher is very top heavy with a high center of gravity and prone to overturning. Multiple mechanical parts and the collapsible nature of the undercarriage make it also susceptible for release or failure. The following procedure addresses the proper operation and maintenance of these stretchers.

Procedure

7009.01 Stretcher Specifications, Nomenclature and Definitions:

- A. Stretcher Types: The Fire Division uses Stryker Equipment as the preferred stretcher vendor. The following stretcher models are in service:
 - i. MX-Pro (models 6080, 6082) manual lift stretchers
 - ii. Power-Pro XT (model 6500) electric lift stretchers
 - iii. MX-Pro Bariatric (model 6083) manual lift stretcher
 - iv. Stair-Pro (model 6252) stair chair stretcher
- B. MX-Pro Specifications
 - i. X-Frame manual ambulance stretcher
 - ii. Seven position height adjustment
 - iii. Weight – 81 lbs (empty weight – no mattress)
 - iv. Dimensions – L (total) 80", W 23", Maximum height 38"
 - v. Recommended loading height – 33"
 - vi. Maximum weight capacity – Model 6080 – 500 lb, 6082 – 650 lb
 - vii. Minimum operators required – occupied stretcher – 2 people.
- C. Power-Pro XT Specifications
 - i. X-Frame powered ambulance stretcher
 - ii. Infinite height position between lowest and highest range.
 - iii. Weight – 125 lbs (empty weight including battery – no mattress)
 - iv. Dimensions – L (total) 80", W 23", Maximum height 41.5"

- v. Recommended loading height – 36"
 - vi. Maximum weight capacity – 700 lbs
 - vii. Minimum operators required – occupied stretcher – 2 people.
- D. MX-Pro Bariatric Specifications
- i. X-Frame ambulance stretcher
 - ii. Seven position height adjustment
 - iii. Weight – 111 lbs (empty weight – no mattress)
 - iv. Dimensions – L (total) 80", W 29", Maximum height 37"
 - v. Recommended loading height – 33"
 - vi. Maximum weight capacity – Raised – 850 lb, Low position – 1600 lb
 - vii. Minimum operators required – occupied stretcher – 2 people.
 - viii. Large Push pull handles included for operation
- E. Stair-Pro Stair Chair Specifications
- i. Height – 37.5"
 - ii. Width – 20.5"
 - iii. Depth – 28"
 - iv. Folded Depth – 8"
 - v. Weight – 31.5 lbs
 - vi. Maximum weight capacity – 500 lbs
 - vii. Outfitted with Stair-THREAD system rollers
 - viii. Extendable upper control handle

7009.02 General Stretcher Handling and Movement:

- A. Read all manual labels and instructions on the stretcher devices before using them. The operator manuals are available on the P drive under <P:\SHARED\FIRE RESCUE\EMS Division\Stryker Manuals>
- B. Operator requirements:
- i. The stretcher must be attended by a minimum of one person **at all times** while loaded with a patient and the stretcher **is not** in motion.
 - ii. A minimum of two (2) operators are required to manipulate the stretcher while a patient is loaded. Two operators can safely move or operate the stretcher in flat, even and stable surfaces.
 - iii. When rolling the stretcher with a patient on it, position one operator at the foot end and one at the head end of the stretcher **at all times**.
 - iv. In unstable soil, sand or rocky terrain a **minimum** of 4 personnel (four-point) handling is recommended whenever possible.
 - v. At any time that the conditions, activity, weight or movement of the patient can potentiate the overturning of the stretcher the unit may be lowered to a safest handling height. In addition, number of personnel must be increased proportionally to insure

safety of the patient and those handling the stretcher. Additional resources may be requested insure the patient's and personnel safety. As an

- C. Do not adjust, roll or load the stretcher into a vehicle without advising the patient. Stay with the patient while maintaining control of the stretcher at all times.
- D. The ambulance stretcher can be moved in any height position. Stryker recommends transporting the patient in the lowest position that is comfortable for the operators to maneuver the stretcher.
- E. During transport, approach door sills and/or other low obstacles squarely and lift each set of wheels over the obstacle separately.
- F. Wheel lock(s) are only intended to help prevent the stretcher from rolling while unattended. Wheel lock(s) must be utilized when there are conditions present that may allow an unattended stretcher to roll. A wheel lock may not provide sufficient resistance on all surfaces or under loads.
- G. The restraint straps must be used at all times. This includes the shoulder, waist, knee and leg straps.
- H. Only Fire Department personnel trained in the use of the stretcher must operate or handle the stretcher. Other personnel may be used in stabilizing the stretcher under the direct supervision of a SCFD member.

7009.03 Safety and Security:

- A. Personnel must adhere to all manufacturer safety warning and precautions at all times when handling any stretcher device.
- B. Straps
 - i. All safety straps must be securely fastened at all times around the patient. It includes the leg, waist and shoulder straps.
 - ii. Exception to this rule: In the event that the straps are impeding a procedure (for example – CPR) the necessary strap may be removed providing that all remaining straps are securely fastened and measures taken to insure patient safety.
- C. Side Rails
 - i. Side rails must be in the up position at all times when the patient is loaded on the stretcher.
 - ii. Side rails do not eliminate the need for proper fastening of all straps.
 - iii. Side rails are not intended to serve as a patient restraint device.
- D. Operators must strictly adhere to proper lifting and pushing/pulling techniques when lifting, loading and operating the stretchers.
- E. Do not “jog” the stretcher past the load height while the safety bar is engaged.
- F. Do not allow the stretcher undercarriage to drop unassisted (commonly known as a “hot drop”) when removing the stretcher from the vehicle. Repeated “hot dropping” will cause premature wear or damage to the stretcher.

- G. Grasp only the stretcher frame or the lifting bar to lift the stretcher. Keep hands, fingers and feet away from moving parts. To avoid injury, use extreme caution when placing your feet near the base tubes while raising and lowering the stretcher.

7009.04 Loading Procedures:

- A. Loading an occupied stretcher into the vehicle requires a minimum of **two (2) trained operators**.
- B. When loading the stretcher into a vehicle, an operator should remember the following important issues:
 - i. There must be a safety hook properly installed in the vehicle so that the bumper does not interfere with the front legs of the base frame.
 - ii. Stretcher operators must be able to lift the total weight of the patient, stretcher and any items on the stretcher. The higher an operator must lift the stretcher, the more difficult it becomes to hold the weight. An operator may need help loading the stretcher if he/she is small or if the patient is too large to lift safely.
- C. Place the stretcher in a loading position. Roll the stretcher into the open patient compartment. Lift the vehicle bumper to the raised position (if option is available).
- D. Push the stretcher forward until the load wheels are on the patient compartment floor and the safety bar passes the safety hook.
- E. For maximum clearance to lift the base, pull the stretcher back until the safety bar engages the safety hook. Operator two should verify that the bar engages the safety hook.
- F. Operator procedures for loading:
 - i. Operator 1 – Grasp the stretcher frame at the foot end and push the retract (-) button until the undercarriage of the stretcher retracts fully (power pro models). On manual stretchers the operator holds the release bar while taking the weight of the undercarriage so operator 2 can pick up the undercarriage.
 - ii. Operator 2 – Securely grasp the stretcher's outer rail to stabilize it during retraction (power pro models). On manual stretchers operator 2 picks up the undercarriage while stabilizing the stretcher.
 - iii. Both Operators – Push the stretcher into the patient compartment until the stretcher engages the floor bracket.

7009.05 Unloading Procedures:

- A. Unloading the stretcher from the vehicle while a patient is on the stretcher requires a minimum of **two (2) operators**, positioned at each end of the ambulance stretcher. Each operator must grasp the ambulance stretcher frame securely.
- B. Disengage the stretcher from the stretcher floor bracket.
- C. Lift the vehicle bumper to the raised position (if option available).
- D. Operator 1 – Grasp the ambulance stretcher frame at the foot end. Pull the stretcher out of the patient compartment until the safety bar engages the safety hook. Operator two should verify that the bar engages the safety hook.

- E. Do not press the extend (+) button until the safety bar engages the safety hook (power pro models). On manual stretchers the undercarriage remains retracted until it is clear from the vehicle. The operator at the bottom of the stretcher then releases the handle while operator two controls the descent of the undercarriage to the ground.
- F. Once the undercarriage is locked and weight of the stretcher is securely resting on the wheels the safety bar release lever is pushed forward to disengage the safety bar from the safety hook in the patient compartment. **Never** pull or lift on the safety bar when unloading the stretcher. Damage to the safety bar could result and injury to the patient or operator could occur.
- G. Remove the load wheels from the patient compartment of the vehicle.

7009.06 Emergency Manual Operation Procedures on Power-Pro Units:

- A. In the event of loss of electrical function on power pro models, the ambulance stretcher is equipped with a manual override to allow manual operation of the product until electrical functionality is restored.
 - i. The red manual release lever is located along the patient left side of the lower lift bar at the foot end of the stretcher.
- B. To raise or lower the stretcher with the manual release:
 - i. Both Operators – lift the stretcher during the raise/lower operation to support the weight of the stretcher.
 - ii. With the ambulance stretcher supported by an operator at each end, the operator at the foot-end must pull the release handle towards the lift bar. While the release handle is pulled, raise or lower the ambulance stretcher to the desired position and then release the handle to lock ambulance stretcher into position.
 - iii. The operators must lift the stretcher weight slightly off the wheels to use the manual extend or retract while a patient is on the stretcher.

7009.07 Stair Chair Operating Procedures:

- A. The Stair-PRO® Stair Chair is to be operated only as described in the owner's manual. This manual is located at: <P:\SHARED\FIRE RESCUE\EMS Division\Stryker Manuals>
- B. Stair chairs are intended for the use of conscious patients through confined hallways or stairs. Patients who are unresponsive should not be transported using this device.
- C. When a patient is on the chair, use a minimum of **two operators** to manipulate the chair on stairs. If more people are required to safely control the chair, position the additional personnel in a way that the loaded stair chair is balanced.
- D. Do not roll the chair, ascend, or descend stairs without advising the patient. Explain to the patient not to use their hands to grasp rails or attempt to balance themselves while the stair chair is being moved.
- E. Stay with the patient and control the chair at all times.
- F. Only use the wheel locks during patient transfer or without a patient on the chair.

- G. Always use the restraint straps when a patient is on the chair. These include the waist and shoulder straps at all times.
- H. The Stair-TREAD[®] system must be used when descending stairs. These are designed to roll slower as the weight placed in the chair is increased. Do not force the Stair-TREAD[®] system to roll faster. Forcing the Stair-TREAD[®] system will cause damage to the unit and possible injury to the patient or operators.
- I. Use properly trained helpers when necessary to control the chair and patient.

7009.08 Daily Inspections:

- A. All stretchers and stair chairs must be inspected during the daily truck and equipment check.
 - i. A visual inspection following the weekly checklist is required to ensure that there is no damage or loose parts.
 - ii. The operator must also complete a hands-on operation of all mechanical parts to ensure they are operating properly.
- B. Daily stretcher inspections must be documented on the daily truck check form. The completed stretcher inspection must be documented as “ok” or identify deficiencies specifically.
- C. Any deficiencies must be immediately reported and the procedures outlined in 7009.11 followed to exchange the stretcher for a loaner.

7009.09 Weekly Inspections:

- A. All stretchers must be inspected during the unit’s weekly servicing and the inspection checklist completed.
- B. When completed attach the weekly checklist form to the apparatus check form in the truck check book.
- C. Inspection Checklist:
 - i. General appearance is clean with no visible signs of contamination.
 - ii. All fasteners secure (Use assembly drawings as reference).
 - iii. All welds appear intact, not cracked or broken.
 - iv. No bent or broken tubing or sheet metal.
 - v. No debris, oil or other contaminants on wheels.
 - vi. All wheels secure, rolling and swivel properly
 - vii. Wheel lock holds wheel securely when on and clears wheel when off.
 - viii. Side rails move and latch properly.
 - ix. Backrest operating properly.
 - x. Optional accessories intact and operating properly.
 - xi. Height positioning latch functioning properly.
 - xii. Stretcher secure in each height position.
 - xiii. Undercarriage folds properly.
 - xiv. Breakaway head section operating properly.
 - xv. Safety bar operating properly.

- xvi. Foot rest operating properly.
 - xvii. Mattress is clean, no rips or cracks in mattress cover or contaminated surfaces.
 - xviii. Body safety restraints intact and working.
- D. Power-Pro Models:
- i. Battery with adequate charge on unit. Check battery indicator, charged.
 - ii. Charge spare battery (as necessary) according to DeWALT® instructions.
 - iii. Install battery into foot-end enclosure, battery indicator operates.
 - iv. Ensure the battery remains firmly secured. Release and remove battery from foot-end enclosure.
 - v. Ensure operating switches are operating properly.
 - vi. Inspect motor mount, all fasteners secure.
 - vii. Check cylinder attachments at both ends, all fasteners secure. Inspect hoses and cylinder seal for leaks.
 - viii. Inspect main cable, all connections secure.
 - ix. Verify the manual release lever functions properly, adjust accordingly.
 - x. With the stretcher empty, check the raise/lower function.
 - xi. With the stretcher loaded with a minimum of 45 kg, check the raise/lower function.

7009.10 Yearly Maintenance and Inspection Procedures:

- A. EMS section will organize yearly maintenance and inspection schedule with the selected vendor.
- B. EMS section will provide schedule to the on duty DC's for unit rotation on the scheduled dates.
- C. Scheduling of units must be every 45 minutes at the Fire Training Center.
- D. Units are to be placed out of service during maintenance and inspection.

7009.11 Stretcher Exchange Procedures:

- A. Should a significant deficiency be discovered requiring the stretcher to be placed out of service, personnel must notify their supervisor and the chain of command.
- B. Place the stretcher out of service, tag the stretcher identifying the problem and notify the EMS Group Lieutenant by phone or e-mail.
- C. Bring the out of service stretcher to the warehouse and pick up a spare stretcher.
- D. Complete the stretcher exchange form to sign out a spare stretcher to ensure accountability. The stretcher exchange forms will be placed by the spare stretchers at the warehouse.
- E. The EMS section Lieutenant will facilitate to repair process with the selected vendor.
- F. Once the stretcher is repaired, the EMS section Lieutenant will contact the affected station supervisor to make arrangements for the exchange.
- G. Personnel must go to the warehouse for this exchange and complete the stretcher exchange form by signing the spare stretcher back in.

7009.12 Cleaning and disinfecting Procedures:

- A. Follow the cleaning solution manufacturer's dilution recommendations exactly as directed on the label. Suggested cleaners include:
 - i. Quaternary Cleaners (active ingredient – ammonium chloride)
 - ii. Phenolic Cleaners (active ingredient – 0-phenyl phenyl)
 - iii. Chlorinated Bleach Solution (5.25% – less than 1 part bleach to 100 parts water)
- B. Spray and wipe all surface areas of the stretcher. Pay particular attention to the underside surfaces as they are not readily visible and may hold contaminated products or fluids.
- C. Clean Velcro **AFTER EACH USE**. Saturate Velcro with disinfectant and allow disinfectant to evaporate.
- D. Wipe all safety straps after each use. If visibly soiled, remove the straps for cleaning and place a spare set of straps in its place (Replacement sets of straps are available at the warehouse). The stretcher must **NEVER** be operated for patient transport without a complete set of straps.
- E. Stryker stretchers are designed to be washable.
 - i. Frequent washing may show some signs of oxidation or discoloration from continuous washing, however, no degradation of the stretcher's performance characteristics or functionality will occur due to power washing as long as the proper procedures are followed.
 - ii. Stryker stretchers are not designed to be steam cleaned.
 - iii. Maximum water temperature when washing should not exceed 180° F.
 - iv. Towel dry all casters and interface points between the stretcher and the breakaway head section.
 - v. When using chemical products Avoid over-saturation and ensure the product does not stay wet longer than the chemical manufacturer's guidelines for proper disinfecting.
- F. Failure to properly clean or dispose of contaminated mattress or stretcher components will increase the risk of exposure to bloodborne pathogens and may cause injury to the patient or the operator.

7009.13 Manufacturer Operation Manuals:

- A. This Operations Bulletin references and adopts the operator manuals for all of the stretcher and stair chair models.
- B. These manuals are located at the following P drive address:
 - i. <P:\SHARED\FIRE RESCUE\EMS Division\Stryker Manuals>



Stryker Stretcher Weekly Inspection

Unit Number: Choose Unit	Model: Choose model
Shift: Select	Serial # Enter Serial Number
Date: Select Date	Time:
BCC #	

Inspected By:	Employee (CAD) Number:
Supervisor Approval:	Supervisor (CAD) Number:

All Stretchers

Checklist	OK	Deficiency
General appearance clean. No visible signs of contamination	Select	Enter deficiency details
All fasteners secure (Use assembly drawings as reference)	Select	Enter deficiency details
All welds appear intact, not cracked or broken	Select	Enter deficiency details
No bent or broken tubing or sheet metal	Select	Enter deficiency details
No debris, oil or other contaminants on wheels	Select	Enter deficiency details
All wheels secure, roll and swivel properly	Select	Enter deficiency details
Wheel lock holds wheel securely and clears wheel when off	Select	Enter deficiency details
Side rails move and latch properly	Select	Enter deficiency details
Backrest operating properly.	Select	Enter deficiency details
Height positioning latch functioning properly	Select	Enter deficiency details
Cot secure in each height position	Select	Enter deficiency details
Undercarriage folds properly	Select	Enter deficiency details
Breakaway head section operating properly	Select	Enter deficiency details
Safety bar operating properly	Select	Enter deficiency details
Foot rest operating properly	Select	Enter deficiency details
Optional accessories intact and operating properly	Select	Enter deficiency details
Mattress is clean, no rips or cracks in mattress cover or contaminated surfaces	Select	Enter deficiency details
Body safety restraints intact and working	Select	Enter deficiency details

Power-Pro Models

Battery on unit has adequate charge	Select	Enter deficiency details
Check battery indicator, charge level is operating	Select	Enter deficiency details
Charge spare battery according to DeWALT® instructions	Select	Enter deficiency details
Able to easily install battery into foot-end enclosure	Select	Enter deficiency details
Ensure the battery remains firmly secured. Release and remove battery from foot-end enclosure	Select	Enter deficiency details
Ensure operating switches are operating properly	Select	Enter deficiency details
Inspect motor mount, all motor fasteners are secured	Select	Enter deficiency details
Check cylinder attachments at both ends, all fasteners secure.	Select	Enter deficiency details
Inspect hoses and cylinder seal for leaks	Select	Enter deficiency details
Inspect main cable, all connections secure	Select	Enter deficiency details
Verify the manual release lever functions properly	Select	Enter deficiency details
Check the raise/lower function with the cot empty	Select	Enter deficiency details
Check the raise/lower function with the cot loaded with a minimum of 45 kg,	Select	Enter deficiency details



Title: EMS Unit Cleaning

Controller: EMS Operations

Origination Date: 11/20/08

Revision Date: 1/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish guidelines for the proper cleaning and decontamination of EMS units. These cleaning and disinfecting procedures are essential for patient and employee safety and help prevent the spread of diseases during EMS responses and routine activities.

History

The Seminole County Fire Department recognizes that exposure to diseases is an inherent risk in any healthcare environment. Communicable disease transmission is possible during any aspect of emergency response, particularly when transporting patients. Proper cleaning and decontamination of the EMS response and transport units after each call is necessary to eliminate the risk of cross contamination to patients or exposure of the EMS providers to potentially debilitating or terminal illnesses.

Procedure

7010.01 Routine EMS Unit Cleaning:

- A. All EMS transport units and equipment must be cleaned after each patient contact within the unit or transport.
 - i. At any time the unit is being sanitized, the following personal protective equipment must be worn:
 - 1. Gloves (mandatory)
 - 2. Eye Protection (mandatory)
 - 3. Respiratory protection, footwear covers and gown (as needed)
 - ii. Cleaning and disinfecting of equipment should be performed at the receiving medical facility as much as possible. Equipment requiring extensive decontamination must be properly bagged and taken back to the station for proper cleaning.
- B. Steps in cleaning after each transport:
 - i. Have the stretcher removed from the patient compartment.
 - ii. All visible debris and soil contaminations are wiped off with towels.
 - iii. An approved bactericidal and germicidal cleaning agent is sprayed liberally on all the exposed areas and floors on the transport compartment of the unit.
 - iv. Cleaning agent is sprayed liberally on the stretcher mattress, the frame and support components, including wheels.
 - v. All interior compartment surfaces and the stretcher are wiped clean and dry.
 - vi. All surfaces are inspected to ensure that no visible signs of debris, soil or contaminants are present. If such signs still exist, then repeat the cleaning process.

- vii. Disinfecting towels are disposed of appropriately. Contaminated paper towels must be placed in a red or properly marked biohazard bag or container if blood-soaked; otherwise, they may be treated as normal trash.
 - viii. Gloves must be placed in a red or properly marked biohazard bag or container if blood-soaked; otherwise, they may be treated as normal trash.
 - ix. All biohazard bags, full sharps containers and other contaminated disposable items must be removed from the unit and placed in the station's biohazard container as soon as possible.
- C. To clean, deodorize, and disinfect large surfaces hold the cleaning agent mixture dispenser 10 inches from the surface and atomize with quick short strokes, spraying evenly on contaminated or potentially contaminated areas of the equipment and affected interior patient compartment of the EMS unit or other affected portions of the vehicle until wet. Wait 30 seconds and wipe dry with a paper towel.
 - D. To kill staphylococcus, streptococcus, and other common types of virus and bacteria strains, repeat as above, wait 5 minutes, and wipe dry. Blood and other body fluids must be thoroughly cleaned from surfaces and objects before application of the disinfectant.

7010.02 Special Equipment Cleaning Procedures:

- A. Stretcher restraint straps must be removed immediately when contaminated with blood or body fluids or body substances/secretions and placed in a red or appropriately marked biohazard bag and a replacement set of stretcher straps affixed to the stretcher.
 - i. Straps are washed upon return to the station in an appropriate detergent according to manufacturer's instructions and recommendations.
 - ii. Air dry as recommended.
- B. Equipment bags made of Cordura nylon; remove from service immediately when contaminated with blood, bodily fluids, or body substances/secretions and place in a red or appropriately marked biohazard bag.
 - i. The bags will be washed upon return to the station in appropriate detergent according to manufacturer's instructions and recommendations.
 - ii. Air dry as recommended.
- C. Non-disposable laryngoscope blades and magill forceps are cleaned with the cleaning agent mixture insuring complete coverage with the agent mixture. Let the equipment sit in the cleaning agent for a minimum of 30 seconds then rinse and dry.
- D. All electronic or electrical equipment (cardiac monitors, suction units, LUCAS device, portable radios) must be cleansed in accordance with the manufacturer's recommendations. These items shall never be completely immersed in water.

7010.03 Daily Equipment Checks and Cleaning:

- A. EMS equipment will be checked daily for cleanliness and readiness. Items that come into contact with patients will be given special attention in order to have them as clean as possible. The following areas will be checked:

- i. Oxygen/EMS Kits – Bags or boxes shall have all surfaces cleaned with an approved cleaning solution. Dirt and debris will be removed and contents will be orderly and not overstocked.
- ii. Electronic equipment, monitors and suction units – Inspected for any visible contamination then wiped with an approved disinfecting solution. This includes all monitor cables, BP tubing or other items that routinely come in contact with the patients.
- iii. All stretcher surfaces must also be inspected including the underside of the stretcher pad and under the rails, handles and other supporting structures. Any visible contamination or biohazardous products will be cleansed with an approved solution.

7010.04 Weekly Equipment Checks and Unit Cleaning:

- A. All EMS equipment must be inspected and serviced according to manufacturer's specifications during the unit's scheduled weekly check.
- B. Complete a weekly stretcher inspection form in accordance to Ops. Bulletin 7009.
- C. The patient compartment of the unit must be thoroughly cleaned using the approved disinfecting solution.
 - i. All exposed surfaces including walls, ceiling, seats, and compartment doors must be wiped clean.
 - ii. The flooring surface must be properly swept, scrubbed with cleaning solution, and properly rinsed.
- D. The cab of the unit must be properly cleansed and sanitized according to the weekly maintenance Ops. Bulletin 4021.

7010.05 Aeroclave Decontamination System:

Used to decontaminate the Rescue and EMS equipment in the patient compartment after transport of COVID positive or suspected patients.

- A. Rescues will select 1 Fixed Mode at 6 minutes.
- B. Allow for 10 minutes of dwell time.
- C. Allow any haze or fog to dissipate before entering the rescue.
- D. Open all doors to allow enough airflow and ventilate for 20 minutes.

Treatment Area Volume in cubic feet	InjectionTime(Minutes)		
	1 Fixed or Remote	2 Fixed Heads	2 Fixed + Remote
500	6	3	2
1000	12	6	4
1500	18	9	6
2000	24	12	8
2500	30	15	10
3000		18	12
3500		21	14
4000		24	16
4500		27	18
5000		30	20



Title: Approved EMS Abbreviations and Symbols

Controller: Operations, EMS

Origination Date: 05/1995

Revision Date: 2/5/2023

Approved by: _____

A handwritten signature in black ink, appearing to read "Matt W. K.", is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To adopt a comprehensive list of commonly used and medically accepted abbreviations and symbols for use by Seminole County Fire Department personnel when completing reports and correspondence.

History

Seminole County Fire Department personnel are required to complete many reports and documentation in the course of their duties. These reports represent Seminole County Fire Department official and legal description of the conditions and actions taken during incidents or events. As such, all abbreviations and symbols used in these documents must be clearly defined and accepted within the industry.

Procedure

Approved Abbreviations and Symbols

1. Seminole County Fire Department personnel will use the most current version of the Seminole County EMS (SCEMS) Practice Parameter #10.01 "*Abbreviations*" as the official list of medically approved abbreviations authorized for use in EMS reports and official documentation.
2. Personnel shall refrain from using any abbreviations not listed in Practice Parameter #10.01 when completing reports, documents and official Seminole County Fire Department correspondence.
 - a. Whenever an abbreviation is not listed in the referenced document, personnel shall refrain from using the abbreviation and spelling out or describing the concept on the report.

Additions, Changes or Deletions

1. Periodic revisions of SCEMS Practice Parameter #10.01 are performed by the Seminole County Medical Director and the EMS Group to address additions, changes or deletions from the document.
2. Personnel wishing to submit suggestions or changes to the approved list may do so via e-mail to the Assistant Chief of EMS via the chain of command.
 - a. The Assistant Chief of EMS Operations will review and discuss with the Medical Director and the EMS group for consideration.
 - b. Changes or adoptions will be published as a revision to Practice Parameter #10.01.

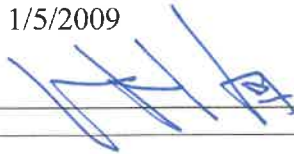
**Title: Handling Patient's Belongings or Assistive Devices**

Controller: Operations

Origination Date: 1/5/2009

Revision Date: 2/10/2021

Approved by: _____

Effective Date: slaobi**Purpose**

To establish a procedure for tracking and documenting the handling of patients' belongings or assistive devices during emergency responses. This procedure outlines the specific process to transfer and document the disposition of these items.

History

During emergency responses and EMS transports, Fire Department personnel are often required to handle personal items and property belonging to the patient. These items are transported along with the patient and delivered to the emergency department.

Procedure

1. Definitions:

- a. Personal belongings: Those items not needed to complete the activities of daily living. These include but are not limited to: Patient medications, purses, wallets, portable phones, pagers, credit cards, money currency, clothing, briefcases, back packs, watches, jewelry and electronic devices such as laptop computers, personal data assistants, cameras, etc.
- b. Assistive Devices: Those items needed to perform activities of daily living. These items include but are not limited to: prescription glasses, contact lenses, dentures, hearing aids, braces, orthopedic or prosthetic devices, canes, walkers, etc.

2. Handling of assistive devices or belongings:

- a. During responses, personnel must make an attempt to have a family member or responsible person selected by the patient to take custody of all personal belongings prior to transport.
- b. Essential assistive devices needed by the patient during transport or at the hospital may be carried with the patient.
- c. Personal items or assistive devices that are hazardous to the safety of the crew during transport by their nature, size or weight (for example: weapons of any type, wheelchairs, motorized devices, etc.) must be left in the custody of the law enforcement agency having jurisdiction over the incident location.
- d. Whenever personal belongings are transported with the patient, these items must remain close to the patient as long as these items do not interfere with patient care activities.

- e. Upon arrival at the receiving facility and during the patient transfer report, the transported items will be turned over to the nurse taking over patient care. If the patient is alert, the person giving the patient care report will also verbally inform the patient that their personal belongings or assistive devices are being left under the custody of the nurse.
3. Documentation:
- a. Personnel must clearly document on the patient care report any personal belongings or assistive devices that were transported with the patient and their disposition upon arrival at the receiving facility. The documentation must include the following:
 - i. List any specific items (for example: one purse, one cane, one set of dentures, etc.).
 - ii. List valuables by description (for example: one silver color wrist watch, one gold colored chain, five 20 dollar denomination currency).
 - iii. Avoid describing items as gold diamond ring. Instead describe the item as a gold colored ring with a clear stone.
 - iv. Who took responsibility for the items (for example: items given to Nancy Nurse, RN at 1710 hrs).



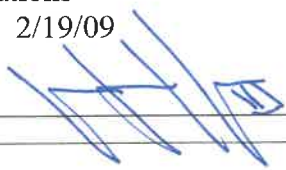
**Title: Disposable Items Use, Restocking,
Storage and Disposal**

Controller: Operations

Origination Date: 2/19/09

Revision Date: 2/26/2021

Approved by: _____



Effective Date: _____

5/20/21

Purpose

To establish the process and guidelines for the use, restocking, storage and disposal of specific EMS disposable items.

History

Disposable items are designed for single use and are to be disposed of after use. Fire Department personnel are required to use various types of disposable items during emergency alarms and training exercises. It is imperative to maintain an adequate supply of these items for operational effectiveness.

Procedure

1. Disposable items:
 - a. All disposable items are for single use only.
 - b. All contaminated disposable items are considered to be regulated waste and should be placed in a red bio-hazard labeled bag and into an approved bio-hazard container based on proper medical waste disposal procedures as outlined by the Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1030(d) (4) (iii) (C): *“Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.”*
2. Storage and restocking of disposable items:
 - a. Fire Department personnel should maintain the station’s EMS supply closet stocked with approved quantities of disposable items to restock apparatus between alarms for a period of two weeks. Authorized minimum and maximum quantities per station have been established by the Logistics Group in coordination with the EMS Group.
 - b. Fire Department personnel are required to inventory the EMS supply closet and place reorders in accordance with Ops Bulletin 6001 “Supply Ordering Procedures”.
3. Disposable items emergency orders:
 - a. If EMS disposable items are needed outside of the ordering days, the crew should contact warehouse personnel or an EMS Lieutenant for distribution.
 - b. In the event that a particular station or unit depletes their stock of any disposable item requiring replacement, the crew must coordinate with a neighboring station to obtain a replacement. The crew receiving the supplies must generate

a memo to "SCFD Supplies" listing the items that were picked up from the neighboring station so that logistics personnel can correctly restock the appropriate station and ensure proper inventory control.

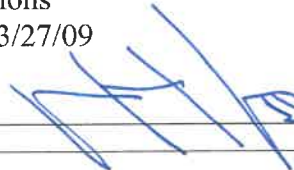
Section:**Title: Protection of Medications/IV Fluids
from Extreme Temperatures**

Controller: Operations

Origination Date: 3/27/09

Revision Date: 2/19/21

Approved by: _____

Effective Date: sladai**Purpose**

To provide a procedure for storage of temperature sensitive medications and IV fluids and to establish a method of replacement for medications that were exposed and/or affected by temperature extremes.

Information

Medications and IV fluids are to be maintained at a relatively stable temperature range. All medications and IV fluids are to be protected from temperature extremes based on recommendations derived from manufacturer's drug monograph. Exposure to temperatures outside of the acceptable range may cause the medications and IV fluids to lose efficacy or to be rendered ineffective as a pharmacological agent. This does not mean that they cannot be administered in environments above or below this range but rather that their effectiveness may be compromised if exposed to such temperature extremes for extended periods of time.

Procedure

1. Medication and IV Fluid Storage
 - a. All medications and IV fluids in long-term storage (supply room, warehouse, etc.) will be stored in a clean, temperature controlled environment (70° - 86° Fahrenheit) to maintain the product's integrity.
 - b. Personnel assigned to rescue units with climate control devices shall ensure that the devices remain operational and are powered by an inverter or shoreline whenever the unit is not being used.
 - c. Extreme temperature exposures of medications and IV fluids maintained on apparatus will consist of:
 - i. Greater than 98° Fahrenheit temperature inside the compartment for more than four consecutive hours.
 - ii. Lower than 32° Fahrenheit temperature inside the compartment for more than one hour.
 - d. Whenever vehicular heating/cooling is not available, the station supervisor or unit officer shall take action to protect sensitive medications and IV fluids from exposure to extreme temperatures. Actions include:
 - i. Parking unit in temperature controlled environments.
 - ii. Parking in shaded areas.
 - iii. Moving medications and IV fluids from the vehicle into the climate controlled portion of the station while maintaining the security of the medications.

2. Medication Replacement

- a. In the event that medications and/or IV fluids are exposed to temperature extremes as outlined above and their stability or effectiveness is in question, they will be removed from service and replaced with like items which have been protected from extreme temperatures.
 - i. Controlled substances shall be removed and replaced in accordance with Operations Bulletin #07006.
 - ii. Medications and/or IV fluids other than controlled substances may be replaced with the station's EMS supply, bi-monthly supply order or special arrangements through the EMS office.



Title: Community Safe Medication Disposal Program

Controller: Operations

Origination Date: March 2010

Revision Date: Feb 2021

Approved by: _____

A handwritten signature in blue ink, appearing to be "H. H. H.", written over the signature line.

Effective Date: 5/27/21

Purpose

To establish a procedure for citizens of the community to surrender expired or unused medications for safe and appropriate disposal.

History

Proper disposal of unused or expired medications, pharmaceuticals and personal care products (PPCPs) have been highlighted as a serious source of contamination amidst a number of other environmental pollution concerns. The widespread use of pharmaceuticals as well as an exponentially expanding medication and nutraceutical sales market contribute to what may become a pollution catastrophe. Although it is easy to obtain medications to treat a number of ailments, it is very difficult to properly dispose of them. Currently, there are no universally approved methods for citizens to safely dispose of unused or expired medications.

Procedure

Law Enforcement Agencies within Seminole County have numerous designated locations throughout the County for disposal of medications. Any citizen inquiring about where to dispose of medications will be advised to contact their local LEA.



**Title: Non-Controlled EMS Medications:
Expiring, Restocking and Documentation**

Controller: Operations, EMS

Origination Date: 03/1/99

Revision Date: 02/11/23

Approved by: _____

Effective Date: 7/1/2023

Purpose

To establish compliance with State guidelines on the checking of medication expiration dates. This Operations Bulletin will also outline the procedure to replace medications.

This Operations Bulletin does not apply to the Controlled Medications carried by the Advanced Life Support (ALS) units. (Refer to Operations Bulletin 07006, Controlled EMS Medications: Documenting, Replacing, and Storage).

History

The State of Florida has outlined in the Florida Administrative Codes the necessity of checking the expiration dates of all medications carried on licensed Advanced Life Support vehicles. This is to ensure that only fresh and in-date medications will be administered to patients.

Procedure

Medication Expiration Date Inspection and Medication Replacement

1. During weekly apparatus maintenance, each non-controlled medication on the assigned ALS unit will be visually inspected and the expiration date will be checked. This inspection should also include all of the stocked reserve ALS units, any Hazardous Materials drug boxes and the reserve supply at each fire station.
2. A list of required medications to be carried on every ALS unit will be issued by EMS Operations for your inventory use. As the medication list is modified, an updated list will be issued. The completion of this mandatory inspection will be noted on the station's daily log to ensure program compliance and accountability.
3. The weekly medication expiration is completed in PStrax under the Weekly Check section for each apparatus.



**Title: Requests for Legal Blood Draw
Collection**

Controller: Operations, EMS

Origination Date: 2/16/10

Revision Date: 6/27/23

Approved by: _____

Effective Date: 8/2/2023

Purpose

To establish a procedure and specific guidelines used by the Fire Department personnel to assist law enforcement agencies in the collection of blood samples for the purposes of testing for specific chemical contents in blood such as ethyl alcohol levels or specific forensic testing as part of a legal investigation or collecting evidence in accordance with Florida Statutes 316.1933, 322.63 and 877.111.

History

Occasionally, law enforcement officers may request the assistance of the Fire Department personnel while on the scene of motor vehicle crash where a death has occurred or there has been serious injuries or the possibility of death from injuries to collect blood samples for legal determination of the presence of ethanol or other chemical substances as set forth in F.S. 877.111 for evidence purposes. The Fire Department personnel have also been summoned in the past to the John E. Polk Correctional Facility to perform legal blood draw procedures on behalf of an arresting officer. Under the law, there are limitations to the times when a paramedic is authorized to perform legal blood collection procedures and the Fire Department specifically must address in policy when paramedics are allowed to carry out such an activity in accordance with the law.

Procedure

7017.01 Definitions

1. Emergency Medical Condition – Defined as “a medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:
 - a. Serious jeopardy to patient health, including a pregnant woman or fetus.
 - b. Serious impairment to bodily functions.
 - c. Serious dysfunction of any bodily organ or part.” F.S. 395.008 (8)
2. Law Enforcement Officer (LEO) – Florida Statute Section 943.10(1) defines a "law enforcement officer" as "any person who is elected, appointed, or employed full time by any municipality or the state or any political subdivision thereof; who is vested with authority to bear arms and make arrests; and whose primary responsibility is the prevention and detection of crime or the enforcement of the penal, criminal, traffic or highway laws of the state."
3. Legal Blood Draw – The process of obtaining a sample of blood from an individual for the purposes of determining the alcoholic content thereof or the

presence of chemical substances as set forth in F.S. 877.111 or any substance controlled under F.S. chapter 893.

4. Licensed facility – "Licensed facility" means a hospital, ambulatory surgical center, or mobile surgical facility licensed in accordance with F.S. 395.008.
5. Serious bodily injury – defined as "an injury to any person, including the driver, which consists of a physical condition that creates a substantial risk of death, serious personal disfigurement, or protracted loss or impairment of the function of any bodily member or organ." F.S. 316.1933 1(b).

7017.02 Authorized Blood Draw Procedure

1. Fire Department paramedics are authorized to assist LEO with the collection of a legal blood sample while on the scene of motor vehicle or vessel crash incident where the crew has already been dispatched and on scene to render medical assessment and/or care to the victims involved in the crash and:
 - a. A law enforcement officer has probable cause to believe that a motor vehicle/vessel driven by or in the actual physical control of a person under the influence of alcoholic beverages, any chemical substances, or any controlled substances has caused the death or serious bodily injury of a human being, a law enforcement officer shall require the person driving or in actual physical control of the motor vehicle/vessel to submit to a test of the person's blood for the purpose of determining the alcoholic content thereof or the presence of chemical substances. F.S. 316.1933 1(a).
 - b. Law Enforcement Officers may also use discretionary decision to request a legal blood draw procedure if they have probable cause to believe the person driving or in actual physical control of the motor vehicle/vessel that caused the crash is under the influence of alcoholic beverages, chemical substances or other controlled substances where there is a potential for injury and/or death.
2. The legal blood draw will be made in accordance with 316.933 and 322.63 after the statutory requirements for the blood draw are met and the person provides consent for the procedure or is ordered by the LEO for the person to submit to the test.
3. Under the law, if the person does not consent to the blood draw, the LEO is authorized to use reasonable force as necessary, to require the person to submit to the blood draw collection procedure.
4. At the request of the LEO, the responding paramedic is authorized assist with the legal blood collection procedure using a legal blood draw kit furnished by the LEO. The paramedic shall review and follow the collection procedure instructions on the kit, use only the supplied materials within the kit while maintaining the chain of custody of the sample until it is turned over to the requesting LEO.

7017.03 Restrictions and Contraindications

1. Legal blood draw collection on behalf of a LEO **outside of the normal initial emergency response** of fire-rescue units to a motor vehicle or vessel crash which has resulted in injuries or death is strictly forbidden.
 - a. Recalling or redispersing units to a previous motor vehicle or vessel crash incident location only for the purposes of performing a legal blood draw for LEO is strictly forbidden.
2. Fire rescue personnel are not authorized to perform legal blood draw collection for LEO outside of the context noted in 7017.02 (A) 1, 2 above or in situations where injuries or death (or the potential for) have not occurred. These include but are not limited to:
 - a. Dispatch or response to a licensed facility, hospital, clinic or healthcare institution for the purpose of drawing a legal blood draw sample.
 - b. Dispatch or response to any minor incident solely for the purpose of obtaining a legal blood draw sample for LEO.
 - c. LEO reporting to a fire station with a person in custody to have the crew perform a legal blood alcohol draw.
3. General Contraindications: There are times when even after satisfying statutory requirements for a legal blood draw it is impractical or possibly detrimental to patient care to complete the procedure. Performing a legal blood draw in these situations is also strictly forbidden. These situations include but are not limited to the following:
 - a. The time needed to correctly obtain the legal blood draw will prolong, delay or interfere with the necessary treatment of a patient deemed unstable or potentially unstable, or delay the transport of a seriously injured patient to a medical facility.
 - b. At any time the requesting LEO cannot provide the appropriate legal blood draw kit to perform the procedure.
 - i. Fire Department paramedics must refrain from using any equipment or supplies furnished by the Fire Department for routine patient care to perform a legal blood draw procedure.
 - c. If the requesting LEO in charge of the investigation is not on scene to observe and take custody of the blood draw sample once the procedure has been performed.

7017.04 Documentation

1. Personnel performing a legal blood draw procedure as requested by LEO must clearly document in the run report narrative the following information:
 - a. The name, identification number and agency of the LEO making the request.
 - b. The time of the procedure.
 - c. State the person's consent to the procedure. If consent was not given, the documentation must reflect clearly the order of the LEO for the person to submit to the blood draw in accordance with statute.
 - d. State clearly the procedure was performed using the evidence kit furnished by the LEO.
 - e. Describe the site and technique used in detail following the instructions included in the evidence kit.
 - f. List any witness (other than the requesting LEO) to the procedure.

**Title: Medical Director and Seminole County
Emergency Medical Services Practice**

Controller: Operations

Origination Date: 02/1987

Revision Date: 06/27/23

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', written over a horizontal line.

Effective Date: 8/2/2023**Purpose**

This Operations Bulletin defines the role of the Medical Director and scope of medical practice provided by SCFD personnel under his oversight. It also adopts the Seminole County Emergency Medical Services Practice Parameters developed by the Medical Director in accordance to state law and approved by the Fire Department as the official document used by all personnel while providing emergency medical care and transportation services.

History

The Seminole County Fire Department (SCFD) provides a comprehensive all-hazards approach to emergency responses for the citizens and visitors of Seminole County. SCFD is also responsible for providing emergency medical care and transport services including lifesaving, advanced medical procedures governed by the State of Florida under Chapter 401 of the Florida Statutes and Section 64J-1 of the Florida Administrative Code. These rules mandate that the performance of these emergency medical services are carried out under the direction of a qualified Medical Director who develops and maintains a set of practice parameters and authorized procedures.

Procedure**7018.01 Medical Director**

1. Definitions:
 - a. Chapter 401.23 (15) "Medical director" *means a physician who is employed or contracted by a licensee and who provides medical supervision, including appropriate quality assurance but not including administrative and managerial functions, for daily operations and training pursuant to this part.*
 - b. Chapter 401.23 (1) "Advanced life support" *means treatment of life-threatening medical emergencies through the use of techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, and cardiac defibrillation by a qualified person, pursuant to rules of the department.*
2. Qualifications:
 - a. The County contracted medical director shall meet all the qualifications set forth in Chapter 401.265 (1), F.S. and 64J-1.004 (3) F.A.C.
3. Scope of Practice:

- a. The Medical Director shall provide comprehensive oversight, medical control, establishment of practice parameters, and quality assurance processes in accordance with State of Florida Rule 64J-1.004 Section 4, items A through K and 64J-1.004 Section 5, F.A.C.

7018.02 Seminole County Practice Parameters

- A. SCFD hereby adopts all applicable sections of the most current version of the *Seminole County Emergency Medical Services Practice Parameters* and the *Seminole County Emergency Medical Services Hazardous Materials Medical Practice Parameters* as the official medical scope of practice of SCFD, incorporating these documents into the Operations Bulletin Policies for the agency.
- B. All revisions, updates, deletions, or written practice directives issued by the Medical Director to supplement the practice parameters shall be automatically incorporated into the most current version of the above-named documents and shall also become part of the Operations Bulletin Policies for the agency.



Title: ALS Unit Supplies

Controller: Operations

Origination Date: 08/1987

Revision Date: 2/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 2/1/2023

Purpose

To provide all Fire Department stations with a current list of equipment and supplies required on an ALS and BLS unit, both by the State of Florida and the Seminole County Medical Director.

History

As the Seminole County Fire Department is a state licensed ALS provider, it is necessary for both Fire Department ALS and BLS units to be continually stocked with ALS and BLS supplies as required in 64J-1 of the Florida Administrative Code (F.A.C.). Additionally, these ALS and BLS units must also be stocked as required by the Seminole County Medical Director.

Random inspections by the State of Florida will serve to emphasize the importance of maintaining proper EMS ALS and BLS supplies.

Procedure

During morning truck check, Fire Department personnel shall check to ensure that each ALS and BLS unit is equipped with the State and County required supplies and equipment consistent with the current version of 64J-1 (formerly 64E) of the Florida Administrative Code (F.A.C.).

Note:

All ALS medications, needles, and syringes are required to be locked in a compartment when vehicle is unattended and away from quarters.



Title: Adverse Event Report Involving Medications or EMS Equipment

Controller: Operations

Origination Date: 12/30/08

Revision Date: 3/8/23

Approved by: _____

Effective Date: 7/1/2023

Purpose

This Operations Bulletin defines the process for personnel to report medication errors, EMS equipment malfunctions or failures during patient care, so that a proper review of the event is completed and equipment repaired or replaced as necessary.

History

Delivery of medical care during EMS responses involves the use of a number of electronic devices, disposable supplies and pharmaceuticals in order to stabilize the patient's condition. Although efforts are taken to ensure that procedures and equipment used during patient care are always accurate and operating to the desired specifications, there are instances where malfunctions or equipment failure will develop that may or may not affect the patient's outcome. In addition, the administration of medications is an area of potential errors that can adversely affect the patient's condition. This policy clearly defines the process for personnel to report medication errors, equipment malfunctions or failures so that a proper review of the event is completed, corrective action taken, and equipment repaired or replaced as necessary. It also helps in filing the necessary reports to federal agencies as required by The Safe Medical Devices Act of 1990 (Public Law 101-629) which mandates that incidents where a medical product has or may have caused or contributed to a patient's death, serious illness or injury be reported to the FDA and manufacturers.

Procedure

7021.01 Definitions:

1. **Medical Equipment or Devices:** The Food and Drug Administration (FDA) defines a medical device as any instrument, apparatus, or other article that is used to prevent, diagnose, mitigate, or treat a disease or to affect the structure or function of the body, with the exception of medications. This means that the FDA classifies common hospital products such as catheters, thermometers, patient restraints and syringes as medical devices.
2. **Medications:** Any chemical, compound, fluid, tablet, spray or pharmaceutical product of any type used to alter a function, treat or otherwise affect an action upon a body's system in an effort to correct a medical condition.
3. **Medication Use Error:** Any situation where a medication is incorrectly used. It includes events where the wrong medication, wrong dose or route, wrong patient,

medication given when a known sensitivity or allergy is noted regardless of patient involvement or outcome.

4. **Adverse Event:** Any incident where the use of a medication or medical device is suspected to have resulted in an adverse outcome for the patient.
5. **Product Problem:** Any event where the medical device in question did not perform as designed. This includes reporting performance problems, safety concerns, questionable stability, defects, contamination or any event where the equipment did not perform as intended.
6. **Medical Device Use Error:** Any situation where the medical device was operated in a manner not consistent with, or outside of, its intended use.
7. **Vehicle Malfunction or Failure:** Any condition or event where the transport unit had any type of mechanical or warning device failure that delayed or prevented the rapid transport of the patient to the initial receiving facility.

7021.02 Medical Director Notification and Involvement:

- A. The Medical Director shall be notified on incidents where a potential adverse outcome, medication error category D or greater as listed on appendix 7021.08 (A)i takes place during patient care activities.
- B. The Medical Director shall participate in all investigations pertaining to adverse patient outcomes and medication errors as listed in 7021.02 (A) above.

7021.03 Medication Error, Equipment Malfunction or Failure Reporting:

- A. All personnel are required to report all incidents where medical devices, medication error or vehicles malfunctioned or failed during patient care activities.
- B. After all patient care has been completed; the crew involved in the event will complete the *Adverse Event, Equipment or Vehicle Malfunction/Failure Report* form located on the OnBase Web Client system as outlined below (See appendix B). The form has the following sections:
 - i. Section A – General Information
 - ii. Section B – Type: Adverse Event, Product Problem or Error
 - iii. Section C – Outcome Attributed to Adverse Event
 - iv. Section D – Description of the Event, Problem, Vehicle or Equipment Use Error
 - v. Section E – Other Relevant History, Including Preexisting Medical Conditions
 - vi. Section F – Equipment or Medical Device Involved in Event
 - vii. Section G – Medication Involved in the Event
 - viii. Section H – Vehicle involved in the Event
- C. All events will have sections A, B, C, D completed. All areas marked with a * are required fields.
- D. Complete section F if the event involves a medical device malfunction or failure.

- E. Complete section G if the event involves a medication error.
- F. Complete section H if the event involves a vehicle malfunction or failure.
- G. After the report is submitted all corrective action taken and follow up notes will be documented in section I.

7021.04 Equipment Disposition/Replacement:

- A. Any equipment involved in an event or suspected to be malfunctioning will be removed from service immediately and a replacement unit obtained through the Supply unit, Battalion assigned spare or EMS Logistics.
- B. All equipment involved in a patient related event must be tagged and secured for inspection/investigation purposes by EMS Operations.
 - i. If the medical device is contaminated, the device must be encased in a biohazard bag.
 - ii. The equipment must not be cleansed, reset, or tampered with before it is inspected.
- C. Upon completion of the inspection/investigation, EMS Logistics will make the necessary arrangements to repair or replace the defective medical device.
- D. Events involving medications the crew must secure in an appropriate container any syringe, vials and packaging from the medication. Do not place any needles or sharps in the container.
- E. Events involving a transport vehicle will require the removal of the unit from service, replacement of said unit with a spare until such time that a complete inspection, the necessary repair work completed and the unit authorized to return to service by our fleet services manager.

7021.05 Equipment Malfunction or Failure Investigation:

- A. EMS Operations will investigate all reports of equipment malfunction or failure.
 - i. Investigations requiring equipment evaluation from an independent agency will be coordinated through EMS Operations and Logistics.
 - ii. EMS Operations will coordinate with the Safety Committee on all investigations.
- B. Results of the investigation will be submitted to the Assistant Chief of Operations and the Fire Chief for review.

7021.06 Event Reporting to Local/State/Federal Agencies:

- A. Incidents requiring reporting to any Local, State and/or Federal agencies will be coordinated through EMS Operations and completed in accordance to the respective agency reporting process.

- B. Report to the Food and Drug Administration will be completed through the MedWatch process. Forms can be obtained at <http://www.fda.gov/medwatch/getforms.htm>

7021.07 Tracking and Documenting of Equipment Malfunction or Failures:

- A. All equipment malfunction or failure reports will be archived and tracked using the OnBase Web Client system by EMS Operations.
- i. All supporting documentation, investigation materials and disposition of the report will also be included as part of the OnBase document.
 - ii. These reports will be archived in accordance with all applicable laws governing the maintenance, retention and disposal of records.

7021.08 Appendix

A. Medication Reporting Index

- i. United States Pharmacopeia (USP) and National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP):

Type of Error	Category Result
No Error	
Category A	Circumstances or events that have the capacity to cause error
Error, No Harm	
Category B	An error occurred but the medication did not reach the patient
Category C	An error occurred that reached the patient but did not cause patient harm
Category D	An error occurred that resulted in the need for increased patient monitoring but no patient harm
Error, Harm	
Category E	An error occurred that resulted in the need for treatment or intervention and caused temporary patient harm
Category F	An error occurred that resulted in initial or prolonged hospitalization and caused temporary patient harm
Category G	An error occurred that resulted in permanent patient harm
Category H	An error occurred that resulted in a near-death event (e.g., anaphylaxis, cardiac arrest)
Error, Death	
Category I	An error occurred that resulted in patient death

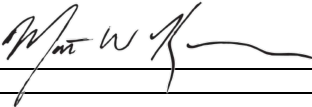


Title: Mandatory Reporting of Suspected Cases of Abuse, Abandonment, Neglect, Death or Exploitation of Vulnerable Adults and Children

Controller: Operations, EMS

Origination Date: 05/1987

Revision Date: 6/27/23

Approved by:  Effective Date: 8/6/2023

Purpose

To establish a standard reporting procedure for mandatory reporting of suspected cases of abuse, neglect, death, abandonment, or exploitation of vulnerable adults and/or children as required by Chapters 415 and 39 of the Florida statutes.

Procedure

1. Any time personnel encounters a suspected or known case of abuse, neglect, self-neglect, death, abandonment, or exploitation of vulnerable adults and/or children as required by Chapters 415 and 39 of the Florida statutes, an initial report shall be called to the Florida Abuse Hotline. This is done by telephoning **1-866-532-2873** anytime, 24 hours a day, and 7 days a week. **Be sure to have local law enforcement respond as well.**
2. When the call is made, you will identify yourself to the call taker, advise the agent what type of case you are reporting and answer the questions asked by the agent.
3. Before ending your conversation with the agent, ask for his/her first name and agent ID. This information, along with the date and time of call shall be recorded in the patient care report narrative for future reference.
 - a. There is an auto-narrative in the electronic EMS report that will prompt you for the required information. It also contains a disclaimer to prevent the information from being released as part of a records request. DO not alter the pre-populated wording.

Information Needed When Making Report:

Specific descriptions of the incident(s) or circumstances contributing to the risk of harm are very important. This includes who was involved, what occurred, when and where it occurred, why it happened, the extent of injuries sustained and what the victim(s) said happened along with any other pertinent information.

Callers should have the following information ready or should provide:

1. Name, date of birth (or approximate age), race, and gender of all adults and children involved.

Title: Mandatory Reporting of Suspected Cases of Abuse, Abandonment, Neglect, Death or Exploitation of Vulnerable Adults and Children

2. Addresses for all subjects, including current location.
3. Information regarding disabilities and/or limitations for vulnerable adult victims.
4. Relationship of the alleged perpetrator to the child or adult victim(s).

Other relevant information that would expedite an investigation, such as directions to the victim (especially in rural areas) and potential risks to the investigator, should be given to the Florida Abuse Hotline Counselor.



Title: Needle and Syringe Disposal Method

Controller: Operations, EMS

Origination Date: 02/1/01

Revision Date: 2/1/2023

Approved by: _____

Effective Date: 2/1/2023

Purpose

To establish a method of disposal of contaminated needles and syringes used on alarms.

History

Due to the need to ensure that all personnel and the public are protected from injury and the spread of infectious diseases, it has become necessary to implement a reliable procedure for the disposal of needles and syringes used on alarms.

Procedure

Each station and unit are supplied with needle disposal boxes. Replacement boxes can be ordered from the warehouse through the normal ordering process.

Needle boxes will be carried on the unit in an easily accessible location, i.e., airway bag. They will be available on all scenes and in the patient compartment during transport. Additional boxes will be carried on the unit as spares in the event that a unit has multiple alarms.

All needles and syringes used on a call will be immediately deposited in a needle disposal box. At the conclusion of the alarm, the box will be closed securely and placed in a biohazard red bag. Upon returning to the station, the red bag will be immediately removed from the unit and placed in the proper biohazard medical waste container. A licensed vendor will remove this medical waste container.

These needle disposal boxes, unless otherwise identified, are single use only. Even if only one needle was used on an alarm, it will be disposed of by following this procedure.

Section:

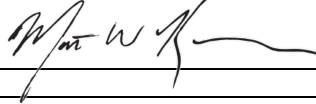
**Title: Transporting Service Animals**

Controller: Operations, EMS

Origination Date: 10/2013

Revision Date: 6/27/23

Approved by: _____

Effective Date: 7/15/2023

Purpose

It provides direction to EMS providers when encountering patients with chronic conditions that necessitate the use of a service animal. This policy outlines guidelines for interaction, safe disposition and transportation of service animals when SCFD personnel transport their handler.

History

Service animals serve an indispensable role for persons with disabilities. These animals provide a variety of assistive services to disabled persons, protected under federal law by the Americans with Disabilities Act (ADA). The nature of the services we provide may conflict with federally mandated policies resulting in potential penalties and liability when service animals are not handled appropriately. It is the intent of this policy to provide clear direction to minimize such conflicts.

Procedure**7028.01 Definitions**

1. Service Animal – any guide dog, signal dog, or other animal individually trained to provide assistance to an individual with a disability. In Florida Statute 413.08 it is defined as: *"Service animal" means an animal that is trained to perform tasks for an individual with a disability...*
2. As of March 15, 2011, only dogs are recognized as service animals under Titles II and III of the ADA. Special consideration is also given for miniature horses.
3. American with Disabilities Act – The ADA is a wide-ranging civil rights law that prohibits, under certain circumstances discrimination based on disability. (Public Law 101-336 of 1990 as amended on January 1, 2009)
4. "Assistance Dogs International" Summary – Federal law requires that a specially trained Assistance Dog be allowed to accompany a blind, deaf, mentally, or physically disabled person to all public accommodations and common carriers. Extra charges cannot be assessed due to the presence of the dog.
5. Control of Service Animals - Under the ADA, working service animals must be harnessed, leashed, or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices.
6. Service Animal Access - Under the ADA, State and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is normally allowed to go.

7028.02 Identifying a Service Animal

1. Service animals may include dogs of any breed or size as well as miniature horses. The EMS provider may ask the following types of questions when presented with a service animal:
 - *“Is this a service dog?”* or *“Does your animal have legal allowances?”*
 - *“Is the service animal required because of a disability?”*
2. The EMS provider may NOT ask about the nature or extent of the patient’s disability except as it relates to patient care.

7028.03 Transport of Service Animals

1. Service animals, when utilized by a patient for a disability, are permitted to accompany a patient or guardian of a minor patient in the ambulance.
 - a. Exception: when the presence of the service animal in the transport unit may interfere with patient care, critical interventions, or safe handling of the disabled person’s medical emergency, the animal can be separated and transported by alternative means.
 - b. In addition, in instances when the crew believes that the presence or witnessed behavior of the animal poses a risk to the safety of the crew, patient, or others, the animal must be secured and transported safely by alternative means.
 - i. Personnel may request Animal Services respond to assist in the safe handling and transportation of the animal as deemed necessary.
2. When transporting a patient with a service animal, every effort should be made to do so in a safe manner for the patient, the animal, and the crewmembers.
 - a. If possible, the animal should be secured in some manner in order to prevent injury to either the animal or the crew during transport.
 - b. The patient should be loaded into the vehicle first, and then the service animal.
 - c. Whenever possible, personnel must make sure the animal is secured as per the direction of the owner/handler.
3. Notify the hospital during the report that the patient is accompanied by a service animal.

7028.04 Documentation

1. Personnel must document on the Patient Care Report (PCR) instances where the patient or guardian accompanying a minor patient utilize a service animal and note whether the service animal was transported with the patient. If the service animal was not transported in the ambulance with the patient, the PCR should contain the reason(s) and the means by which the animal was transported.

-
2. Service animals are protected under ADA – any time the animal is separated from the handler it must be clearly recorded the reason for this decision and actions taken to secure the animal safely.



Title: Medical Gas Cylinders

Controller: EMS Operations
Origination Date: June 2014

Revision Date: Feb 2021

Approved by: _____

Effective Date: 5/20/21

Purpose

This bulletin establishes the proper use, care, exchange and safety precautions for medical gas cylinders, delivery systems and transfilling (cascade) equipment. This policy applies to all medical gas pressurized vessels utilized in the performance of patient care and transportation, regardless of ownership of those vessels.

History

Pressurized medical gas cylinders and delivery systems are a potential source of serious hazard if the distribution system and cylinders are not properly stored, installed and maintained. Medical gas systems in EMS vehicles need to be maintained in accordance with the original equipment manufacturers (OEM) specifications and all applicable regulations. These systems must be inspected periodically for leaks, cleanliness and system integrity as well as flow calibration. Any unexplained loss of pressure, leaks or inoperable systems should be thoroughly investigated and necessary repairs performed before returning the delivery system or component into service. Caution should be exercised at all times when replacing any component in the system to avoid installing an incompatible or incorrect piece of equipment.

Procedures

7029.01 Pressurized Medical Gas Cylinders

1. The Department carries two different types of pressurized medical gases: oxygen and nitrous oxide.
2. Pressurized oxygen cylinders come in a variety of sizes depending on the application.
 - a. Portable oxygen cylinders are size “D” and “M6”.
 - b. Vehicle mounted cylinders are “M” size.
 - c. Cascade cylinders can vary in sizes usually “M” or “K”.
 - i. These cylinders are filled and exchanged through a contracted vendor.
3. Pressurized nitrous oxide cylinders come in only one size and are considered a single use product.
 - a. Nitrous cylinders are filled and exchanged through a contracted vendor, we do not fill, service or own these cylinders.

7029.02 Cylinder Markings

1. Medical Gas Cylinders must be stamped/marked in accordance with federal regulations and the Compressed Gas Association (CGA). These markings designate the type of cylinder, maximum fill pressure, hydrostatic test date, inspector, manufacturer, and serial number. The markings are normally stamped into the shoulder of the cylinder.
 - a. Figure A shows the sequence of cylinder markings and their corresponding meaning.




Vertical Alignment Markings:	
	DOT-3AL 2015 1234567 XY Corp 8 ® 08 + 
Horizontal Alignment Markings:	
	DOT-3AL 2015 1234567 XY Corp 8 ® 08 + 
DOT	Department of Transportation
3AL	Seamless aluminum cylinder
2015	2015 psig fill pressure
1234567	Serial number of cylinder
XY Corp	Manufacture of cylinder
8 ® 08	Month and year of hydrostat testing (In this example, August 2008, the symbol of the inspector is commonly placed between month and year (® used as example only)
Other Markings:	
+	Cylinder maximum fill pressure can be 10% above 2015 psig or 2216.5 psig
	Cylinder may be tested every 10 years versus the standard 5 years

Figure A: Cylinder markings

2. Color markings of medical gas cylinders must comply with CGA Pamphlet C-9, "Standard Color Marking of Compressed Gas Cylinders Intended for Medical Use".
 - a. Oxygen Cylinders are colored green.
 - b. Nitrous oxide cylinders are colored dark blue.
3. Most cylinders filled by commercial vendors will also have a label indicating the contents and an oxidizer or fire warning. These labels should not be removed or covered by other labels or markings at any time.

7029.03 General Storage, Maintenance and Handling:

1. All medical gas cylinders and systems must adhere to current industry standards.
2. Medical Gas Cylinders are hazardous pressurized vessels that must be handled appropriately.
3. Cylinders must be properly secured in designated racks or storage compartments at all times to prevent damage to the cylinder or system components causing a violent release of gases.
 - a. Poorly stored, maintained or incorrectly installed cylinders can be hazardous to personnel and patients. Personnel must be familiar with all applicable Federal DOT regulations (49 CFR §§ 100-190) pertaining to the maintenance and securing of pressurized cylinders.
 - b. Valves, regulators, gauges, fittings or other system attachments must not come in contact with oils, greases, any type of lubricants or other combustible substances.
 - i. Whenever foreign substances or residues are noticed anywhere in the medical gas delivery system, personnel must take the appropriate steps to clean the material before the system is placed back in service.
 - c. If the medical gas delivery system shows physical presence of damage, rust, corrosion or deformity to any component of the cylinder or delivery system, personnel are compelled to place the equipment out of service for repairs and not to allow its use until the equipment has been serviced by a qualified vendor.
4. Medical gas cylinders must not be in close proximity of, or in contact with, open flames. There is no smoking allowed near cylinders or when oxygen is being administered to a patient.
5. Transfilling of oxygen cylinders must be performed by properly trained personnel.
6. The cylinder valve must be protected from dust or debris when not in use.

7029.04 Operation and Use:

1. Medical grade gases are considered medications under federal law for emergency use only when administered by properly trained personnel. Oxygen and nitrous oxide delivery must be administered in accordance with all applicable practice parameters. Federal law prohibits the dispensing of these medical gases without a prescription.
2. When placing a medical grade gas cylinder in service, personnel shall ensure the cylinder, stem, valve, yoke or port are free from damage, rust, or debris.
 - a. In the event there is visible damage or concerns with the integrity of the cylinder, place the cylinder out of service and turn it in to EMS Logistics for inspection and servicing.
3. Cylinders must be replaced with a full cylinder based on the following:
 - a. Portable oxygen cylinders depleted to 300 psig pressure.

- b. Truck mounted oxygen cylinders depleted to 500 psig pressure.
- c. Nitrous oxide cylinders are considered one time use only. Replace the cylinder with a full one after each use.

7029.05 Portable Cylinder Filling and Exchange:

1. Units with two or more depleted oxygen or nitrous oxide cylinders or the main truck mounted oxygen cylinder must make arrangements to have the depleted cylinders exchanged at the closest oxygen filling/exchange station as soon as possible.
2. Exchanging cylinders will be strictly on a one-for-one basis.
 - a. The station supervisor at the oxygen exchange stations has oversight over the exchanging of cylinders. All exchanges must be documented on the medical cylinder exchange log.
 - b. Cylinders with visible damage must be directly reported to EMS Logistics. EMS logistics will coordinate the exchange of the damaged cylinder.

7029.06 Hydrostatic Testing:

1. Any cylinder that has aged beyond its hydrostatic test date limit (usually 5 years from the last hydrostatic test) shall be immediately removed from service, regardless of the amount of product still residing in the cylinder. It shall be labeled as out of service until such time as the cylinder is properly retested, stamped and filled according to DOT specifications.
2. Hydrostatic testing will be coordinated through EMS Logistics with the County's contracted vendor.

7029.07 Oxygen Transfilling Stations:

1. Oxygen cascade systems must comply with all applicable DOT, CGA, FDA, State and good manufacturing practices for medical gases.
2. Personnel assigned to stations with oxygen transfilling cascade systems must be trained and knowledgeable of its use.
3. Hydrostatic testing of all cylinders will be coordinated through EMS Logistics with the County's contracted vendor.
4. Support Services and EMS Logistics has oversight of the oxygen cascade systems and will coordinate the following minimum requirements:
 - a. Establish written procedures covering all operations, tracking and exchanging of medical gas cylinders.
 - b. Maintain records on exchanges, service and repairs on all medical gas cylinders and delivery systems in accordance with Federal, State and local requirements.



Title: Community Paramedicine

Controller: Operations

Origination Date: 7/28/2023

Revision Date:

Approved by: _____

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Effective Date: 8/7/2023

Purpose

The Seminole County Fire Department community paramedicine program aims to provide support and education to residents requiring ongoing medical assistance, guiding them toward sustainable alternatives to the emergency room, which is oftentimes their sole source of medical care and treatment. The program utilizes specially trained prehospital professionals to bridge healthcare gaps and improve access to available resources. It leverages such resources to ensure patients can remain in their community and receive care at home. By aiding patients in managing chronic conditions using resources outside of EMS and the emergency department, the program aims to decrease the noncritical use of both emergency medical services and the emergency department and thus, reduce overall healthcare system costs. Just as important, all these services are provided to residents at no cost.

History

Numerous low-acuity patients experience chronic health problems, including diabetes and hypertension, while others face social issues that contribute to their reliance on 911 and thus emergency medical services. Community paramedicine is a proven, proactive approach and solution that offers quality care and preventive services to residents requiring ongoing medical assistance. The program involves monitoring frequent EMS users with chronic illnesses through home visits, reminiscent of the previous practice of public health nurses. The program utilizes paramedics to provide guidance and care, empowering residents to become less dependent on the emergency system and instead, make use of currently available resources. The term "community paramedic" is commonly used to designate paramedics with an expanded role within the community.

Procedure

- EMS/fire rescue crews respond to calls for service.
- Once on scene, crew members evaluate for emergencies and assess residents for potential referral to the Community Paramedicine program.
- Crews refer eligible residents to the program through the department's EMS reporting system, Image Trend.
- Community Paramedicine staff receive a daily email with a list of referrals, each accompanied with a brief narrative explaining the reason for the referral.
- To schedule the first home visit, community paramedics review the resident's medical reports to determine if a transport occurred. If no transport occurred, then crews will typically visit on the next business day prior to 4PM. If a transport did occur, community paramedics will schedule the first visit around the resident's

- release date and return home. Additionally, if necessary or appropriate, community paramedics may visit the resident in the hospital to better accommodate the resident and prepare for their arrival home.
- After completing the first home visit, the crew determines the most suitable category for the resident and completes the enrollment process. Categories may include fall risk, medication education, COPD/CHF, diabetes, medical equipment, education on discharge instructions, and navigation through medical/insurance companies, among others. This categorization varies depending on the resident's needs.
 - Subsequent visits to the resident are scheduled based on identified need, which can range from once a day to once a month.
 - The resident remains enrolled until a reduction in unnecessary use of EMS/transport is observed.
 - Once a reduction in EMS usage is observed, the resident is placed on a more scheduled plan until they can be graduated from the program, typically within 90 days. Graduated residents are equipped with the necessary tools for future success.
 - After graduating from the Community Paramedicine program, occasional check-ins are conducted to ensure all needs are being met and the resident is following the plan.
 - Residents are not completely removed from the program; they maintain a graduated/enrolled status. This allows program staff to receive emails when these residents are visited by EMS. This also applies to all regularly enrolled members, which enables program staff to remain abreast of enrolled residents' usage of emergency medical services.



Title: Priority Radio Procedures

Controller: Administration

Origination Date: 6/13/01

Revision Date: 7/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'Mark W. K.', is written over a horizontal line.

Effective Date: 10/15/2023

Purpose

To provide radio communication procedures to follow in the event Priority Radio Procedures are activated by the Emergency Communications Center (ECC).

History

At times, it may be necessary for the ECC to enact Priority Radio procedures. This might be initiated due to several factors including heavy call volume, weather conditions, system problems with radio, telephone, or the Computer Aided Dispatched (CAD), or a Failsoft condition of the radio system, or other technical problems. The intent is to reduce the volume of radio traffic. This will not apply to incidents and units assigned to incident command channels (including other channels used in conjunction with incident command). This procedure is not to be confused with emergency radio procedures/radio traffic that may be enacted on the scene of an incident for safety reasons.

Procedure

1. The Dispatch Operator will activate an all-station alert on the Fire Station Alerting System and make a broadcast using multi-select (49A, 49B, 49D and any other operational TAC channels except incident command related channels) preceded by a three second Alert Tone 1:

Broadcast: Seminole to all listening units, Priority Radio Traffic in effect (stating the time).

The same information will be transmitted via Command Alpha-page and All Units Alpha-page. No acknowledgement of the broadcast will be necessary from field units or stations unless otherwise requested by the ECC.

2. Units will utilize MCD's for all incident status changes, with the exception of "With Patient" and "Patient Transfer," which will be reported via radio. In the event of MCD unavailability, units will report incident status changes via radio.
3. In accordance with MCD usage the ECC will not provide incident updates to responding units unless scene or responder safety issues need to be conveyed.
4. Upon arrival on scene, units will give only an abbreviated situation report, and refrain from any additional transmissions unless they are of an emergency nature, or a necessity for safe operations.
5. The last unit to clear from an incident will continue to report "Available" via radio, all other units will clear via MCD.

6. Units not assigned to incidents will monitor the Dispatch channel (49A). If the ECC experiences an outage, alarms will be transmitted in the blind and units will be contacted as soon as possible to verify the receipt of alarms. Units may also be contacted via landline or cell phone where applicable and available.
7. Units that become unavailable for response shall report this status change to the ECC via telephone. If this is not possible then the status change would be reported by radio.
8. Unit to unit communications for non-incident related purposes (typically on 49I) is suspended and will be done via cell phone.
9. Any telephone calls to alarm companies, responders, utility companies, or other types of non-emergency notifications should be made by field units whenever possible. The ECC will send the appropriate contact information to unit MCD's as needed. Requests to the ECC to make these calls will be made as soon as possible, as radio and telephone traffic permits.
10. All staff personnel going out of service for extended periods will notify the ECC on the 407-323-7020 line.
11. It is expected that the movements of field units on routine details (including training) will not be allowed during the period that PRIORITY radio procedures are in effect. Units will need to remain in their first due areas except for important movements such as mechanical issues, personnel retrieval, and decontamination activities.
12. Still alarms will be reported on the Dispatch channel (49A).
13. It is extremely important for field units to utilize self-discipline and eliminate ALL unnecessary radio traffic.
14. Staff and field units will refrain from telephoning the ECC unless absolutely necessary.
15. When PRIORITY Radio Procedures are terminated, the Dispatch Operator will make a broadcast using multi-select (49A, 49B, 49D and any other operational TAC channels except incident command related channels) preceded by a three second Alert Tone 1:

Broadcast: Seminole to all listening units, Priority Radio Traffic no longer in effect (stating the time).

The same information will be transmitted via Command Alpha-page and All Units Alpha-page.



Title: 800 MHz Radio System Failure Procedures

Controller: Administration

Origination Date: 7/24/05

Revision Date: 3/13/23

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', is written over a horizontal line.

Effective Date: 8/2/2023

Purpose

To establish a procedure to maintain basic emergency radio communications in the event of a complete 800 MHz trunked radio system failure.

History

During times of inclement weather, terrorist events, or equipment/software failure, there is the need to establish radio functionality as soon as possible with as little effect as possible to the operational missions of the Fire Department.

Procedure

During an 800 MHz trunked radio system failure, the following procedures are to be implemented. The national mutual aid radio channels, located in Zone 16, will be used. This includes “repeated” channels whereby transmissions may be heard county-wide, and “direct” channels used for scene only radio traffic.

1. Symptoms: All portable and mobile radios selected to Seminole County trunked radio system talk groups see “OUT OF RANGE” on displays and hear a tone
2. The ECC (Emergency Communications Center) will contact C5 and request he/she notify all County and City BC’s to start top-down notification of all units by telephone
3. The ECC will transmit a CAD print-out to all station printers with the following message:

THE PRIMARY RADIO SYSTEM IS DOWN.
COMMUNICATIONS WILL BE CONDUCTED ON THE
BACKUP SYSTEM. ALL UNITS SELECT CHANNEL “16E
8TAC93” AND PREPARE FOR A ROLL CALL. PRIORITY
RADIO TRAFFIC IN EFFECT

4. The ECC will send the same message to all unit MCD’s, cell phones, and pagers
5. The ECC will activate all station tones to alert units in quarters although no voice announcement will be possible to prompt stations and units to check CAD printers and cell phones

6. The ECC will conduct a roll call of all stations on radio channel 16E 8TAC93
7. Radio channel **16E 8TAC93** will be used for all **dispatch** announcements and **non-command incidents**. Any unit not assigned to an incident must monitor 16E 8TAC93.
8. Units may conduct unit-to-unit scene radio traffic for non-command incidents on “direct” channel 16N 8TAC93D.
9. Radio channel **16F 8TAC94** will be used for all **command incidents**
10. In order to permit multiple command incidents to operate on 16F 8TAC94, it is necessary for units to utilize the “direct” channel 16O 8TAC94D for scene communications as follows:
 - a. Any unit arriving on scene of a “significant” incident (e.g. fire or smoke showing) **OR** if unit expects significant scene radio traffic, it will advise it is selecting “direct”
 - b. The ECC TAC Operator repeats the arrival report then activates Alert tone 1 for 2-3 seconds and announces “All units responding to xxx select direct 16O 8TAC94D upon arrival, remain on 16F 8TAC94 until arrival”
 - c. If unit arrival report indicates significant incident but unit does not advise selecting “direct”, the ECC TAC Operator repeats the arrival report then activates Alert tone 1 for 2-3 seconds and announces “All units responding to xxx select direct 16O 8TAC94D upon arrival, remain on 16F 8TAC94 until arrival”
 - d. The first arriving command staff member (TECH1 or Chief Officer) will operate 1 radio on the command channel 16F 8TAC94 and 1 radio on the “direct” channel 16O 8TAC94D. All other units on scene must be on 16O 8TAC94D
 - e. Due to multiple command incidents on the same channel, all Incident Commanders and the ECC must fully qualify command names when communicating – “1st Street Command” vs. just “Command”
11. Limitation and Considerations
 - a. Radio ID’s and radio emergency buttons do not work
 - b. System coverage for portable radios operating on the “repeated” radio channels 16E 8TAC93 and 16F 8TAC94 may be limited. It is possible that in certain areas portable radios may not be able to communicate with the ECC but mobile radios should work properly. Portable radios on “direct” channels have a range

of less than 1 mile and mobile radios on “direct” channels have a range of several miles.

- c. The ECC will not receive any transmissions made on the “direct” channels 16N 8TAC93D or 16O 8TAC94D but units on those channels will hear ECC transmitting on the “repeated” channels. Units may “talk over” these transmissions as appropriate for scene radio traffic.
- d. The mutual aid channels identified in this document are not assigned to Seminole County Fire Department for exclusive use so it is possible that some may not be available for use or radio traffic from other jurisdictions may be heard on the channels.

In the event the steps outlined above are not successful and outage symptoms still exist, or if the radio failure exceeds 30 minutes, additional procedures may be implemented including, but not limited to:

1. Switching to an Orange County Tac as directed by the ECC. Note that radio systems operated by surrounding counties should not be affected by this type of outage.
2. All field units will be required to return to station/move ups positions and not allowed to move around the county/city without permission.
3. Movement of the Mobile Command Unit to the PSB to utilize its resources in the event that the communication devices at the ECC are not operable. The backup will be a mobile radio in an Assistant Chief or Battalion Chief vehicle.

In the event that the Mobile Command Unit or mobile communication devices are not operable, or the previous steps are not successful, the following applies:

1. Cell phones will be utilized to communicate incident information to the appropriate response units.
2. Units will remain in quarters unless assigned to an incident and will only contact the ECC to advise available for another incident or unavailable for response.

The ECC will follow the CAD checklist by typing “RADIODOWN” in the powerline tool.

Additional procedures may be implemented as necessary, dependent upon the situation.



Title: Radio Communication Guidelines for Responding with Volusia, Lake, and Brevard Counties

Controller: Operations
Origination Date: October 27, 2009

Approved by: Jeltm Revision Date:
Effective Date: 10/30/09

Purpose

To establish a standard radio communication guideline for use on emergency calls within Seminole, Volusia, Lake, and Brevard Counties. This procedure will provide Communications Centers and Fire/Rescue personnel with the necessary guidelines to ensure all dispatched and responding units can communicate with each other on emergency scenes.

History

The guideline will ensure all responding Fire/Rescue units and Communications Centers have the ability to communicate and establish interoperability to mitigate emergency scenes.

Procedure

Radio Communications Response Matrix
For
Seminole/Lake/Volusia/or Brevard County Response

1. Seminole Response with Volusia County in East Geneva/Lake Harney Area/Brevard County
 - a. Volusia receives 911 call for incident in Lake Harney contracted area
 - b. Volusia dispatches their Station 36 and/or appropriate closest unit(s), including tone out for Station 37 (volunteers at Lake Harney). Units are assigned to **MA Conv MA Tac 3** channel
 - c. Volusia transfers call information to Seminole County Communications Center
 - d. Seminole County dispatches appropriate Seminole units on channel **9A** and powers up the MA repeater at the **Geneva** transmitter site
 - e. Units go responding on normal Seminole Tactical channel and then are switched to **MA Tac 3** channel by Seminole Dispatch, Seminole monitors the assigned **MA Tac 3**

Title: Radio Communication Guidelines for Responding with Volusia, Lake, and Brevard Counties

- f. At the completion of the call, all units from each agency advise their available status on **MA Tac 3** channel and then switch back over to their primary channel.

NOTE: Volusia has a “critter” at Station 37 which places the **MA Tac 3** patch onto their normal **Tac 10** channel for responding VCFS units to hear what is going on before their arrival or other units to monitor the call.

2. Seminole Response with Volusia County in the Osteen, Enterprise, Debarry, Deltona area
 - a. Volusia receives 911 call for incident in above-indicated area
 - b. Volusia dispatches appropriate closest response units
 - c. If determined Seminole County is required for mutual aid, Volusia will transmit request to Seminole Communications, advise Seminole of the working **MA Tac 3** channel and power up the **Orange City** MA channel repeater
 - d. Seminole dispatches appropriate units on channel **9A** and units go responding on assigned Seminole Tactical channel and then are switched to **MA Tac 3** channel provided by Volusia; Seminole monitors the assigned **MA Tac 3**; Units communicate with Volusia Dispatch
 - e. At the completion of the call, all units from each agency advise their available status on the **MA Tac 3** channel and then switch back over to their primary channel.
3. Seminole County Response with Lake County in SR 46 area West of Lake/Seminole line
 - a. Lake receives 911 call for incident in indicated areas
 - b. Lake dispatches appropriate response units
 - c. If determined Seminole is required for mutual aid, Lake will transmit request to Seminole, advise Seminole of working **MA Tac 2** channel and power up the **Sorrento** MA channel repeater
 - d. Seminole dispatches appropriate units on channel **9A** and units go responding on assigned Seminole Tactical channel and then are switched to **MA Tac 2** provided by Lake, Seminole Dispatch monitors the assigned **MA Tac 2**, Units communicate with Lake Dispatch
 - e. At the completion of the call, all units from each agency advise their available status on the **MA Tac 2** channel and switch back over to their primary channel.

**Title: Radio Communication Guidelines for Responding with
Volusia, Lake, and Brevard Counties**

NOTE- Seminole does not have the capability to communicate with Lake's digital 800 MHz system.

4. Seminole County Response with Lake County in SR 46 area East of Lake/Seminole line
 - a. Seminole receives 911 call for incident in indicated areas
 - b. Seminole dispatches appropriate response units on **9A** and units go responding on assigned Seminole Tactical channel and then are switched to **MA Tac 2**
 - c. If determined Lake is required for mutual aid, Seminole will transmit request to Lake, advise Lake of working **MA Tac 2** channel and power up the **Paola** MA channel repeater
 - d. Lake dispatches appropriate units on their primary channel and assigns the **MA Tac 2** provided by Seminole, Lake Dispatch monitors the assigned **MA Tac 2**, Units communicate with Seminole Dispatch
 - e. At the completion of the call, all units from each agency advise their available status on the **MA Tac 2** channel and switch back over to their primary channel.

Alternative- Lake has the Seminole analog channels programmed into portables/mobiles and has the ability to communicate on Seminole primary channels.

NOTE: Response units have the responsibility to make sure their mobile and portable radios are properly set to the duplex (repeater) mode.



Title: Emergency Communications Call Handling Procedures

Controller: Administration

Origination Date: 12/05/2016

Revision Date: 3/13/2023

Approved by: _____

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Effective Date: 8/7/2023

Purpose

To establish Standard Operating Procedures for answering and processing emergency and non-emergency calls and Text to 9-1-1 within the Seminole County Fire Department (SCFD) Emergency Communications Center (ECC).

History

The SCFD ECC serves as the secondary PSAP for all Fire and Medical calls for service, dispatching units and providing emergency medical support to the citizens of Seminole County. In addition to emergency calls for service, the center provides after hour's support for Animal Services and other ancillary departments within Seminole County.

Definitions

- 9-1-1: An emergency call delivered across dedicated circuits to a call taker/dispatcher in a local public safety answering point (PSAP), or 9-1-1 center.
- 9-1-1 disconnect: A call received via 9-1-1 where the caller disconnects prior to voice contact, or stays on the line, but disconnects before the operator completes the call.
- 911 Misroute: A call received via 9-1-1 that is located within another PSAP's jurisdiction.
- 911 Misdial: A call received via 9-1-1 where the caller stays on the line and indicates they dialed in error.
- 911 Text: A text message received via 9-1-1; currently has phase 1 capabilities only.
- Enhanced 911 or E911: A call that is selectively routed to the local 9-1-1 center that has equipment and database information that allow the call taker to see the caller's phone number and address on a display.

Automatic location identification:	(ALI) is an enhanced electronic location system that automatically relays a caller's address when they dial 9-1-1.
Automatic number identification:	(ANI) is a feature of a telecommunications network for automatically determining the origination telephone number.
Emergency Medical Dispatch:	(EMD) is a systematic program of handling medical calls that quickly and properly determine the nature and priority of the call, dispatch the appropriate response, and then give the caller instructions to help treat the patient until the responding EMS unit arrives.
Emergency Medical Service:	Emergency Service (ambulance services or paramedic services) dedicated to providing out-of-hospital acute medical care, transport to definitive care, and other medical transport to patients with illnesses and injuries which prevent the patient from transporting themselves.
Exigent Circumstances:	Allows law enforcement, under certain circumstances, to enter a structure without a search warrant or, if they have a "knock and announce" warrant, without knocking and waiting for refusal. It must be a situation where people are in imminent danger;
NENA:	National Emergency Number Association foster's the technological advancement, availability, and implementation of a universal emergency telephone number system, setting operational 9-1-1 standards for PSAP's.
PING:	Locating the cellular tower origin of the last signal the phone received.
Public Safety Answering Point:	(PSAP) is a call center responsible for answering calls to an emergency telephone number (9-1-1) for police, firefighting, and ambulance services.
RapidSOS	RapidSOS is a web based intelligent safety platform that securely links life-saving data from connected

devices, apps, and sensors to RapidSOS safety agents, 911 and first responders globally.

Telecommunications Device for the Deaf:

(TDD) Also known as Teletypewriter (TTY), is a terminal-type device with a keyboard and display used by the deaf, hearing and speech impaired to communicate via telephone lines.

Voice over Internet Protocol:

(VoIP) A technology that allows a call to be made through the internet.

Wireless E9-1-1 Phase I:

A wireless 9-1-1 call into the PSAP with the wireless phone call back number.

Wireless E9-1-1 Phase II:

Allows call takers to receive both the caller's wireless phone number and their estimated location information.

Procedure

I. All Incoming Calls:

Emergency calls take priority over non-emergency calls that are received via 9-1-1 or taken from administrative lines. 9-1-1 calls will be answered first. If needed, non-Emergency Lines will be placed on hold, after it is verified that the call is not an emergency, to allow the operator to pick up other incoming calls. All shift personnel are responsible for incoming calls when the designated call takers are unable to keep up or answer incoming calls. It will be at the discretion of on duty shift supervisor when and if the designated dispatcher is needed to answer incoming calls.

II. Administrative Lines:

- A. All Calls should be answered within two rings, or as soon as possible after emergency lines are answered.
- B. The greeting will be "Seminole County Fire Rescue non-emergency, this line is recorded. My name is " ", how may I help you?"
- C. If multiple emergency and non-emergency lines are ringing at the same time, the greeting maybe answered "Fire Rescue, is this an emergency?" prior to placing the call on hold. When the call is taken off hold the call taker will advise "Thank you for holding, this line is recorded, this is " ", how may I help you?" Outbound calls will be identified to the recipients as follows: "This is the Seminole County Fire Communications; this line is being recorded."

III. 9-1-1 Phone Lines:

- A. All Calls should be answered within two rings to meet State and National Standards and to prevent automatic system routing to the next available PSAP.

- B. The ECC will answer 98% of all 9-1-1 calls within 10 seconds as per agency standards. This criteria surpasses the NENA answering time requirements of 90% of 9-1-1 calls answered within 15 seconds. The agency chooses to maintain the most stringent of the criteria to ensure the highest level of standards is met and maintained.

The Seminole County Sheriff's Office should state "This is Seminole with a transfer, caller is at (Address)" when transferring a call to the SCFD.

- C. Once Seminole advises the callers emergency location, the call taker will state "Caller please verify the address of your emergency." This will be asked once, if the caller is distraught and unable to restate the address, the call taker will utilize the addressing information from Seminole, verifying with them if necessary and utilizing the 9-1-1 telephone mapping system to confirm caller's location.
- D. Once address and jurisdiction is confirmed, the call will be handled using appropriate call handling techniques, Emergency Medical Dispatch (EMD) protocols and Computer Aided Dispatch (CAD) entries.

Call-takers will keep RapidSOS open on their desktop at all times and utilize this system as a tool for location purposes as well as any other areas the system may be of assistance.

- E. Transferring calls to other PSAP's:

1. PSAP to PSAP (Surrounding PSAP's)

The pre-designated transfer button (one button transfer) for WPF, OCFD or OFD etc. will be utilized. The ALI screen will transfer with the call.

When transferring the operator will:

- a) Tell the caller that the call is being transferred, indicating what agency they are being transferred to.
- b) If the call is being transferred to WPF, tell the caller "Stay on the line for the Winter Park FD"
- c) **If the caller is medically unstable, EMD will be performed prior to transfer.**
- d) The call taker will remain on the line and advise the transferring agency "This is Seminole Fire with a 9-1-1 transfer from XXX (state address)."
- e) Remain on the line long enough to confirm that the transferring agency has all the pertinent information.
- f) If unable to connect the caller to the proper PSAP on the first attempt, the call taker will contact the necessary PSAP manually or by Radio, relaying all information.
- g) When transferring a call manually by using a 10 digit number via speed dial or manually, the ALI information does not transfer with the call and will be answered on non-emergency lines. The call taker will remain on the line and follow the same guidelines for a 9-1-1 transfer.

- h) When phone system failures prevent call to be transferred via 9-1-1 or manually transferred to a non-emergency line, the call taker will take all the pertinent information and relay that information to the proper agency jurisdiction. Additionally, this applies if the caller has already been transferred once, per Florida State 9-1-1 Guidelines.
- i) All transferred calls will be entered into CAD.

F. 9-1-1 Disconnects:

- 1. All calls will be called back if a disconnection occurs.
- 2. If disconnection occurs during the middle of a call, the call taker will attempt to call back and continue with processing the call if the address has already been established.
- 3. If the disconnect occurs before any information can be verified, the call taker will verify the nature of the call and why it disconnected if applicable.
- 4. The call will be handled using standard call handling and/or EMD protocol once address and nature is verified.
- 5. If the caller states that all is ok, but the call taker believes there may be a medical problem or the need for law enforcement, the call will be entered using the appropriate call nature and Law Enforcement (LE) will be notified to check well-being and/or Fire Rescue will be dispatched to verify.
 - a) If unable to verify address, all resources will be utilized to obtain address information, including utilizing LE to assist.
 - b) If caller disconnects before verifying information, the caller taker will call back the number on the ALI screen twice and attempt to make contact. If unable to make contact, a voicemail will be left stating the following: "This is 9-1-1; we received a call from this number. If you have an emergency, please call back on 9-1-1."

G. 9-1-1 Open Line:

- 1. If an open 9-1-1 line is received after it has been transferred from the Sheriff's Office and the call taker is unable to establish communications, the call taker will verify with Seminole the address and enter the call into CAD based on the information provided. The call taker will request LE to respond with Fire Rescue.

H. Cellular Phone Information:

- 1. In the event a call is received via cellular device, and it is determined there may be a medical emergency creating an exigent circumstance, the wireless phone company that is displaying on the ALI screen may need to be contacted to obtain location and subscriber information if the caller is unable or willing to provide caller location.

2. **Exigent Circumstances:** In the event that the caller is not providing or unable to provide location information and the circumstances are life threatening, the on duty supervisor will work with LE to Ping/GPS location and obtain subscriber information if necessary.
 - a) **Ping/GPS Location:** In the event that the caller location is unavailable, the on duty supervisor will contact LE to request a Ping for current GPS location from the cellular provider.
 - b) **Subscriber Information:** In the event that the subscriber information is needed and all other resources have been exhausted, the on duty supervisor will contact LE to request current subscriber information for the cellular provider.

I. VoIP:

1. In the event that a caller did not update their internet provider with their current address information, the call taker will verify the caller address or the location of their emergency and understand that ALI information may not be correct. If the address is in another jurisdiction, the call taker will utilize the best method for transferring the call or information to the proper agency.

IV. Text to 9-1-1

All calls will be handled by priority and in with the same established guidelines for response and verification whether received by voice or text. Multiple text calls will be prioritized in the same manner as voice 9-1-1 calls. The highest priority Text-to-9-1-1 call will be determined by the nature of the emergency. Operators working at the sole Dispatch position are not to answer Text to 9-1-1 calls unless directed by the on duty supervisor.

Text calls are phase I compliant only and will need to be asked the address of the emergency. All callers will initially be asked to call in by voice, if it has not been previously requested by the Sheriff's Office.

All Text calls will be entered into CAD. Text to 9-1-1 does not automatically transfer ALI information into CAD. The call taker will be responsible for manually entering ALL information received via text messages. The call will be entered following normal coding guidelines. All text information will be documented on the established CAD event screen. If the call is a no response call or misdial, the call will be enter as "yTEXT911NR or YTEXT911MIS", documenting the information received and the steps the call taker took to attempt contact or verifying the misdial. The CAD event screen will need to be modified to designate the call source as "TXT" for all Text to 9-1-1 calls.

- A. Calls received via SMS Messaging will come into the Center via transfer from Seminole County Sheriff's Office on a designated queue labeled as "TXT-2-911".

- B. To initiate a two-way conversation the call taker will answer the incoming call like any other 9-1-1 call. A window will appear allowing two-way conversation between the call taker and the caller.
- C. Upon transfer, the Sheriff's Office will forward the texted address information and all other text information that has been received by the initial call. This is done automatically through the phone equipment.
- D. The call taker will then ask the caller via text the same questions that voice caller receives:

Example: "Fire Rescue, what is your emergency?"
- E. If an address has not been established, the call taker will utilize the standard script that voice callers receive:

Example: "Fire Rescue, where is your emergency?"
- F. Pre-set messages will be available; the call taker may choose to use those messages as appropriate.
- G. The call taker will generate the call in CAD when it's established that response is needed. Initial information will be gathered in the following order:
 - a) The nature of the call will be asked and the appropriate call-types entered into the call. Once a call is classified it will be routed for dispatch to the appropriate unit(s).
 - b) Medical calls will not be processed using the EMD protocol unless voice call can be established. These calls will initially be assigned a Chief Complaint and if possible an age, status of consciousness, status of breathing, and status of chest pain if possible.
 - c) Fire Calls will be prioritized based on the nature of the call.
- H. The Call taker will ensure that all scene-safety information is obtained and provide any instructions to ensure that bystander and responder safety issues have been addressed.
- I. All scene-safety and any other pertinent information will be documented in CAD and relayed to the field units as appropriate.
- J. All calls should remain open until units arrive on scene. The on duty supervisor will determine if the call should be disconnected if multiple lines are ringing. Once the call is ready to be released, a message will be sent to the caller indicating that units are on scene or on their way and this call is going to disconnect, i.e., "We have units responding to 150 Bush Blvd. This call is going to end unless you have any further information to pass along."
- K. A Text message cannot be restored/initiated by the 9-1-1 Center, once it's disconnected, unless the caller messages 9-1-1 again.

- L. At no time will the call taker use 'texting' lingo, shortcuts, or acronyms. All correspondence from the call taker will be in full-length form, with the exception of common acronyms, which include, but are not limited to:
- **St** for Street
 - **Rd** for Road
 - **Hwy** for Highway
 - **EMS** for Emergency Medical Services
 - **NC** for North Carolina
 - **US** for United States
 - **I-xx** for Interstate Highways
- M. In the event it becomes difficult to understand a caller's need due to the use of their shortcuts or lingo, the call taker will ask the caller if they can call in by voice.
- N. **Interpreter Services:** Non-English text-to 9-1-1 messages are not available and a pre-text message will be utilized stating "translation is not available via text and to call in by voice" so that interpreter services can be established. If communication is unable to be established via text messages due to language barrier, a voice call will be made.
- O. **Call Backs:** A caller should not be called back in cases where their safety, or the safety of another, is in question; however, if the unit in charge requests that a callback be made, the dispatcher, TAC operator or supervisor will inform the command in charge of the situation. If the command still requests a callback, the callback request will be honored and documented.
- P. **Public Record:** The content of all SMS Messages to/from the 9-1-1 Center is public record and is available upon request of any citizen or media. All communication shall be of a professional nature and work-related.
- Q. **MMS Pictures and Video:** Pictures and video images can be sent via text MMS. The photos will be routed to a designated email group that supervisors and other designees will be able to access for information.
- R. **No Response:** If a text is received and the call taker is unsure if it's a legitimated call and unable to establish communication, then a text message back indicating "If you have an emergency, text or call 9-1-1". If there is still no response, the on duty supervisor will contact LE or the appropriate wireless carrier to attempt to obtain further information, such as subscriber name and address. If caller information is established then a request will be made to LE to check well-being.
- S. **Transferring Call:** Text calls can only be transferred to another text supported agency. Upon transfer, the call taker will advise the caller of the transfer and stay on the line until the transfer is complete, confirming with the transfer agency before disconnect. If the agency of jurisdiction does not accept text messages, the call taker will maintain contact with the caller and call via radio or phone to the responding agency and relay all pertinent information.

- T. **Shift Change:** When passing on of text call at shift change between operators, the call will remain open until complete. It will be at the discretion of the shift supervisor if the operator on duty remains until the call is released; or may require the incoming operator to log out the previous call taker and log into the phone system once the call is disconnected.

- U. The on- duty supervisor and Program Manager has the discretion to make operations decisions and changes that may conflict with this policy based on the needs of the Center and/or the unknown circumstance that may be occur.



Title: EC Procedures during Mutual Link and Raptor Activations

Controller: Emergency Communications

Origination Date: 12/5/18

Revision Date: 3/13/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. J.', is written over a horizontal line.

Effective Date: 7/15/2023

Purpose

To provide Emergency Communications with a process for receiving and processing Mutual Link and Raptor activations.

History

In November 2018, the Seminole County Fire Department (SCFD) Emergency Communications Center (ECC) was granted access to Mutual Link, thereby providing the ECC access to real time information pertaining to Seminole County Raptor activations and other system applications.

In 2021, Seminole County updated their school safety response system by discontinuing the use of RAVE and utilizing Raptor Alert in its place. Raptor ensures Seminole County is fulfilling all requirements of Alyssa's Law.

To utilize Raptor Alert, users with the application push a button to activate a response for Fire, Medical, or Police. The user must swipe after pushing the activation button to confirm the activation. The user is then prompted to also call 911, however, by this point, the activation has already been relayed to the Primary and Secondary Public Safety Answering Point (PSAP).

Procedure

When a Raptor notification is received on the Mutual Link console, the SCFD ECC is to immediately begin verifying the legitimacy of the activation.

The ECC will establish communication with the Seminole County Sheriff's Office Communications Center (SOCC) to determine if the SCSP has made any findings related to the activation. This communication should be conducted via intercom.

If the activation is determined to be an accidental activation, then the ECC will disregard the notification, with no further documentation required in CAD.

If the activation, received on the console, is determined to be a test or drill, then the ECC will load an incident in CAD, utilizing the incident type "yALARM SYSTEM ON TEST."

If the activation is determined to be a legitimate Fire or Medical incident, then the ECC will load an incident in CAD, utilizing the most appropriate nature.

If the SOCC and SCFD ECC cannot verify the validity of the activation within 60 seconds, a call will be loaded in CAD utilizing the following natures:

- If it is unknown if the problem is Fire or Medical – EFD1
- If it is an unknown Medical problem – EMD2
- If it is Fire and the nature is known – EFD!

Anytime there is an activation, where the validity cannot be verified, a Command page will be sent if the units are dispatched before confirmation of an active call is made advising “*Raptor activation with unknown nature, units XX dispatched and staging.*” and phone or Everbridge notifications will be made to the on duty Assistant Chief. A follow up page will be sent when additional, definitive, information is obtained. The nature will be modified to the most appropriate call type and units updated per standard operating procedures as additional information becomes available.

Any notification for Code Red or Active Threat, that are not a drill, should warrant an immediate call loaded into CAD for units to respond and stage. The SCFD ECC will maintain communication with the SOCC to ensure law enforcement is enroute and able to provide ongoing updates and coordination of response.

Communications will maintain contact with the SOCC via intercom in a timely manner and will monitor radio communications via Mutual Link if an active call is occurring for the updates. A command page will be sent if the units are dispatched before confirmation of an active call is made advising “*Raptor activation with unknown nature, units XX dispatched and staging.*” and phone or Everbridge notifications will be made to the on duty Assistant Chief. A follow up page will be sent when further, definitive, information is obtained.

Additional Information

On the Mutual Link console, the Message section will contain the name of the user who pushed the button as well as the latitude and longitude of the user’s phone.

Code Yellow Lockdown – This is a procedure, which allows the school to continue with the normal school day but forbids outside activity and unnecessary room-to-room transit. No unauthorized personnel are to enter the building. Code YELLOW is most commonly used when an incident is occurring outside the school building, on or off school property, and there is no immediate or active threat. Code yellow may be initiated by the law enforcement or school administrators.

Active Threat/Code Red – This procedure is used when there is an immediate and imminent threat to the school building population. School staff and students are secured in the rooms they are currently in, and no one is allowed to leave until the situation has been

safely resolved or evacuated safely. It is most commonly implemented when the building has an intruder. A code RED can be initiated by Police or school administrators.



Title: Emergency Communications Clean Center Policy

Controller: Emergency Communications

Origination Date: 07/12/2022

Revision Date: 02/13/2023

Approved by: _____

Effective Date: 8/3/2023

Purpose

To establish a standard strategy for routine cleaning to maintain cleanliness in the Emergency Communications Center (ECC). This will ensure safe and healthy working conditions for all employees, visitors, and equipment in the center.

History

The Seminole County Fire Department Emergency Communications Center is a 24/7 operation, responsible for answering emergency and non-emergency calls and radio dispatching of all EMS/Fire/Rescue units within Seminole County and contracted areas. In 2022, the ECC was updated with new dispatch consoles, monitors, industry standard wiring, and updated smoke alarm and pre-action systems.

Procedure

To continuously maintain a clean and tidy center, the following directive shall be adhered to by all ECC personnel:

- At the beginning and before the end of each shift, consoles and furniture surfaces shall be wiped down as instructed by the Xybix furniture manual which states: *“Easy clean-up – usually with just soap and water. Can be safely cleaned and disinfected with many cleaners and disinfectants. Visit: www.omnova.com/products/laminates/surfx.aspx for additional information.”*

To maintain the Console Area:

- No tape or writing is permitted on any of the center’s equipment or furniture.
- All cabinet and drawer doors must be kept closed unless items are being removed or stored.
- Safeguard all electronic components from any liquid or debris.
- Only spill proof drinking containers, with a secure lid, are allowed in the center. Beverages in cans and fast-food cups are not permitted in the center.
- Spills must be cleaned up immediately and reported to the shift Supervisor, even if there is no apparent damage to equipment, furnishings, or carpet.
- Meals are to be consumed during breaks, in the kitchenette area, away from the electronic equipment as closely aligned with NENA Standard 54-001 which states *“Food should preferably be consumed only in designated area(s).”*
- Meals will only be consumed on the floor during large events, staffing shortages where breaks cannot be permitted, or in other limited scenarios that are approved by the Shift Supervisor or Communications Manager.

- Any food consumed on the floor must not pose a risk to the furniture, floor, or equipment.
- The server cabinets should not have any food or beverages placed on top of them.
- The server cabinets are only to be opened by a certified technician. Supervisors will verify the technician's scope of work and credentials prior to allowing access to the server cabinet.
- Monitor screens at each position will be cleaned with 3M Electronic Equipment Wipes or a cloth at every shift.
- Desktops and consoles will be neat, orderly, and clear of unnecessary debris. Excess paperwork and personal items will be put away out of sight. Chairs will be pushed up to the consoles when not in use.
- Employees' personal belongings, bags, and supplies should be kept to a minimum and should be stored neatly underneath or within close proximity to their station. Personal items should not breach any walking paths or create an unkempt appearance.
- Any cleaning products should be applied to a cloth or paper towel and then used to clean equipment and furniture. Cleaning products should never be applied directly to equipment or furniture.
- No chemicals or water should be used on the chairs. Leather cleaning products will be provided as needed for cleaning of the chairs.

The following preventative cleaning measures will take place:

- Any dishes that an employee uses must be washed immediately and stored accordingly. Dirty dishes are prohibited from being left in the kitchen sink.
- Each employee must write their name and date on any item(s) in the refrigerator/freezer. At the end of every shift rotation, the refrigerator in the center will be cleaned out for the next shift rotation to use. Every Sunday, the refrigerator in the kitchen will be checked, and any non-labeled/outdated items will be discarded. On the last Sunday of each month, the freezer will be checked, and any non-labeled/outdated items will be discarded.
- Floor will be vacuumed every Sunday and when needed under each dispatch console.
- Empty boxes shall be discarded.
- All garbage cans should be emptied at the end of each shift.
- The oncoming employee will check the workstation to ensure cleanliness before the off going employee leaves shift.
- Each Sunday, night shift will participate in a thorough clean of the ECC. This should include the following
 - The kitchenette area cabinets, counters, and refrigerator(s) being wiped down.
 - Areas under the desks and behind the monitors being wiped down.
 - Keyboards should be appropriately cleaned of debris.
 - Any windowsills that are accessible should be wiped down.

- The floors should be vacuumed.
- Any other accessible areas needing attention should be cleaned.
- A log will be maintained documenting that this weekly clean was completed and by which shift.
- The Communications Manager or designee must approve any furniture or structural changes, including but not limited to hanging wall displays, moving furniture or exhibiting holiday décor. There is to be no décor hung from the ceiling tiles.



**Title: Emergency Communications
Dispatching Policy**

Controller: Emergency Communication

Origination Date: 02/14/2023

Revision Date: 7/1/2023

Approved by: _____

Effective Date: 8/3/2023

Purpose

To provide a standard set of acceptable practices for the Emergency Communications Center (ECC) dispatchers to adhere to when working the Dispatch position.

History

The ECC has followed a standard protocol for dispatching as outlined the Dispatch Position Guidelines and Procedures manual. In 2023, these procedures were reviewed and documented in a formal Operations Bulletin.

Procedure

The dispatcher is responsible for receiving the initial emergency call screen as provided by the call-taker.

Within a 30 second average of receiving the call in the Pending queue, the dispatcher will assess their available resources and, in combination with the CAD Recommend feature, dispatch the most appropriate response to the call.

The dispatcher will monitor Rescue and Engine coverage throughout the County for the duration of their shift to determine if move-ups are necessary.

The LiveMUM application will be used as an aid to the dispatcher's situational awareness in identifying coverage needs and solutions.

The dispatcher will accurately perform unit status changes and vehicle swaps.

The dispatcher will frequently review the status of Available and Out of Service units during the shift.

The dispatcher is responsible for conducting morning test tones to all stations at promptly 0700 hours and 0800 hours.



Title: Emergency Communications Holiday PTO

Controller: Emergency Communications

Origination Date: 02/07/2023

Revision Date: 7/1/2023

Approved by: *[Signature]* Effective Date: 8/3/2023

Purpose

To provide the Emergency Communications Center (ECC) with a fair and practical method of allotting holiday paid time off (PTO) to personnel.

History

The ECC previously allowed personnel to schedule holiday PTO by seniority. In 2022, ECC personnel suggested an updated policy that fairly distributed the holiday PTO.

Procedure

The ECC will utilize the following procedures to determine which personnel can take PTO for Thanksgiving, Christmas, New Year's Eve, and New Year's Day.

The ECC is allotted two PTO slots for these days. One slot will be based on a lottery drawing and one slot will be based on seniority. Seniority will be consecutive years spent in the ECC.

The lottery will be held during the last week of September for the upcoming holidays (Thanksgiving, Christmas, New Year's Eve, New Year's Day).

All ECC personnel participating in the lottery must have a minimum of 50 hours of available PTO (an exception will be made for PTO utilized as part of FMLA). Supervisors will verify PTO balances in the pay period prior to the lottery.

Supervisors will be responsible for collecting the names of each shift member that would like to participate. The supervisor will conduct the lottery drawing in the presence of the shift and announce the names selected.

If the supervisor and assistant were to be selected for the holiday PTO, they will conduct a second drawing, with their two names, to determine which one can take the holiday PTO.

Anyone selected for holiday PTO, will not be eligible for consideration of any other holiday PTO during that holiday rotation.

Being selected for holiday PTO does not guarantee the approval of any surrounding PTO requests.

If an ECC employee is taking PTO that will include a listed holiday date, they must ensure they are selected and approved for the holiday prior to scheduling their PTO.

If an ECC employee is selected for the holiday PTO and decides to decline the PTO, has a change in schedule, or leaves the Division/Department the supervisor will conduct a second drawing with the same names as the original drawing to determine who the slot will go to.

If staffing allows, and at the discretion of the supervisor, a third PTO slot can be split among two employees, allowing one employee to come in late and one employee to leave early. This slot will be the first PTO cancelled if there is a change in staffing. The supervisor will poll their shift to see who has interest in taking part in the split PTO slot. If there are more than two personnel interested, the supervisor will conduct a drawing no earlier than two weeks from the date of the holiday.

Supervisors/Assistants will not qualify for the split PTO slot if the other Supervisor/Assistant is already scheduled for PTO on that same day.

If nobody requests to have off on a holiday and a PTO slot is available, then any person may put in for the holiday any time after the time of the lottery and leading up to two shifts prior to the holiday. This includes personnel that were already selected for a prior holiday.



Title: Emergency Communications Uniform Policy

Controller: Emergency Communications

Origination Date: 02/10/2023

Revision Date: 7/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to read 'Matt W. K.', is written over a horizontal line.

Effective Date: 8/2/2023

Purpose

To provide the employees of the Emergency Communications Center (ECC) with a standardized dress code.

History

In 2022, the Seminole County Fire Department (SCFD) Emergency Communications Center transitioned all Telecommunicators to uniforms that consist of button-down shirts and 5.11 pants. This enhancement allows the ECC Telecommunicators to portray an appearance associated with professionalism and dignity. This also allowed the ECC Telecommunicators to appear aligned with the uniforms worn by SCFD field personnel.

Procedure

All ECC Telecommunicators will arrive to work dressed in their Agency issued uniforms. Uniforms will be clean and free of any wrinkles. Telecommunicators will maintain a neat and orderly appearance during their entire tour of duty.

ECC uniforms will consist of a tucked in button-down Class C shirt, navy blue 5.11 pants and a black belt. Supervisors and Assistant Supervisors will wear white button-down shirts. Call-takers and Dispatchers will wear navy blue button-down shirts. Button-down shirts will have a base layer undergarment underneath them. All Telecommunicators will wear black closed toe shoes. Shoes must be well kept and free of any obvious signs of wear such as holes or broken soles.

SCFD t-shirts will remain available for purchase. These may be utilized as a base layer under button-down shirts. Supervisors and assistant supervisors are approved to purchase white t-shirts. Dispatchers and call-takers are approved to purchase charcoal t-shirts.

Telecommunicators are approved to wear their Agency issued polos with their 5.11 pants on Saturday and Sunday. Supervisors and Assistant Supervisors will wear white polos. Call-takers and Dispatchers will wear navy blue polos. Royal blue polos, gray, and red polos are no longer an approved shirt color and should not be worn or ordered from this point forward.

Trainees will wear business casual attire until they receive their SCFD ECC uniform. Jeans will not be considered business casual.

Any jackets or hooded sweatshirts must be issued by SCFD or must be a SCFD promotional outer wear item.

Telecommunicators will refrain from wearing any head covering while on duty unless approved for medical or religious purposes.

Hair and nails must be maintained in a clean and professional manner.

Any facial hair must be trimmed and appear cleanly and well groomed.



Title: Failsoft Radio Procedures

Controller: Emergency Communications

Origination Date: 02/22/2023

Revision Date: 7/2023

Approved by: _____

Effective Date: 8/3/2023

Purpose

This policy will provide a standard guideline to follow when the radio system is operating in Failsoft mode.

History

In 2023, the Failsoft policy was separated from the Priority Radio Policy (8001) and created in its own document.

Failsoft is a mode of operation which occurs when the radio system is not able to perform trunking functions but can operate as a conventional repeater type system. All mobile and portable radios that are selected on any Zone 49 channel (Channels 49A thru 49N – except talk-around) are programmed to automatically revert to a designated conventional Failsoft radio channel.

Failsoft is a fallback mode of operation that assigns one or more talkgroups to a specific channel so that communications are still possible when the controller is unavailable.

The Failsoft mode is indicated by the word FAILSOFT appearing on the portable and mobile radio displays accompanied by an intermittent tone. Regardless of which Zone 49 channel is selected on the radios (except talk-around), all communications are made on the single, pre-programmed channel.

Procedure

The following guidelines shall be observed when the radio system is operating in Failsoft mode:

1. It is extremely important to limit radio traffic during Failsoft mode due to single channel operations.
2. Unit to unit scene communications during **non-command** incidents are to be conducted on talk-around (Zone 49 – label 16G T/A 1); however, at least one radio per crew should be monitoring the incident channel.
3. Units responding to **command** incidents will remain on the assigned command channel until arrival. After arrival, units will switch to talk-around (Zone 49 – label 16G T/A 1). Once a command staff member (BC, C5, TECH1, etc.) arrives that unit will operate a radio on the assigned incident channel to communicate with the ECC and another radio on talk-around for scene communications. Once all units

- have arrived on scene the only unit monitoring the command channel and communicating with the ECC will be the command staff member.
4. Incident command and the ECC will need to fully identify the command name when speaking with each other (i.e. "Main St Command", not just "Command")
 5. The ECC is unable to communicate with units on talk-around
 6. Unit to unit communications for non-incident related purposes on any channel is suspended
 7. Patient reports to hospitals should be conducted by telephone.
 8. The Dispatch Operator shall be the only ECC position to transmit during Failsoft.
 9. Units will continue to select the incident channel as assigned by the ECC even though all channels will effectively operate as one channel. This is done to ensure that units are on the correct channel when the radio system recovers from Failsoft and returns to normal trunking operations.
 10. Radio ID's (aliases) for radios normally seen on the ECC radio consoles and emergency call buttons on portable and mobile radios will not function. If there is an open microphone on any channel the ECC will not be able to identify the radio in question so awareness of the status of each portable or mobile radio is more important than usual.

Note that use of radio channels that are not part of the Seminole County trunked radio system (e.g. Orange County FD, talk-around, etc.) are not affected by this condition and should work normally.

In addition to this policy, the Emergency Communications Center will follow the Failsoft Procedure Checklist which is retrieved by typing "Failsoft" in the CAD powerline.



Title: Negative Radio Contact

Controller: Emergency Communications

Origination Date: 01/30/2023

Revision Date: 7/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. J.", is written over a horizontal line.

Effective Date: 8/2/2023

Purpose

This policy will provide an approved procedure for the Emergency Communications Center (ECC) to follow when they are unable to hail a unit.

History

The Seminole County Fire Department (SCFD) places significant priority on the preservation of life for its citizens, visitors, and first responders. The SCFD will continue to implement measures that will ensure unit safety while maintaining adequate resource allocation.

Procedure

Negative contact with unit on scene where Incident Command is established:

If the ECC has hailed a unit three (3) times with no response, the ECC will ensure that the Incident Commander is aware.

After confirming IC's awareness, the ECC will tone the unit out using the Alert Tone 1 on their current operational channel. The ECC radio operator will state "Seminole to (unit) on (channel)."

If no response, the ECC will notify the IC that there has been "negative radio contact with (unit) on (channel)."

From this point, the Incident Commander will take the necessary actions to ensure the accountability of "missing" unit.

The ECC will notify C5.

Negative contact with unit not on scene of an incident in which Command is established:

If the ECC has hailed a unit three (3) times with no response, the ECC will tone the unit out using the Alert Tone 1 on their current operational channel. The ECC radio operator will state "Seminole to (unit) on (channel)."

If the ECC receives no response after utilizing the Alert Tone, the ECC will contact the unit via their assigned cell phone.

If there is no answer on the unit's cell phone, and they still have not responded on the radio, the ECC will contact the unit's Battalion Chief to notify him or her of the negative contact and report the AVL location of the unit per CAD Map.

If the unit's current location is at a medical facility, the ECC will contact the medical facility on their assigned radio channel or via telephone. This can be done at the same time the ECC is attempting to contact the unit on the radio.

If all measures have been implemented and the ECC has still not been able to establish contact with the unit, the ECC will immediately notify C5 and begin dispatching a Battalion Chief, 1 Engine, and Law Enforcement stating "(units) respond to (last known location) in reference to negative radio contact with (unit you are trying to hail):

The ECC radio operator will clear the radio channel of all other units, except the unit they are trying to hail and the units responding to their last known location, by utilizing Alert Tone 1 and announcing "Emergency Radio Traffic, all units on (channel) except for (units) select (channel assigned by dispatcher) and acknowledge.

Once the unit is located, via any of the above means of contact, the radio channel assignments will be restored, by utilizing Alert Tone 1 and stating "Cancel Emergency Radio Traffic, all units switch to primary assigned channel and acknowledge."

C5 will be notified of the outcome.



Title: Unit Saturation Policy

Controller: Emergency Communications

Origination Date: 07/10/23

Revision Date:

Approved by: _____

Effective Date: 8/3/2023

Purpose

To provide the Emergency Communications Center (ECC) with standard operating guideline for dispatching during various unit saturation levels.

History

The ECC continues to evaluate best practices for dispatching. In 2023, the saturation levels were reviewed, and the below recommendation was agreed upon.

Procedure

The ECC will follow the below procedures regarding unit saturation:

50% Saturation

Reduced response for mechanical fire alarms (directed by Comm Center Supervisor or Shift Commander).

Begin evaluation of, and pull from, non-critical assignments if possible (Battalion Chief).

Contact emergency room staff and/or hospital EMS liaison to request expedited release of SCFD units (EMS1, Tech1, EMS AC and BC)

At 1600 Hours – peak load units may be retained for one (1) hour and re-evaluated every hour for continued utilization until alarm load permits their release from service (Battalion Chief/Shift Commander)

No units will self-assign to incidents as additions to a response assignment (except Chief Officers, Tech1, and EMS1)

40% Saturation

Fire Prevention personnel may be deployed to assist in response to mechanical fire alarms once it has been determined that no hazards exist (Battalion Chief/Shift Commander/Fire Marshall).

For incidents that may require units to stand-by (i.e., power lines down, mechanical fire alarms, awaiting responder etc.) units may return to service once it has been determined that no hazards exist, and the appropriate party has been notified.

When more than one (1) 4th person unit(s) are available, additional rescue(s) will be up staffed for two (2) hours utilizing designated reserve, immediately deployable rescues at designated locations. (Battalion Chief/Assistant Chief)

When applicable, if multiple units are on delay at hospital, last arriving rescue will assume care for up to 3 patients (as patient condition and equipment permits). (Shift Commander)

30% Saturation

Pull units from training and/or non-critical assignments. (Battalion Chief/Assistant Chief)

Tech1 and EMS1 respond to hospitals experiencing delayed off-loading in an effort to facilitate turn-around of units awaiting transfer of patients.

Consider implementation of EMS Saturation Treatment/Transport protocols (i.e. Red, Hot and Boom) (Assistant Chief).

Consider limiting mutual aid (Assistant Chief)

Critical EMS Saturation Response Procedure active (Comm Center Supervisor)

Critical EMS Saturation Response Procedure

The ECC will dispatch a single unit for the initial EMS response regardless of ambulation status. If the CAD recommended units have comparable ETAs, the combo non-rescue suppression will be dispatched to preserve rescue availability. Both units will be dispatched for high acuity chief complaints or if there are known access issues (i.e. patient located on building floor above or below grade without elevator).

The ECC will initiate Priority Radio Traffic due to Critical EMS Saturation Response.



Title: Emergency Communications Safety Protocol

Controller: Emergency Communications

Origination Date: 01/18/2024

Revision Date:

Approved by:  Effective Date: 12/30/24

Purpose

To provide a standardized procedure for Emergency Communications Center employees to follow when there is an active or potential hazard or threat in the vicinity of the Public Safety Building or the backup site at Primera.

History

The Emergency Communications Center (ECC) is a 24/7 operation. The Seminole County Fire Department (SCFD) prioritizes employee safety and desires a clear process to ensure employees are safe at work, when entering or exiting the facility, and during their commute.

Procedure

- The SCFD ECC will immediately notify the Seminole County Sheriff's Office (SCSO) ECC of any potential or impending threats at or near the Public Safety Building or the Primera backup site.
- In reciprocation, the SCSO ECC will immediately notify the SCFD ECC of any potential or impending threats at or near the Public Safety Building or the Primera backup site.
- These threats may include but are not limited to phone calls threatening to harm dispatchers/staff/first responders, suspicious persons, suspicious packages, high-risk incidents, uncontrolled hazardous materials release, building fire, or any other incident that may pose an immediate danger to life or health.
- The SCFD or SCSO will advise the alternate agency that there is a high-risk incident and state the location and the nature of the incident.
- If the telephone call is received by the SCFD ECC, they will ensure all caller contact information is relayed to the SCSO.
- When possible, the SCSO will provide any known descriptions of the subjects or photos.
- The SCFD ECC Supervisor will immediately notify their employees and evaluate the current location of each of their shift members.
 - The supervisor will utilize discretion to determine if lunch breaks need to be canceled, break locations need to be modified, or if any employees on break need to be recalled back to the center.
- The ECC Supervisor will send an Everbridge phone call to C5 and Comm1 advising that there is a high-risk event and state the location and known information.
- If the incident is occurring near shift change, the ECC Supervisor will send an Everbridge page to the incoming shift notifying them of any modified report to work requirements.

- This may include the need for the employees to stage at a specific area until it is safe to report to work.
 - If employees are staged, notify C5 and Comm1 of the staging location via Everbridge.
- Employees currently on shift will remain in the center until the SCSO has determined that it is safe for them to leave.
- If deemed necessary, the SCFD ECC may contact the SCSO to request law enforcement assistance with employees entering or exiting the building.
- Once the all-clear is received from the SCSO, a final Everbridge page will be sent to C5, Comm1, and any other employees that were notified of the threat advising the all-clear update.



Title: Implementation, Maintenance and Updates of Hardware and Programs

Controller: Emergency Communication

Origination Date: 11/15/2024

Revision Date:

Approved by: *Wm W K* Effective Date: 12/30/24

Purpose

To ensure implementation, maintenance, and timely updates of both new and existing systems used by Seminole County Fire Department (SCFD), all systems must be evaluated for updates within six months of an official release date. This will include software, hardware, and other technological solutions, with necessary updates or upgrades installed as appropriate to maintain system reliability, security, and functionality.

Procedure

A set of hardware and programs procedures has been developed utilizing current practices and standards. The purpose of these procedures is:

1. To establish a standard for implementing new hardware or programs.
2. To ensure timely evaluation of updates for existing programs.
3. To set a consistent framework for personnel when assessing and/or installing new or current programs.

These procedures will be stored in a location for of the Emergency Communication Center admin and the Planning Division personnel. The Fire System Administrator and CAD Administrator will be responsible for ensuring the procedures are regularly updated.

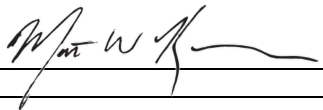


Title: Local Response Assignment

Controller: Emergency Communications Center

Origination Date: 11/15/2024

Revision Date:

Approved by:  Effective Date: 12/30/24

Purpose

To ensure the response assignment plan is optimized, maintained, and current with changes in Priority Dispatch Systems (PDS) Protocols, CPSE, CAAS, NFPA standards, law, ordinances, regulations, policies, and procedures. The response assignments will be subject to regular review and revision to ensure the effective and efficient provision of emergency services within the community.

Procedure

Review Frequency:

1. All response assignments will be reviewed:
 - a. Once a year, at a minimum
 - b. Based on changes to response capabilities of the response agencies.
 - c. Based on recommendations for changes from the Emergency Dispatchers (EDs) or field responders.
 - d. Anytime there is an update to the PDS Protocol.
 - e. As deemed necessary by Fire Chief or designee.

Review Process:

1. The Dispatch Steering Committee (DSC) will evaluate the response plans by comparing incident types to available data.
2. The DSC will make final recommendations on proposed changes to the response plan and provide this plan to the Fire Chief or designee.
3. The DSC will list specific incident types for which response changes are made, with a written rationale for each change.

Approval Process:

1. The Fire Chief or designee will review the recommendations made by DSC.
2. The Fire Chief or designee will approve any changes and ensure that the approved changes are made to the response plans.

Implementation:

1. All EDs and field responders will be notified in writing with response plan changes and/or be provided with any training associated with the change no later than thirty (30) days before the implementation date of the new plan.
2. The DSC will review the updated response plan ninety (90) days after the changes were implemented to ensure the desired effect has been achieved.



Title: Significant Event Planning

Controller: Operations

Origination Date: 5/25/2001

Revision Date: 6/10/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "Mark W. [unclear]", written over a horizontal line.

Effective Date: 7/1/2023

Purpose

To provide a guideline for considerations in the event Seminole County Fire Department (SCFD) must prepare for a significant event. It is not intended to be the only source of reference or a manual on how to implement various tasks. It should be reviewed to promote thought and to be used as a starting point for preparedness.

History

Seminole County Fire Department has remained a pro-active agency in the area of emergency preparedness. This document is the most current in assisting this pro-active status.

Procedure

1. Emergency levels are defined by Seminole County Emergency Management and the Seminole County Fire Department's Disaster Operations Guide. Each level for the Fire Department has identified task and information associated with each command area: Planning, Operations, Logistics, Finance and Administrative Support/PIO.
 - a. Planning - This section is charged with foreseeing and assessing needs and communicating these results to other sections. Positions within planning might include a Resource Officer, Staffing Officer, etc.
 - b. Operations - This section is charged with carrying out the tactical/strategic aspects of an incident/event. Positions within operations might include air operations, EMS, staging, geographical divisions, etc.
 - c. Logistics - This section is charged with providing the resources needed for an incident/event. Positions within logistics might include a Supply Officer, Facilities Officer, Communications Officer, etc.
 - d. Finance - This section is charged with providing the financial support necessary for an incident/event. Positions might include a Procurement Officer and compensation tracking support.
 - e. Items are intended as a guide – some items may occur in a different level than indicated.
2. In accordance with the Seminole County Fire Department's Disaster Operations Guide, significant event planning is broken down into the following phases:
 - a. Pre-Season
 - i. The Fire Chief (or designee) shall ensure that the "Pre-Season Preparedness" email is distributed annually during the month of May to all personnel with the following documents:
 1. SCFD Hurricane Pre-Season Preparedness Document

2. Ops Annex D-04 “Emergency Childcare Plan”
3. Ops Annex D-22 “Dependent Shelter Plan”
- ii. All personnel shall update their emergency contact information on Target Solutions in accordance with Operations Bulletin #01037 “Emergency Contact Information for Department Personnel”.
- iii. Each fire station shall ensure the Seminole County Fire Department Disaster Plan Guide “Station Pre-Season Readiness Checklist” is completed.
- iv. Appropriate personnel shall be delegated with ensuring that the Mobile Command Unit (MCU/CMD1) is ready for operation, and that all CMD1 designated personnel are trained on any potential updates to the apparatus.
- v. Appropriate personnel shall ensure that the list of qualified 6x6 apparatus operators is up to date, and ensure that any refresher training is completed.
- b. Pre-Storm (A storm or significant event is forecast to impact Florida. The level of preparation shall be determined by the Fire Department Executive Staff.)
 - i. At the direction of the Executive Staff, each station will begin pre-storm preparedness. Each station shall ensure that the Pre-Storm Readiness Checklist is completed.
 - ii. Each crew shall review and be familiar with the following Operations Bulletins:
 1. 00004 – Emergency Purchase Order Procedures
 2. 03001 – Facilities Management
 3. 04010 – Stuck Vehicle
 4. 08001 – Priority Radio Procedures
 5. 08002 – 800-MHz Radio System Failure Procedures
 6. 09001 – Significant Event Planning
 7. 09005 – Command-One Deployment
 8. 09006 – Response during Major Wind Events
 - iii. Each crew shall review and be familiar with the following Incident Management System (IMS) Guidelines:
 1. 2.3 – Area Command
 2. 4.10 – Structural Collapse
 3. 4.12 – Water Rescue
 4. 4.13 – USAR Marking System
 5. 4.14 – Wide Area Search
 - iv. Each crew shall review and be familiar with the following Emergency Management Documents:
 1. Dependent Shelter Plan
 2. Emergency Child Care Plan
 3. Disaster Fuel Plan
 4. Disaster Recovery Centers (DRCs)
 5. Points of Distribution (PODs)

- c. Level III (4-5 days/96-120 hours from the event) – This is the Monitoring Phase. The Department operates under normal conditions, however the situation is being monitored. Anticipation of progressing to a Level II should prompt some preliminary activities.
 - i. Planning
 - 1. Review the following Emergency Management Documents:
 - a. Disaster Fuel Plan
 - b. Disaster Recovery Centers (PODs)
 - c. Emergency Childcare Services
 - d. Dependent Sheltering Plan
 - 2. Plan to attend all Emergency Operations Center (EOC) briefings.
 - 3. Review weather sources and wind-tracking resources to be posted.
 - 4. Conduct a pre-analysis of countywide conditions to include water levels. Identify flood prone areas, and consider alternate locations for stations that may flood.
 - 5. Coordinate with Emergency Management to ensure identification of recovery site locations.
 - 6. Review and be familiar with the County Disaster Recovery Centers (DRC).
 - 7. Review significant event plan.
 - 8. Attend all briefings.
 - 9. Develop the Incident Action Plan for Level II.
 - 10. Review Leave Schedule/Forecasted Staffing.
 - 11. Assure all phone/fax listings are up to date.
 - 12. Prepare regular updates for staff and field personnel on event status.
 - 13. Facilitate/lead planning meetings.
 - 14. Pre-identify key positions in order to ease implementation should the event develop. This should include a Liaison Officer.
 - ii. Operations
 - 1. Review significant event plan and EOC procedures.
 - 2. Preplan for any USAR needs.
 - iii. Logistics
 - 1. Review significant event plan.
 - 2. Identify any equipment that may be needed for rental and secure availability if possible.
 - 3. Ensure all station generators are fueled/serviced.
 - 4. Review Resource Manual and update as necessary.
 - 5. Ensure that all station propane tanks are filled.
 - 6. Contact Fleet Services for status of vehicles in their shop – begin to ready all vehicles possible.
 - 7. Assure warehouse is fully stocked should a Level II situation develop.

- iv. Finance
 1. Review significant event plan and EOC procedures.
 2. Review/update form process for reimbursement tracking process.
 3. Review/discuss emergency procurement procedures with County Finance.
- v. Field Considerations
 1. Review significant event plan.
 2. Refresh priority radio procedures.
 3. Be a step ahead in thinking of what needs to be done to secure your home and family – remember that if recalled to duty it will be before a storm would reach us.
- vi. Administrative Support/PIO
 1. Review significant event plan and EOC procedures.
 2. Review departmental and inter-agency phone/fax lists and update as needed.
 3. Update emergency contact/family information for all employees.
- d. Level II (2-3 days/24-72 hours before the event) – In this level the Fire Department is operating under standby conditions and preparing for conditions of possible danger within 36-72 hours. This level is activated when a Hurricane Watch or Tropical Storm Warning is issued for the East Coast of Florida anywhere between Indian River and Flagler Counties or on the West Coast between Manatee and Levy Counties. Some activities may need to take place early within the Level II while some may take place later.
 - i. Planning
 1. Distribute information as received to SCFD on situation.
 2. Attend/conduct briefings.
 3. Coordinate with Logistics for the staffing of ESF 4/9.
 4. Prepare for tracking of personnel and equipment use/cost.
 5. Check status of employee family shelter.
 6. Prepare IAP for Level I Event.
 7. Ensure all personnel are familiar with emergency radio procedures.
 8. Remind all employees of the family dependent shelter option.
 9. Identify flood prone areas – consider alternate locations for stations that might flood.
 10. If needed, initiate an “alert status” to all employees reminding them of the need to be available and what to consider if called in.
 11. Conduct briefing for the Department. All areas to report on activities.
 12. Contact other agencies and determine what additional equipment they plan on placing in service.
 13. Ensure TeleStaff is readied for call in. Assign a Staffing Officer.

14. Ensure TeleStaff messaging is functional.
 15. Establish "hotline" for staffing information.
 16. Prepare to make changes to call response criteria.
 17. Arrange for someone to be at the Communications Center for the duration of the event.
 18. Look at impact times and continually relay.
- ii. Operations
1. Develop an operational plan including geographic divisions. The operational plan should also identify the number of personnel needed. Coordinate with planning for hiring arrangements.
 2. Develop medical plan.
 3. Prepare for strategic placements of units.
 4. Consider specialty units needed and their location.
 5. Coordinate with Logistics to assure adequate supplies.
 6. Fuel/ready specialty equipment and apparatus, extra fuel cans and generators.
 7. Ensure all personnel have up-to-date inoculations, if relevant.
 8. Review mass casualty/triage policies with field personnel.
 9. Locate and gather all spare medical equipment and ready extra ALS units.
 10. Discuss parameters for temporary suspension of responses.
- iii. Logistics
1. Review training and public relations schedules and begin canceling as necessary.
 2. Prepare to distribute a radio cache/communications plan.
 3. Make contact with RACES (Radio Amateur Civil Emergency Services).
 4. Ensure that stations are stocked from warehouse.
 5. Ensure facilities are capable of securing themselves.
 6. Prepare for additional personnel to be present in stations – this would include FD personnel, National Guard members, RACES, etc.
 7. Make arrangements for field mechanics.
 8. Implement Supply Officer position.
 9. Review necessary resource manuals.
 10. Prepare for event staging.
 11. Arrange sandbags for stations.
 12. Locate drinking water for stations.
 13. Arrange for purchase of specialty items (rolls of plastic, staple guns, foam, chains for saws, etc).
- iv. Finance
1. Begin tracking any costs associated with readiness for the event (personnel, special supplies etc.).

2. Coordinate with County Finance to assure rapid purchase procedures are understood and how they will be approved.
3. Develop procedure/contacts for field operations to follow for purchases.
- v. Field Considerations
 1. Request any necessary items from supply. Consider medical supplies, station supplies, scene tape, etc.
 2. Gather and prepare to install shutters, if necessary.
 3. Ensure that generators are fueled and in service, ensure gas is available for cooking, if necessary, and ensure all apparatus and station fuel/gasoline cans are filled.
 4. Service anticipated equipment that will be needed (chain saws, portable generators, lighting, etc.)
 5. Secure any loose items lying outside of the station.
 6. Take into consideration that additional personnel/agencies may be assigned to stations (National Guard, radio operators, etc.).
 7. Review IMS Manual.
- vi. Administrative Support/PIO
 1. Be prepared to be placed on alert status.
 2. Expedite any necessary requisitions.
 3. Prepare regular press releases on preparation steps being taken.
 4. Assist with citizen information lines.
- e. Level I – A Level I activation will be initiated when a significant weather or other event poses an imminent threat to Seminole County, or if a Hurricane Warning has been issued for any of the same areas identified in Level II. This is a “full activation” of the County’s EOC. Shelters will be opened and evacuations will begin to take place.
 - i. Planning
 1. Conduct briefings. All areas will report on status.
 2. Maintain staff notifications of road closures, shelter status, hospital status and other related activities.
 3. Coordinate with GIS for maps.
 4. Provide operational support.
 5. Redirect reporting requirements.
 6. Plan development/review for recovery.
 7. Provide maps as needed for affected areas.
 8. Look at impact times. Decide on parameters for no response.
 9. Determine and disseminate a clear definition of what type of alarms will not be answered and when. Implement as necessary. Dispatch preparation of single resources (2person/1vehicle) for the sole purpose of immediate post assessment in designated areas with a limited time frame to return and report.
 10. Maintain status reporting.
 11. Look towards needs for recovery efforts.

12. Identify employees in need of immediate assistance to ensure availability for work.
- ii. Operations
 1. Ensure that all apparatus, personnel, equipment and specialty equipment are in a “ready” condition.
 2. Prepare to assist with shelters.
 3. Other items to consider include staffing of woods trucks, call-response standards, breaking the County into 5 battalions, and the possible need for extra transport-capable units.
- iii. Logistics
 1. Initiate the event staging plan. The timing will depend upon the event, however it should be at least 12 hours prior to imminent danger, if possible.
 2. Ensure that the stations are stocked with supplies.
 3. Advise the stations to secure themselves for weather, if necessary.
 4. Provide reporting forms to stations.
 5. Assign a Communications Officer.
- iv. Finance
 1. Continue tracking for reimbursement.
- v. Administrative Support/PIO
 1. Assist/support staff as needed.
 2. The on-duty PIO will work in close conjunction with Planning for information exchange.



Title: Compliance with 29 C.F.R. §1910.120

Controller: Special Operations

Origination Date: 08/9/90

Revision Date: 7/27/23

Approved by: _____

Effective Date: 8/10/2023

Purpose

The objective of this bulletin is to establish a program to meet the requirements of 29 C.F.R. §1910.120, Hazardous waste operations and emergency response. This program is based upon the intent of the law and is designed to address the major provisions of the standard which impact this Department and to address them in a cost-effective manner.

History

Pursuant to the promulgation of the Superfund Amendments and Reauthorization Act of 1986 (SARA), the Occupational Safety and Health Administration (OSHA) issued an interim rule for Hazardous waste operations and emergency response. The primary impact this congressionally mandated standard had on the fire service was the requirement of 24 hours per year of unspecified hazardous materials training for all responders. The final rule, which was released on March 6, 1989, specified the minimum training for each level and in lieu of an hourly requirement for annual training, competency standards were mandated. The regulation now states employees shall receive annual refresher training of sufficient content and duration to maintain their competencies or shall demonstrate competency in those areas at least yearly.

1. **Training and Competency Programs** – The standard outlines five (5) training and competency levels for responders to hazardous materials incidents:
 - a. **Level 1 – First Responder Awareness** – for law enforcement officers and Non-firefighting EMS personnel. First responders at the awareness level are individuals who are likely to witness or discover a hazardous substance release and who have been trained to initiate an emergency response sequence by notifying the proper authorities of the release.
 - b. **Level 2 – First Responder Operational** – for typical fire service response personnel. First responders at the operations level are individuals who respond to releases or potential releases of hazardous substances as part of the initial response to the site for the purpose of protecting nearby persons, property, or the environment from the effects of the release.
 - c. **Level 3 – Hazardous Materials Technician** – for all designated Hazardous Materials Team personnel. Hazardous materials technicians are individuals who respond to releases or potential releases for the purpose of stopping the release. They assume a more aggressive role than a first responder at the operations level in that

they will approach the point of release in order to plug, patch or otherwise stop the release of a hazardous substance.

- d. **Level 4 – Hazardous Materials Specialist** – for specific personnel within an organization. Hazardous materials specialists are individuals who respond with and provide support to hazardous materials technicians. Their duties parallel those of the hazardous materials technician, however, those duties require a more directed or specific knowledge of the various substances they may be called upon to contain.

- e. **Level 5 – On Scene Incident Commander** – for all command personnel. Incident commanders, who will assume control of the incident scene beyond the first responder awareness level, shall receive at least 24 hours of training equal to the first responder operations level and in addition have competency in the following areas:
 - 1) Know and be able to implement the employer's incident command system.
 - 2) Know how to implement the employer's emergency response plan.
 - 3) Know and understand the hazards and risks associated with employees working in chemical protective clothing.
 - 4) Know how to implement the local emergency response plan.
 - 5) Know of the state emergency response plan and of the Federal Regional Response Team.
 - 6) Know and understand the importance of decontamination procedures.

The standard identifies the specific subjects and competencies that must be encompassed within the training program for each respective level. It also mandates annual refresher or competency training for each level. Compliance with this portion of the OSHA 1910.120 is achieved by complying with the training components of the consensus documents NFPA 472 “*Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents*” and the Florida State Emergency Response Commission’s document “*Hazardous Materials Training Guidelines*”.

- 2. **Incident Management System** – The standard requires that the senior official responding to a hazardous materials accident initiate the Incident Management System to manage the emergency and it identifies certain procedures which the incident commander must follow.

- 3. **Emergency Response Plans** – The standard requires the development and maintenance of a written emergency response plan. The Seminole County Comprehensive Emergency Management Plan, the Department’s Hazardous Materials Team Operating Procedures, the Seminole County Incident Management System document, the Seminole County Fire Department’s Respiratory Protection Standard, the Seminole County Fire Department’s Operations manual, and documents associated with the implementation of the Seminole County Special Hazards & Operations Team program jointly fulfill this requirement.

4. **Chemical Protective Clothing** – The standard sets forth guidelines to establish a chemical protective clothing program. The program should encompass subjects ranging from protective clothing selection criteria to equipment maintenance. The Department’s response plans and operating procedures, coupled with in-service training, address the components of this section of the standard. Future revisions of the Hazardous Materials Team Operating Procedures will consolidate these components into a single source.

Procedure

1. **Training Element** – Supervisors will ensure that all personnel complete the training course(s) that correspond with their operational capacity as outlined below and that they attend refresher/competency training annually. Training will be identified as available and posted through the Training Bureau as follows:
 - a. Level 2 – First Responder Operational – all personnel
 - b. Level 3 – Hazardous Materials Technician – all Special Hazards & Operations Team members
 - c. Level 5 – Hazardous Materials Incident Command – all command personnel
2. **Incident Management Element** – The senior responding official shall ensure that the Incident Management System is initiated at all hazardous materials incidents. In addition to implementing the components of the Seminole County Incident Management System, the following procedures are observed:
 - a. The Incident Commander will coordinate response activities and communications.
 - b. The Incident Commander shall identify, to the extent possible, all hazardous substances or conditions present.
 - c. A Hazardous Materials Group will be established on major hazardous materials incidents.
 - d. All personnel that may be exposed to potential respiratory hazards shall wear positive pressure SCBA until the Incident Commander determines that reduced protection is appropriate, and the procedures outlined in the Seminole County Fire Department Operations Bulletin #04015, Respiratory Protection Standard, are followed.
 - e. The Incident Commander will ensure that access to the high hazard area is limited to only necessary personnel and that all personnel operating in the exclusion zone (hot zone) utilize the “buddy system”.

- f. An adequate number of properly protected personnel are available to immediately effect a rescue of personnel operating in the exclusion zone.
 - g. Emergency medical personnel and patient transport units are available and on standby to treat and transport injured personnel.
 - h. The Incident Commander must designate a safety officer who is authorized to immediately terminate any activity if safety is compromised. Additionally, a second “hazmat qualified” safety officer shall be assigned to Hazmat Group activities anytime Level "A" protection is employed.
 - i. The Incident Commander shall ensure that adequate contamination reduction (decontamination) procedures are implemented.
3. Medical Surveillance Element– Supervisors will ensure that affected personnel receive physical examinations according to the following schedule:
- a. Current Special Hazards & Operations Team members shall continue to receive their hazmat physical examination on an annual basis.
 - b. New members of the Special Hazards & Operations Team shall receive an introductory hazmat physical examination on their next regularly scheduled annual physical. Supervisors will not permit these personnel function at the technician level in a chemical environment until such time as they have received their first hazmat physical.
 - c. As soon as possible upon notification that any employee has developed signs or symptoms indicating possible overexposure to a hazardous substance at an emergency incident.
 - d. At termination or reassignment from the Special Hazards & Operations Team, the employee shall have a termination hazmat physical upon their next regularly scheduled annual physical.
 - e. The composition of the medical surveillance program is determined by the attending physician in cooperation with the employer. Specific components and tests are recommended in the U.S. Department of Health and Human Services document “*NIOSH/OSHA/USCG/EPA Occupational Safety and Health Guidance Manual for Hazardous Waste Site Activities*” All records of employee exposures and medical examinations must be maintained for a period of thirty (30) years.
4. Emergency Response Plans Element– Supervisors must ensure that response personnel are familiar with current plans and procedures identified on Page 2, Item 3 of this document; that everyone understands their role at a hazardous materials emergency; and that personnel do not deviate from response guidelines.

5. Chemical Protective Clothing Element – Special Hazards & Operations Team supervisors, on their respective shifts, will meet the following standards:
 - a. Regular in-service training on the proper selection, limitations, donning and doffing, decontamination procedures and inspection procedures for chemical protective clothing.
 - b. Suits are properly stored and maintained according to manufacturer's recommendations.
 - c. Suits are thoroughly inspected prior to, during and after use.
 - d. Suits are regularly tested according to manufacturer's recommendations and the criteria outlined in the Hazardous Materials Team Operating Procedures.
 - e. A log is established and maintained for each encapsulating suit that records all suit uses including emergency incidents, training, and testing. The log shall contain, at minimum, the following information:
 - i. date of use or test
 - ii. wearer and/or tester
 - iii. IR#, test, or training
 - iv. chemical(s) to which suit was exposed
 - v. duration of exposure
 - vi. damage to suit (if any)
 - vii. decontamination procedure utilized
 - viii. test results (if tested)



Title: Command One Deployment Guideline

Controller: Operations

Origination Date: March 17, 2005

Revision Date: 7/2023

Approved by: _____

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Effective Date: 7/15/2023

Purpose

As a guideline for deployment, the capabilities of the unit have been divided into levels of response needed at an incident.

History

The mobile command unit of the Seminole County Fire Department is a specialized vehicle that is designed to provide command support at or near the scene of an incident. Mobile command is needed during incidents that require command oversight for longer durations, involved incidents, and significant events.

Procedure

1. This unit is a special request for response. The request shall be made to the Seminole County Communications Center. Dispatch will contact the on-duty Assistant Chief or acting Assistant Chief for deployment. The type of deployment will need to be determined and accommodated based on the deployment level requested.
2. **Level 1 Deployment**
 - a. This level of deployment is where the unit is requested to provide onsite support with workspace for field commanders, basic radio communication with someone onsite acting as a radio operator, satellite service, and basic antenna TV reception.
 - b. The vehicle operator is responsible for the care and operation of the unit while on deployment. Post deployment demobilization of the unit may require the operator to obtain assistance from the Incident Commander in cleaning or replenishing supplies used on an incident.
 - c. Level III deployment response is one hour or less to any incident within the County. All operations expenses incurred during the operation of the unit will become the responsibility of the requesting agency.
3. **Level 2 Deployment**
 - a. This level of deployment will include all of the components of Level 1 in the addition to an incident dispatcher, and Information Technologies support for computers and network.
 - b. Level II deployment response is one hour for initial response and two (2) additional hours for Information Technology and Dispatcher response to any incident within the County.
4. **Level 3 Deployment**
 - a. This level of deployment will include all of the components of Levels 1 and 2 deployment in addition to a Communication Technician, an additional Dispatcher,

and expanded communication ability to include interoperability with outside agencies.

- b. Level 3 deployment response is one hour for initial response and 2 additional hours for Communications Technician and Dispatcher response to any incident within the County.
- c. To assure maximum use of resources and to minimize equipment risk, all request outside of the County will be handled as a Level 3 deployment.
- d. The requesting agency may need Level 1 deployment and expand that capability to include the Communications Technician to facilitate radio communications with outside agencies, without the other components of Level 2 or 3. This should be requested as soon as possible.



Title: Response During Major Wind Events

Controller: Operations

Origination Date:

Revision Date: 1/1/2023

Approved by:

A handwritten signature in black ink, appearing to read 'Mike W. King', is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To identify criteria and establish a recognized standard to follow for ceasing responses during significant wind events (hurricanes) once conditions have reached a specific “trigger point”. This standard will be using officer judgment and portable weather meters.

History

Historically, the Seminole County Fire Department has based judgments relating to continued response during significant wind events on several factors. These factors have ranged from personal observations, remote weather stations, and Doppler radar reports from the National Weather Service. Due to variances in locations and the nature of emergencies, there is a need to better define when responses should be suspended. Reviews of safety standards and improved technology have mandated that guidelines relating to a uniform standard be set to ensure that both responder safety and citizen safety remain the highest priority. When conditions reach a critical point, it becomes too dangerous for personnel to continue to respond to emergencies. Current research has raised the following question:

At what wind speed does it become unsafe for emergency workers to respond?

To answer this question at least two areas must be addressed:

1. At what wind speed does it become unsafe to operate response apparatus?
2. At what wind speed does it become unsafe for people to be exposed to the threat of flying debris?

The type of vehicle used to respond has a direct impact on the decision making process. The three types of primary response vehicles are the standard fire engines, rescues, and command sport utility vehicles. Research has shown that each vehicle has specific parameters that define response capabilities. Also, it is important for emergency personnel to seek shelter during critical time periods. The table listed below defines the ranges determined by both field tests and numerical evaluations:

<u>Vehicle Type</u>	<u>Critical Limit</u>	<u>Seek Shelter</u>
Fire Engine	50-70 mph	70+ mph
Rescue	30-50 mph	50+ mph
Command Vehicle	60-70 mph	70+ mph

As a result of the above information the following procedures will be implemented:

Procedure

The Seminole County Fire Department will continue to use all available resources to determine response limits due to significant wind events. These resources will include personal assessment using experience, portable weather meters, remote weather stations, and the National Weather Service. Each fire station has been assigned a portable weather meter to serve as a tool in decision making. (These units will be stored in the Lieutenants office and checked each day consistent with the pagers, radios, and Knox box keys.) Due to variances in conditions, personnel safety will be the ultimate responsibility of the assigned company officer on the responding units.

When the potential for a wind event is determined, the company officer will familiarize themselves and the crew with the proper use of the portable weather meter assigned to the station.

When a significant wind event occurs, personnel will follow updated Department guidelines.

Based on conditions in the immediate area and information received from the Communications Center, units will assess their ability to respond.

- Engine, Tower, Squad and Tanker responses will be based on several factors:
 - Officer confidence in response ability
 - Winds including gusts 50-70 mph
 - Enclosed crew compartments
 - Road conditions—debris, obstructions

Wind speeds exceeding 70 mph units will immediately seek shelter.

- Rescue (high profile transport units) responses will be based on several factors:
 - Officer confidence in response ability
 - Winds, including gusts 30-50 mph
 - Road conditions—debris, obstructions

Wind speeds exceeding 50 mph units will immediately seek shelter.

- Command Staff (SUV's) responses will be based on officer discretion.
Recommended wind speeds including gusts 60-70 mph.
Winds exceeding 70 mph units will immediately seek shelter.

- The use of trailers during significant wind events will be determined by Command Staff. Use in wind speeds greater than 35 mph will require careful consideration.

If units are in a response mode and it is determined that an eminent threat is present, officers will immediately seek a suitable location to safe up personnel and apparatus. This may be on the down-wind side of a sturdy structure, protecting both personnel and the unit.

Decisions relating to life & death, go/no-go responses will be determined based on the threat to emergency response personnel. Risk versus benefit will be determined by the Company Officer or the assigned Command Officer.

High winds create dangerous debris. Personnel must watch for flying debris as well as debris on the ground. Personal protective gear will provide limited protection from flying debris.

Considerations:

As with any decision, responses during significant wind events will require Company Officers to include modifications to normal operating procedures. Listed below are recommended areas to consider:

- Parking of apparatus - use the unit as a wind shield to reduce the impact from the wind and flying debris.
- All power lines are considered energized until proven otherwise.
- Plan your routes to allow for the least side impact from the wind as possible.
- Know your response area well and be aware of where debris will be a problem.
- Limit the type of equipment you remove from your apparatus. Reduce the potential for things becoming a sail. Even ladders are difficult in high wind situations.
- Remove items from stretchers to reduce them being blown away.
- Keep personnel close together to prevent falls.
- Watch for flying debris prior to exiting the unit. *Look up, look down, and look around.*



Title: Security Locks

Controller: Operations

Origination Date: 4/1991

Revision Date: 1/15/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To provide a procedure for securing property after a chain has been cut for emergency access.

History

Occasionally, Fire Department (FD) personnel are required to cut chains to gain access to the dispatched emergency locations. At the completion of the alarm, FD personnel must attempt to contact the owner for keys so that the lock can be replaced or have the Sheriff's Office patrol the area for security. Both have limited success.

Equipment

All fire engines have been supplied with a Master Lock that will be utilized to secure the chain. In addition, a laminated tag will be affixed to the lock. This tag reads:

“This chain has been cut by the Seminole County Fire Department in order to gain access for emergency purposes. This replacement lock is intended to temporarily secure your property. For access, please contact Seminole County at 407-665-5100. Thank you.”

Procedure

1. The preferred method for securing property is to have the owner respond. The lock will only be used if no responder is available.
2. Communications will be notified any time that a Department lock is utilized. The Communications Supervisor will note this until the owner calls back requesting the lock be removed.
3. Communications will notify the station by the landline requesting removal of the locks.
4. The engine companies are responsible for tracking and retrieving the locks.



Title: Alarm Readiness and Response

Controller: Operations

Origination Date: 3/05/2002

Revision Date: 7/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to read "Mark W. K.", is written over a horizontal line.

Effective Date: 8/2/2023

Purpose

To ensure a safe, efficient, and effective number of resources and personnel are assigned to emergency incidents to effectively manage and mitigate all hazards throughout Seminole County. It also defines safe and expedient response times to emergency incidents in accordance with industry standards.

History

The Seminole County Fire Department (SCFD) has established an average response time goal of five (5) minutes or less including the time from alarm dispatch to unit response. A number of variables affect this goal. The Department's goal is in alignment with the National Fire Protection Association (NFPA) Standard 1710 "*Standard for the Organization and Deployment of Fire Suppression Operations, Emergency Medical Operations, and Special Operations to the Public by Career Fire Departments*" (2010 Edition).

Procedure

1. Definitions

- A. Turnout time – The period from the receipt of the alarm to the time the personnel are safely seated/secured in the apparatus and the unit begins moving towards the incident (Exception: unmanned resources, i.e., Woods 42 and Boat 42).
- B. Move up – When a unit is directed to relocate to a specific area or district other than the unit's assigned response area.
- C. Call Jumping – Any time that a unit forces its response into a call for which the unit was not dispatched.
- D. Self-dispatching – Any time that a unit initiates response to an alarm or incident to which the unit was not dispatched.
- E. Unit riding "light" – An emergency response unit available for response with less than the assigned minimum staffing (example: engine company with two personnel).
- F. Unit riding "heavy" – An emergency response unit available for response with more than the assigned minimum staffing (example: engine company with four personnel when peak staffing is in place).

2. Alarm Traffic Monitoring

- A. The station supervisor is responsible for ensuring that all personnel monitor all available communication devices at all times.
 - i. These devices include:

1. Station alerting system (while in quarters)
 - (a) The station alerting system must be on audible mode from 0700-2200 hrs daily.
 - (b) The station alerting system may be placed on monitoring “quick call” (mute) mode between 2200-0700 hrs daily.
2. Portable and mobile radios on the appropriate frequency.
3. Mobile cellular phones carried on person.

3. Alarm Response

- A. The primary function of all emergency personnel/apparatus is to be ready for response in their assigned districts. All units are expected to remain in their assigned response areas at all times unless authorized to travel away from district for training, detail, move up, or other approved activity by a Chief Officer.
- B. Personnel/apparatus dispatched to or in receipt of an alarm shall make every effort to respond in a timely, safe and efficient manner within the time goals listed below:
 - i. Fire and special operations incidents – the response turnout time shall be 80 seconds or less for the purpose of donning appropriate personal protecting equipment.
 - ii. EMS incident responses – the turnout time shall be 60 seconds or less.
 - iii. Turnout delays that exceed the times above shall be clearly explained and documented.
 - iv. Any significant delays in turnout and/or failures to respond will be investigated by the supervisor to identify the underlying cause(s) so appropriate actions can be taken.
 - v. Any identifiable patterns of turnout delays or response failures will be investigated by the supervisor to identify the underlying cause(s) so appropriate actions can be taken.
- C. Driving procedures when responding to incidents will be conducted in accordance with the most current applicable Uniform Florida Traffic Laws and the Seminole County Incident Management Manual – emergency/non-emergency response section.
- D. **Self-dispatching, call jumping, or self-moving up** away from the unit’s assigned first due area when not dispatched to an incident will not be tolerated.
 - i. These actions create uncontrolled and uncoordinated arrival of resources resulting in significant accountability issues disrupting the incident command and control process.
 - ii. These actions can unnecessarily place lives at risk, as well as reducing the level of protection and support to adjacent response areas when another emergency occurs.

4. Minimum Station / Unit Staffing

- A. Supervisor Coverage: Each station will have a supervisor assigned (Lieutenant) responsible for all the personnel and equipment assigned to the station.

- i. In the event that a single supervisor station has an uncovered vacancy, the position shall be filled by floating an on-duty Lieutenant from a two-supervisor station until such time that a replacement supervisor reports to duty.
 1. The floating Lieutenant selection shall be assigned in the following order:
 - (a) E35 – 1st choice
 - (b) E27/T27 – 2nd choice
 - (c) E12/T12 – 3rd choice
- B. Unit Staffing: The current minimum unit staffing for SCFD units is:
 - i. Engine/Tower – 3 personnel (SAFER units 4 personnel)
 - ii. Squad – 4 personnel
 - iii. Rescue – 2 personnel
 - iv. Specialty Units – staffing based on function/detail, i.e., hurricanes and elevated brush fire status.
- C. Minimum staffing variation notification: In the event that a unit is riding with less or more than what is typically assigned to that unit, the Officer of the unit shall:
 - i. Advise the SCCC on the appropriate radio frequency the change in staffing along with EMS function level (ALS or BLS). (For example: “R24 responding with a crew of three”; “E22 on the air with a crew of two, BLS status.”)
 - ii. When units are dispatched to a multi-unit response (structure fires, extrications, and SHOT calls) unit(s) with reduced minimum staffing shall notify the first due responding Chief Officer. The first due Chief Officer shall either add an additional unit or allow dispatched response resources to continue, based on information obtained on update or arrival report.
- D. Responses with reduced staffing on the unit: The nature of emergency responses may force units to respond to incidents with less than the minimum assigned staffing for the unit. When the unit has less than the minimum staffing, the station Officer shall:
 - i. Assess the capabilities of their personnel, location and current unit availability within the County to decide if it is appropriate to ride “light” (less than normal staffing).
 - ii. Although infrequent, during specific situations, it may be necessary to place a rescue out of service and move those personnel to an engine or tower to augment the staffing to four, which is preferred over riding light (2 person on engine/tower, 1 person on a rescue). This decision shall be made in coordination with and approval from the responsible Chief Officer assigned to the affected battalion.
 - iii. Engines, Towers and Rescues shall not respond with a staffing of less than two personnel at any time.
 - iv. Units assigned to cover certain outlying areas (16, 34, 42, 43) shall have a staffing of three personnel at all times unless extenuating circumstances exist. The Chief Officer responsible for these battalions shall be notified of the staffing change and included in the decision-making process determining the optimal action regarding station coverage.
 1. In the occasional event that unmanned units assigned to these stations are dispatched to an incident causing a reduction in the minimum staffing of

another unit, the station supervisor shall notify the first due Chief Officer for further direction.

2. The first due Chief Officer will assess the current staffing and capabilities of the personnel, location and an assessment of unit availability at the county level to determine if riding light is appropriate versus having another unit move up for area coverage.
3. Any unit riding light shall notify the first due Chief Officer to multi-unit incidents of their reduced manpower level. The Chief Officer will determine whether an additional unit is required and/or allow the unit riding light to continue response.
4. Units riding heavy shall also notify the first due Chief Officer of their status.

5. Adverse Event Reporting:

- A. An *apparatus breakdown report* will be generated in any of the following circumstances:
 - i. When an apparatus malfunctions or fails:
 1. During an alarm.
 2. Causing the unit to be unavailable to respond to an active alarm in its first due area.
 - ii. Non-EMS Equipment malfunction or failure during an alarm.
 - iii. Non-EMS Equipment malfunction or failure causing the unit to be unavailable to respond to an active alarm in its first due area.
- B. An *adverse event report* will be generated in any of the following circumstances:
 - i. EMS Equipment malfunction or failure during an alarm.
 - ii. EMS Equipment malfunction or failure causing the unit to be unavailable to respond to an active alarm in its first due area.
- C. Adverse event during patient care (see Operations Bulletin #07021, Adverse Event During Patient Care Reporting).
- D. The adverse event and apparatus breakdown report utilities are on SharePoint in the Fire Department FORMS directory. The Supervisor responsible for the apparatus will ensure the form is completed properly.



Title: Marking Accident Vehicles

Controller: Operations

Origination Date:

Revision Date: 02/19/21

Approved by: _____

Effective Date: _____

slaola

Purpose

To establish a guideline for the marking of vehicles involved in motor vehicle crashes to prevent subsequent unnecessary calls for service once the accident scene has been cleared by Fire Department apparatus.

History

Fire Department crews have been called back to previous vehicle accident scenes with no additional damage or need of service due to cellular phone callers.

Procedure

When it is apparent that vehicles will be left unattended on the side of the roadway once Fire Department crews have cleared the scene of a motor vehicle crash, the following procedure will be adopted:

The vehicle will be wrapped with yellow fire scene tape around the circumference at the window height of the vehicle. If further calls to the same location are received after the departure of Fire Department units, the Communications Center will inquire as to the presence of the tape. If the tape is present and there are no new injuries or hazards being reported then an appropriate NO response decision will be made.



Title: Open Roads Policy

Controller: Operations

Origination Date: 10/27/2003

Revision Date: 1/27/2021

Approved by: _____

A handwritten signature in blue ink, appearing to be "H. H. H.", written over the signature line.

Effective Date: _____

5/20/21

Purpose

To establish a procedure for moving accident vehicles from limited access roadways that allows Seminole County Fire Department (SCFD) to be in compliance with the *State of Florida Open Roads Policy*. Safety of emergency response personnel, control of hazards and care of the injured maintain first priority. This policy is intended to assist in those efforts.

History

Interstate 4 has been identified as having one of the highest rates for secondary auto accidents in the nation. Secondary auto accidents are of primary concern for public safety.

Procedure

The primary goal is to have a safe operation and protect our personnel at the scene of motor vehicle crashes. The determining factor for SCFD personnel to move a vehicle is whether there are ANY injuries relating to the accident. If there are injuries of any degree, **DO NOT MOVE** the vehicles.

1. If there are no injuries at a Motor Vehicle Crash (MVC) you should have the occupants move the vehicles to the next off ramp or, at the very least, to the shoulder of the highway. SCFD personnel may assist in this operation if it can be accomplished in a safe manner. State Statute states that the occupants involved need to clear the roadway as soon as possible. If the vehicles are moved to an alternate location have the Communications Center make the appropriate notifications.
2. Once the vehicles are clear from the roadway, apparatus should also move off the roadway to the shoulder and allow traffic to flow through its normal lanes. Required information can be collected after both the vehicles and fire apparatus have been removed from the roadway.
3. Once alarm information is obtained and the vehicles have been moved to a safe position, SCFD personnel may depart the scene, even if Law Enforcement has not arrived on the scene.



Title: Overhaul Procedures

Controller: Operations

Origination Date: 1/8/04

Revision Date: 7/13/23

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 8/6/2023

Purpose

To ensure that fires in unincorporated Seminole County, or responded to by Seminole County Fire Department, are extinguished properly and remain out.

History

The fire service prides itself on an ability to extinguish fires and thoroughly overhaul them so fires do not rekindle. When rekindles occur, they cause needless property damage and reduce the citizen's opinion of the fire service.

Procedure

Structure Fires

1. Drywall, siding, insulation, decking, or any other structural components will be opened up far enough back until no signs of burning are found. A Thermal Imaging Camera (TIC) will be utilized in conjunction with the visible inspection of the damaged areas.
2. Limit overhaul to the minimum amount possible until the Fire Investigator is on scene to coordinate and complete the process of determining a cause/origin.
3. All loose combustible material such as fiberglass, wood or furniture that has fire damage will be removed from the structure. In the event of commercial occupancies or other structures with vast amounts of debris, a fire watch may be substituted for debris removal.
4. All debris removed from the structure will be placed a minimum of 10' from the structure. Care should be taken to limit the unsightly nature of debris piles.
5. An around-the-clock **Fire Watch*** will be utilized if:
 - a. Any smoke or steam exists
 - b. Thermal imaging cameras detect any heat in excess of 20F over ambient air temperature.
 - c. Commercial occupancies or other structures that generate vast amounts of debris.
 - d. The Battalion Chief has any doubts whether a rekindle may occur.
6. Prior to departure, an attempt to secure a key for access for fire inspections should be made. If the structure is to be locked and no access to the interior is available, window coverings should be adjusted to allow firefighters to view critical areas from outside.
7. The Battalion Chief will ensure the **Fire Inspection Schedule**** is followed after the structure is turned over to the owner/occupant. This inspection will be conducted by an engine, or squad, or truck company. This company will closely inspect all areas of the structure that received fire damage. This inspection will be conducted visually, by touch, and with a TIC. If any problems are noted, the Battalion Chief will be notified.

If the structure is locked or boarded up it will be checked from all exterior vantage points, including the roof.

8. Barricade tape will be placed around the structure to limit access to the general public.
9. Any exceptions to this must be approved by the Assistant Chief.

Fire Watch*

A fire watch will consist of an engine, or squad, or truck company with at minimum a Lieutenant and two firefighters. The crew will have a thermal imaging camera, portable radio. If any rekindles occur, the Lieutenant shall notify the Battalion Chief and request assistance if needed. If an IDLH atmosphere exists they must exit the structure until a backup crew arrives. They may apply water from the outside as long as it can be done safely.

Fire Inspection Schedule**

- 1 hour after the last unit departs the scene
- 2 hours after the crew's first inspection
- 4 hours after the crew's second inspection
- 8 hours after the crew's third inspection

When the Lieutenant feels the fire is out and will stay out, he/she may request an inspection from the Battalion Chief. Upon visual inspection, the Battalion Chief may terminate subsequent checks of the structure.

BRUSH FIRES – PRESCRIBED BURNS

1. Security lines or natural breaks will be utilized whenever possible.
2. The IC/Burn Boss will determine what degree of extinguishment will occur (100% mop-up, 10'in from the security lines – 50' for snags, 25'in from the security lines – 100' for snags, etc.)
3. Overhaul will be limited after dark due to the inherent hazards.
4. The burn area will be checked daily. When no smoke has been observed for 3 days the Battalion Chief may eliminate daily checks.
5. If the fire goes sub-surface, trees are uprooting or smoke problems exist, the Assistant Chief will be notified.



Title: Mandatory Reporting of Burn Victims

Controller: Operations

Origination Date: 5/11/94

Revision Date: 2/19/21

Approved by: _____

A handwritten signature in blue ink, appearing to be "M. H. H.", written over a horizontal line.

Effective Date: _____

5/20/21

Purpose

To establish the procedure for notification requirements of burn victims as mandated by the State of Florida.

Information

Per State of Florida requirements, any person who initially treats or is requested to treat a person with burn injuries has to immediately report such treatment **if** the following criterion is met:

1. The victim must have second or third degree burn injuries affecting 10% or more of the body;
2. The treating person determines that burns were caused by a flammable substance; and
3. The treating person suspects the injury is a result of violence or unlawful activity.

Procedure

When Fire Department personnel treat or are requested to treat a person with burn injuries meeting all three criteria requirements, they shall request that the Communications Center contact the State Fire Marshal's Office.



Title: Incident Management System (IMS)

Controller: Operations

Origination Date: 5/11/94

Revision Date: 2/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "W. W. K.", is written over a horizontal line.

Effective Date: 2/1/2023

Purpose

The original Incident Management System (IMS) for Seminole County was developed as a training standard. This standard has been utilized to train all fire service personnel in IMS procedures. Recently, operations bulletins have been developed that deal with accountability, the personnel tracking system, and inside/outside teams. This is closely related to IMS and necessitates the development of a stand-alone manual to merge IMS training standards and IMS operations bulletins.

Procedure

An IMS manual has been developed utilizing existing training standards, proposed operations bulletins, and the latest concepts dealing with IMS. The purpose of the manual is:

1. To provide a standard for training in IMS procedures.
2. To set a consistent set of procedures that Incident Commanders (IC) and Operations personnel have to choose from at an incident. Due to the variety of alarms, the IC has latitude to choose the procedures that will allow him/her to safely and efficiently manage the incident.

This manual will be maintained at the fire stations, EOC, Communications Center, and command vehicles. Periodically, at the direction of the Deputy Chief of Operations, the manual will be updated. It will be the responsibility of Professional Standards to ensure that training classes and drills are conducted to keep personnel trained on proper IMS procedures.



Title: Traffic and Safe Vehicle Operations

Controller: Professional Standards

Origination Date: 1/16/04

Revision Date: 8/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "Matt W. K.", is written over a horizontal line.

Effective Date: 8/14/2023

Purpose

To establish guidelines for the safe operation of emergency vehicles and the safety of personnel in traffic environments as well as the requirement of mandatory seatbelt and safety vest usage.

History

This policy shall apply to all Seminole County Fire Department personnel and was developed to help ensure the safety of personnel and equipment.

Procedure

1. Operators of Department vehicles utilized for Emergency Response will possess and maintain at minimum a valid Florida class "E" Non-Commercial. A current copy of the license must be maintained on file with the Department and updated prior to expiration.
2. Any member who operates department apparatus/vehicles shall immediately (prior to reporting to duty) inform his/her supervisor when the license becomes denied, expired, restricted, suspended, or revoked at any time during their employment.
3. Operators of vehicles for Seminole County Fire Department will obey all traffic laws and will be personally responsible for any traffic violation citations which may be received while operating the vehicle.
4. All Seminole County Fire Department employees are required to use seat belts at all times when operating or riding as a passenger in a County vehicle equipped with seat belts. The Company Officer will ensure that all personnel and riders are on-board, properly attired, with seat belts on, before the vehicle is permitted to move. All personnel will ride secured in regular seats provided with seat belts. Riding on tailboards, standing in jump seats, or other exposed positions are not permitted on any vehicle at any time. In accordance with the dress first philosophy, all personnel responding to an emergency requiring personal protective gear shall don the gear prior to the unit responding. At no time shall occupants become unbelted to don protective clothing. **EXCEPTION:** A fire department member who is providing direct patient care inside a Rescue/EMS unit shall be permitted to **momentarily** release the seat belt while the vehicle is in motion – **IF IT IS ESSENTIAL TO PROVIDE PATIENT CARE**. When the procedure has been completed, the fire department member shall refasten the seat belt. Time without the protection of a seat belt shall be minimized.
5. While a Rescue/EMS vehicle is moving, all equipment will be secured. The cardiac monitor will be secured in the monitor mounting bracket or strapped to the stretcher. When not in use the airway bag and drug box will be either secured to the stretcher

with straps or in a compartment. Spare batteries will be stored in a cabinet, portable suction units will be kept in the cabinet with a 110 outlet and all IV start kits will be stored in the locked drug box or locking cabinet.

6. Whenever possible, a minimum of one firefighter will remain with the fire apparatus parked in areas accessible to the general public during non-emergency activities.
7. Any time a Fire Equipment Operator exits an air braked type apparatus the parking brake will be applied and, at minimum, one wheel of the apparatus will be chocked both front and backside using the provided wheel chocks.

Backing

1. Backing a Department vehicle should be avoided whenever possible. Where backing is unavoidable, spotters will be used. In addition, spotters will be used when vehicles must negotiate forward turns with restrictive side clearances and where height clearances are uncertain.
2. Under circumstances where the vehicle (Rescue, Brush Truck, Engine, Tower, Tanker or Squad unit) is staffed only by the driver, that vehicle driver shall attempt to utilize any available Department personnel to act as spotters. Where no personnel are available to assist, the vehicle driver shall get out of the vehicle and make a complete 360 degree survey of the area around his/her vehicle to determine if any obstructions are present.
3. When apparatus is to be backed, a minimum of one crew member will dismount and act as a spotter. When only a single spotter is available/utilized, the spotter should be located off the right rear corner, and will act as the primary spotter. Spotters are not permitted to ride tailboard positions while backing fire apparatus.
4. Spotters will discuss the backing plan with the driver/operator before proceeding. The communication/warning process will be agreed upon prior to backing. The driver's side window will be in the down position to allow communication/hearing between spotters and the driver/operator. A portable radio turned to talk-around may be used to assist in communication.
5. The vehicle shall not be backed until all spotters are in position and communicate their approval to start the backing. Spotters will remain visible to the driver/operator. Any time the driver loses sight of the primary spotter, the vehicle shall be stopped immediately until the spotter is visible, and the clearly understood communication to continue backing is processed.
6. When vehicles must be backed where other vehicle traffic exists, the vehicle's emergency lights (if equipped with such lights) shall be operating.
7. The Vehicle Operator as well as the Company Officer is responsible for compliance with this procedure and the safe backing of the apparatus.

Emergency Response

1. The use of sirens and warning lights does not automatically give the right-of-way to the emergency vehicle. These devices simply request the right-of-way from other drivers, based upon their awareness of the emergency vehicle presence. Emergency vehicle drivers must make every possible effort to make their presence and intended

actions known to the other drivers, and must drive defensively to be prepared for the unexpected actions of others.

2. Emergency vehicles operating both audible and visual warning devices while responding to an emergency shall not exceed the posted speed limit by over 10 mph when weather and road conditions safely permit. At times of inclement weather and hazardous road conditions, emergency vehicles will downgrade their speed appropriately. Emergency vehicles when proceeding through intersections with a green light shall not exceed the posted limit. Emergency operators should refer to IMS Manual –*Emergency Response*, for additional identified procedures for emergency response.
3. Emergency vehicles will come to a complete stop at all intersections with a negative right-of-way. Such intersections may include, but shall not be limited to, stop signs, red traffic control lights, and railroad crossings without lights or cross arms.
4. Please refer to IMS Manual section - *Emergency Response Procedures- Opticom and Operations Bulletin #4012* for response procedures utilizing the OPTICOM traffic preemption system.
5. Emergency response is authorized only in conjunction with emergency incidents. Unnecessary emergency response shall be avoided. The first arriving unit will advise additional units to respond “non-emergency” whenever appropriate.
6. Emergency vehicles responding to an emergency should avoid passing other responding emergency vehicles. If passing is necessary, permission must be obtained through radio communications. Emergency vehicles responding to an emergency should avoid passing on the right side of any vehicle.
7. When stopped at the scene of an incident, vehicles should be positioned to protect personnel who may be working in the street. Warning lights shall be used to make approaching traffic aware of the incident. All personnel working in or near traffic lanes shall wear high visibility vests and/or bunker clothing with retro-reflective trim. When utilizing lighter weight Brush fire gear the Reflective vest shall be worn over the brush gear.
8. The Company Officer is responsible for compliance with this procedure and the safe response of their company.
9. Tanker 24 responds non-emergency to all calls. Warning lights will be used on scene for safety only.

Safety Benchmarks

Emergency personnel are at great risk while operating in or around moving traffic environments. Several approaches can be taken to protect you and your crew:

1. Never, ever trust the traffic
2. Engage in proper protective parking
3. As a minimum, a county purchased **ORANGE or YELLOW** high visibility reflective vest or reflective turnout gear will be worn.
4. Wear head protection as appropriate for circumstances (helmet or hardhats)
5. Reduce motorist vision impairment
6. Use traffic cones

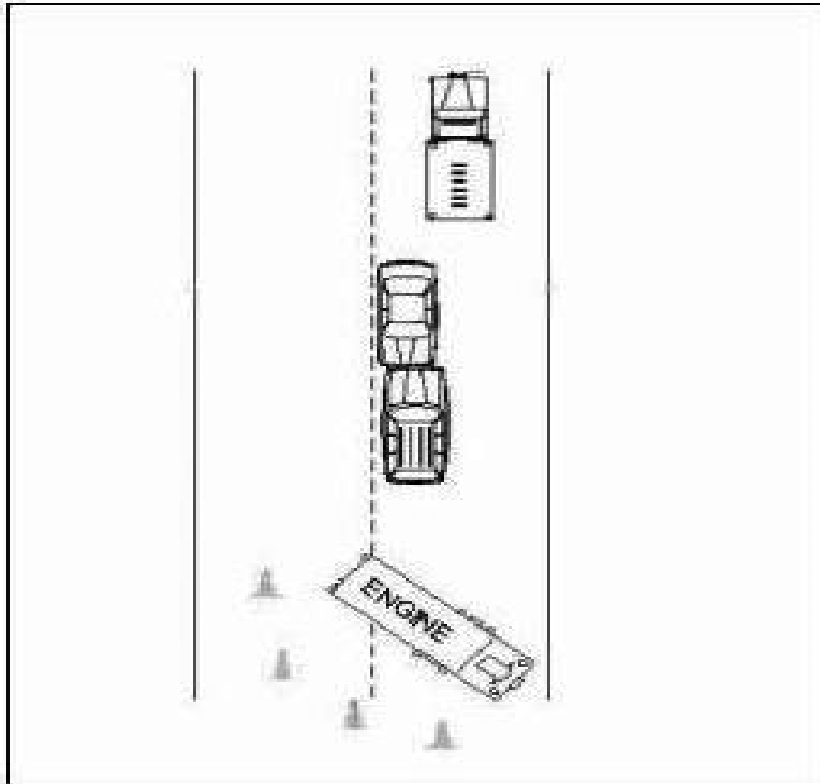
Listed below are benchmarks for safe performance when operating in or near moving traffic.

1. Reflective County purchased orange or yellow high visibility reflective traffic vests shall be worn by **all personnel** including EMT/Paramedic students and citizen observers. In the event of inclement weather, the safety vest should be worn over rain gear. If wearing brush fire gear, the reflective vest shall be worn over the brush gear.
2. Additional vests will be provided to rescue units to be used by assigned EMT/Paramedic program students.
3. Always maintain an acute awareness of the high risk of working in or around moving traffic environment. Never, ever, trust moving traffic. Always look before you step! Always keep an eye on the traffic.
4. Always position apparatus to protect the scene, patients, emergency personnel and provide a protected work area. Where possible, angle the apparatus. This will direct motorists around the scene. Apparatus positioning must also allow for adequate parking space for other fire apparatus (if needed), and a safe work area for emergency personnel. Allow enough distance to prevent a moving vehicle from knocking fire apparatus into the work areas. Only those traffic lanes that have an impact upon scene safety should be blocked. Other traffic lanes should remain open and blocked lanes should be reopened as soon as possible. Blocked traffic may contribute to secondary collisions. Please refer OPS Bulletin #12004 "Open Roads Policy". Non-essential fire apparatus should be canceled or returned to service.
5. At intersections, or where the incident may be near the middle of the street, two or more sides of the incident may need to be protected. When possible, block all exposed sides. When apparatus are in limited numbers, prioritize the blocking from the most critical area to the least critical area.
6. For first arriving engine companies where a charged hose line may be needed, angle the engine so that the pump panel is "downstream," on the opposite side of oncoming traffic. This will protect the pump operator.
7. The initial company officer (or command) should assess the parking needs of later arriving fire apparatus and specifically direct the parking and placement of these vehicles as they arrive to provide protective blocking of the scene.
8. During the DAYTIME operations, leave all emergency lights on to provide warning to drivers.
9. For NIGHTTIME operations, turn OFF fire apparatus headlights. This will help reduce the blinding effect to approaching vehicle traffic. Other emergency lighting should be reduced to yellow lights and emergency flashers where possible. If so equipped, the directional arrow at the rear of the apparatus should be used to direct traffic to desired lanes.
10. Whenever possible, crews should exit the curb side or the non-traffic side of the vehicle.

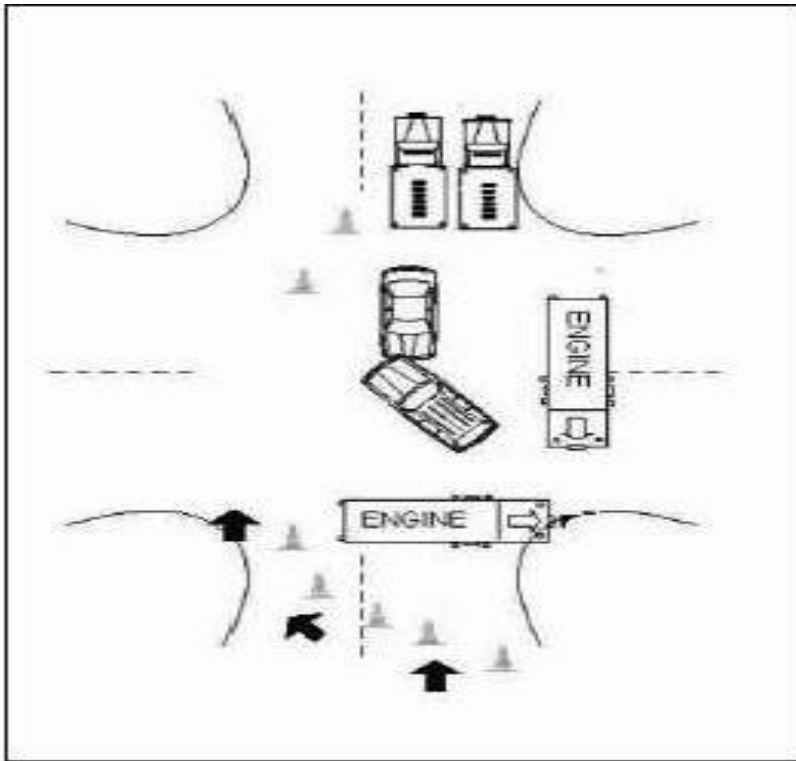
11. Always look before stepping out of apparatus, or into any traffic areas. When walking around fire apparatus parked adjacently to moving traffic, keep an eye on traffic and walk as close to fire apparatus as possible.
12. Wear head protection such as a helmet or hardhat as indicated.
13. When parking apparatus to protect the scene, be sure to protect the work area. The areas must be protected so that the patient can be extricated, treated and moved about the scene safely.
14. Once apparatus has “blocked” the scene, park or stage vehicles until needed off the street whenever possible. Coordinate with transport and other fire units and bring in their units one or two at a time and park them in safe locations at the scene. This may be “downstream” from other parked apparatus, or the transport units may be backed into a protected loading area to prevent working in or near passing traffic. At residential medical emergencies the transport unit should be parked directly in front of the dwelling or where possible in the residence driveway for safe loading.
15. Place traffic cones at the scene to direct traffic. Guidelines for placement distances are 150 feet on the highway and 100 feet on city streets. This should be initiated by the first company arriving on the scene and expanded, if needed, as later arriving companies arrive on the scene. Always place and retrieve cones while facing oncoming traffic.
16. In the absence of law enforcement traffic control, and if the situation permits, a Department member should be detailed as a “traffic spotter” to manage crew safety around the incident. Company officers should request law enforcement response when needed and provide specific direction to the communication center to relay to law enforcement as to exactly what the traffic control needs are.

Examples of Placement of Traffic Cones

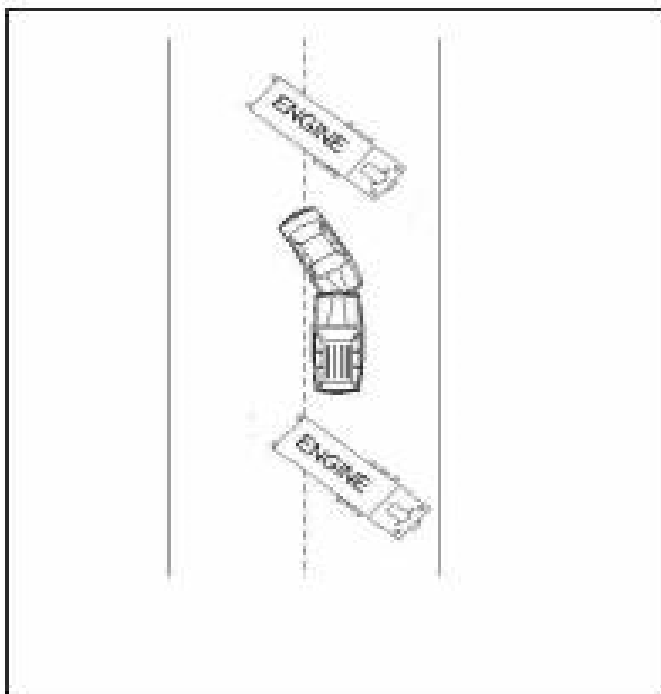
The following diagrams show the placement of traffic cones and apparatus while on the scene.



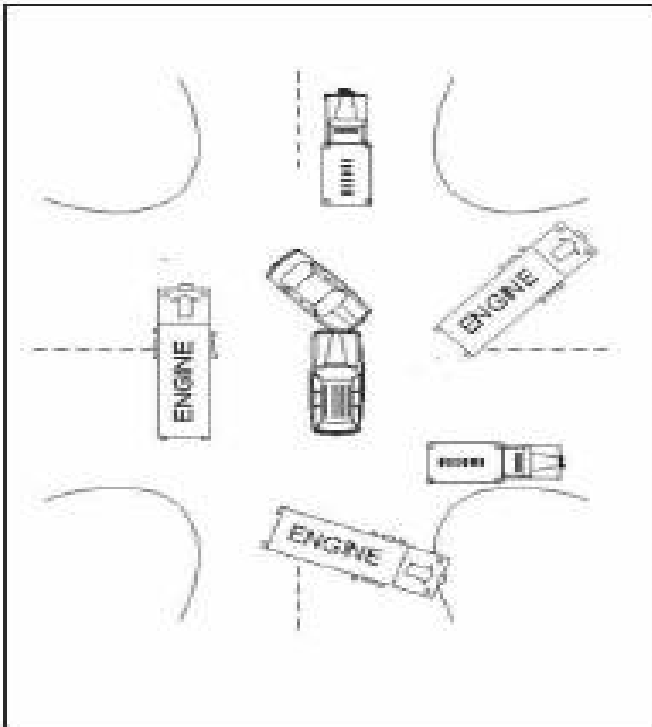
Example 1



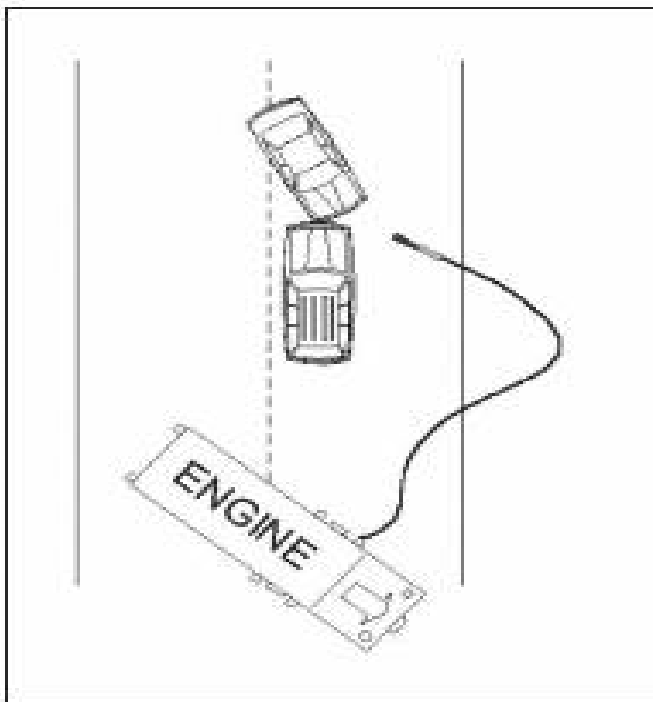
Example 2



Example 3



Example 4



Example 5



Example 6



Example 7



Title: Gate Access Codes

Controller: Operations

Origination Date: 4/25/95

Revision Date: 2/5/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'W. W. K.', is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish a procedure to obtain, track and disseminate private security gate access code data.

History

In an effort to limit unwanted traffic in certain subdivisions, homeowner groups have been installing security fences with limited access gates. A push button keypad and/or a remote control opener can usually activate these gates. The Fire Department has experienced problems regarding who gets notified of the access codes, and how this information gets updated and disseminated through the system.

Procedure

1. When calls are received from citizens or homeowner groups in reference to new security systems or changed access codes, the caller will be referred to an ECC/911 Senior Staff Assistant. This will be the official point of contact.
2. The contact person has the following responsibilities:
 - i. Obtain the name of the caller.
 - ii. Obtain the name of the subdivision.
 - iii. Obtain the new access code.
 - iv. Obtain the implementation date of the code.
 - v. Insure that the new code is added to the CAD Rolodex.
 - vi. Contact the first-due fire station and advise them of the information.

NOTES:

1. Security of the codes is of utmost importance. The codes will only be printed when units are dispatched or given out to emergency units over the radio, or upon request, in the event they did not get a printout. No units other than law enforcement, fire department, or ambulance services will be given the access code unless directed by the affected Battalion Chief.
2. Care should be taken by the responding units to destroy the dispatch printout at the conclusion of the call.
3. Units should enter and exit the security gates one at a time, allowing the gates to close between units.
4. Remote control gate openers will not be utilized. They may be lost, damaged, or become burdensome due to the number of systems in Seminole County.



Title: Cold Weather Procedures

Controller:

Origination Date: 2/1/2007

Revision Date: 2/9/2023

Approved by: _____

Effective Date: 3/21/2023

Purpose

To establish recommendations and procedures to use in the event of a cold weather event.

History

Historically, recommendations and procedures for handling cold weather events have been provided via e-mail and/or memorandum at the specific time of an anticipated event. This document will serve as a resource to these issues and should be reviewed by Department personal prior to the occurrence of significantly cold or freezing weather.

Procedure

Apparatus & Pumps

1. Diesel Engines - Start the apparatus and bring it up to a high RPM. Run at high RPM (near red line) for 15 to 20 seconds before allowing the unit to return to an idle. Once at idle, place the truck in gear and proceed to the alarm.
2. Diesel Engines - If units are equipped with block heaters, they should be plugged in.
3. Pumps - All pumps and associated plumbing should be drained. This would include any piping or booster hose. The booster tank should be the only area where water remains.
4. Foam Tanks – The bottom of the tank has a valve similar to one at the base of a radiator. Opening this valve will allow the water that has pressurized the internal bladder to drain. This will prevent damage to the unit.
5. Driving - If any rain falls, be cognizant of ice patches. Bridges ice up early. Brakes do not respond on ice and units must be steered through problems.

Personal Protection

1. Ensure that enough clothes are layered on to provide warmth.
2. If hoods or gloves become wet, notify the Battalion Chief for replacements.
3. Utilize the patient compartment section of the rescues or Rehab1 for rehab.

Fires

1. Ice - The water utilized to extinguish the fire will freeze very rapidly on concrete sidewalks and driveways. Barricade these areas to prevent falls.
2. Ice - Water will freeze causing radio PTT buttons to fail.
3. Cold temperatures will cause metal to contract, which could lead to air pack leaks. Turn off the tank valve and tighten any leaking air fittings.
4. Hose lines that are outside the structure should have the nozzle placed in lawn areas and allowed to flow at low GPM.

EMS

1. Ensure that patients are kept warm by the use of wool blankets and placing them in warm transport units as soon as practical.
2. Be cognizant of the dangers of carbon monoxide (CO) poisoning as un-vented heaters will be used. Wear air packs in these situations until the patient is removed from the structure.
3. Cold water drowning patients have high survival rates even after prolonged down times.
4. Be aware of hypothermia and the proper treatment (review protocol).
5. Homeless people should be directed to shelters.
6. Landing zones should be expanded due to high wind conditions.
7. Keep drug boxes inside and warm.

Station Preparation

1. Turn off lawn sprinkler system timers to avoid ice buildup.
2. Water that has been drained from units could cause ice patches.
3. Stations on wells should leave a faucet on a trickle to prevent icing of pipes.
4. Garden hoses should be turned off and drained.
5. Washing of apparatus will be preempted in freezing conditions or when freezing conditions are predicted.



Title: Vehicle Lockouts

Controller: Operations

Origination Date: 12/12/98

Revision Date: 2/09/2021

Approved by: _____

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Effective Date: slada

Purpose

To create a consistent procedure for vehicle lockout responses as some of these vehicle lockouts can present a life safety or property damage hazard.

History

Frequently, Seminole County motorists lock their keys in their vehicles. As a public relations tool, many fire departments choose to respond to these calls and help citizens unlock their vehicles. Previously, the Department only responded to vehicle lockouts if a child was locked inside or if the vehicle's motor was running. These responses were based on a safety factor and not for the convenience of the driver.

As more and more electronic theft deterrents were being installed, "through the door" techniques for unlocking these vehicles became a difficult, if not an impossible task. Newer vehicle access tools and techniques have been developed, allowing responders to go "around the door" in order to bypass the Safety Restraint System (SRS) components utilized in side impact airbag systems and subsequently minimizing the risk of bodily harm or vehicle damage.

Due to the potential for injury, damage, and the fact that locksmiths are trained and readily available, the Seminole County Fire Department will utilize the following procedure.

Procedure

- 1. If at any time the child (or animal) needs immediate attention, a window will be taken to gain access.**
2. Units will only respond to locked vehicles that present a hazard to life or property.
3. Law enforcement shall be requested to respond along with the Fire Department.
4. When responders encounter a locked vehicle that presents a hazard to life or property, an "around the door" approach may be utilized to gain access to the vehicle.
5. This "around the door" approach will utilize a long reach style tool and shall not involve tools that are inserted into the door panel near the area where the SRS or electrical components are located.
6. If access cannot be made with an "around the door" approach, it is suggested that a locksmith be requested by the owner of the vehicle.
7. When responders encounter a locked vehicle that **does not** present a hazard to life or property, the owner of the vehicle will be responsible for contacting a locksmith.

*** Any exceptions to this will be approved by the on duty Battalion Chief. ***

**Title: Controlled Burn Guidelines**

Controller: Chris Johnson, Assistant Chief

Origination Date: October 22, 2002

Revision Date:

Approved by: _____ Effective Date: _____

Purpose

To provide guidelines for safe burning of yard waste, land clearing piles, and acreage burns.

History

Seminole County's roots are that of a rural, agricultural county with large tracts of natural lands. This required many land owners to reduce fire load through the use of controlled burns. As the County began to grow the number of pile burns for land clearing greatly increased. Unfortunately, the population growth has greatly increased the level of smoke complaints associated with controlled burns. In an attempt to manage this, the following guidelines have been initiated.

Procedure**1. Permitted Burns**

- a. Permits are issued by the Division of Forestry and are issued for the following:
 - i. Acreage burns
 - ii. Land clearing pile burns - Commercial
 - iii. Land clearing pile burns - Residential
 - iv. Agricultural pile burns
- b. Open Burning Restrictions
 - i. Open burning of tires, rubber materials, Bunker C residual oil, asphalt, roofing materials, tar, railroad cross ties, other creosoted lumber, plastics, garbage, or trash other than yard trash and household paper products.
 - ii. Open burning that reduces visibility at a public airport.
 - iii. Open burning when the Department of Environmental Protection (DEP) determines that ambient air concentrations of total regulated particulate matter or ozone exceeds or potentially may exceed the primary or secondary standards for these pollutants or DEP issues an air quality/stagnation advisory that pertains to the National Ambient Air Quality Standards (NAAQS).
 - iv. Open burning during a National Weather Service Air Stagnation Advisory.

- v. Open burning which reduces visibility on public roadways to less than one thousand (1,000) feet unless the regulating authorities have given their permission to control traffic.
 - vi. Burning in smoke sensitive areas between one hour before sunset and 0900 the next day.
 - vii. All open burning when the fire poses a threat to public health, safety, and property protection.
 - viii. Open burning whenever atmospheric or meteorological conditions indicate improper dispersion of smoke that threatens public health, safety, or general welfare, or which would obscure visibility of vehicular or air traffic, or violates the conditions of the authorization, or burning prescription.
2. **Land Clearing Pile Burns – Commercial** (more than two family units)
- a. The open burning is one hundred (100) feet or more from any roadway
 - b. The open burning is one thousand (1,000) feet from any occupied building other than that owned or leased by the individual doing the burning or three hundred (300) feet from any occupied building other than that owned or leased by the individual doing the burning if air curtain incinerator is utilized.
3. **Land Clearing Pile Burn – Residential** (single family residential)
- a. The open burning is one hundred (100) feet or more from any roadway
 - b. The open burning is three hundred (300) feet or more from any occupied building other than that owned or leased by the individual doing the burning.
4. **Agricultural Pile Burning**
- a. The open burning is one hundred (100) feet or more from any roadway
 - b. The open burning is three hundred (300) feet or more from any occupied building other than that owned or leased by the individual doing the burning.
5. **Yard Trash** - permits are not issued for yard trash but burns must meet the following criteria
- a. The open burning is three hundred (300) feet or more from any occupied building other than that owned or leased by the individual doing the burning.
 - b. The open burning must be one hundred (100) or more feet from any public highway or road.
 - c. The open burning must be ignited after 0900 and is to be extinguished one hour before sunset providing that no visible smoke will be allowed over any adjacent residence or over the road that would cause a nuisance.
 - d. The open burning is fifty (50) feet or more from the residence on the property where the burning is being conducted.
 - e. The open burning is attended and adequate fire extinguishing equipment is readily available at all times.

- f. The moisture content and composition of material to be burned shall be favorable to good burning which will minimize air pollution. Green or wet material may not be burned.
 - g. The open burning is enclosed in a noncombustible container or ground excavation covered by a metal mesh or grill and is set back at least 25 feet from any woodlands, forest, or brush.
6. **Altamonte Springs** – Permitted burns and yard trash burns are prohibited within the municipal boundaries.
7. **Violations** – If violations of the rules listed in this operations bulletin occur, the following steps should be taken.
- a. Permitted Burns – advise the party conducting the fire of the violation and ask them to extinguish the fire. If they comply ask Seminole to advise DOF of your action. If they fail to comply request a representative from the Division of Forestry.
 - b. Yard Trash – advise the party conducting the fire of the violation and ask them to extinguish the fire. If they fail to comply request a law enforcement officer. Advise the officer that the burn is in violation of Florida Administrative Code, Chapter 62-256.
 - c. As always, discretion should be used when dealing with these guidelines.

NOTE: If you are unsure of the burning policies in municipal jurisdictions, excluding Altamonte Springs, contact the jurisdictional BC for assistance.



Title: Scene Safety

Controller: Operations

Origination Date: October 2005

Revision Date: 2/8/2021

Approved by: _____

A handwritten signature in blue ink, appearing to be "S. H. H.", written over a horizontal line.

Effective Date: 2/8/21

Purpose

Events over the Nation as well as the world have demonstrated to fire fighters everywhere that we are no longer immune from violent attacks by the people in our community we are trying to help. Violence is widespread and can occur on virtually every call we respond to. Anytime alcohol is involved we have the possibility to find people out of control. Gang violence is seemingly uncontrollable. Drugs and crime add to violent acts in our community. In all of these cases, fire fighters will be called upon to treat and help victims. There are many ways citizens can be included, but generally fire fighters are called--mount a fire truck--and ride into the scene. The question now is what we can do to stop violence involving fire fighters.

History

The first priority in arriving at the scene is to provide a protected environment for fire fighters to work in. If the call is described as one in which violence has occurred and you are not yet staged, stage according to Scene Security Protocol (Seminole County Communications Users Radio Handbook Section 2.37) violent incident procedures as indicated. Every day fire fighters are surprised by the scene which becomes violent when they initially were safe. At any time, what looks like a routine call can turn into a deadly encounter. A patient or bystander pulls a gun, a knife, or a crowd surges towards fire fighters. We can describe many incidents which have become difficult to control. The following guidelines will describe how to secure the scene before action is taken.

Procedure

1. The Scene:
 - a. String fire line tape to provide an established barrier between fire fighter and the crowd. Fire line tape is a good divider. It provides a control line for Law Enforcement to enforce. The tape is generally received well by citizens as needed by emergency personnel to provide control of an incident. Fire line tape should also be considered to divide large crowds and allow police to maintain the different groups.
 - b. Call Law Enforcement to secure traffic and crowds. This is the primary responsibility of police at the scene of a fire department emergency. When police arrive, a fire department member should establish liaison with the on-scene ranking police officer. Explain to them what is needed to control the scene; more officers should be called if necessary.

- c. Provide for lighting when indicated. A spot light, truck mounted lighting or elevated lighting on the Tower Trucks or the Squad can take away the cover of night. More serious violence occurs after daylight hours. All emergency responders will be able to see more of the scene when good lighting is provided.

2. Size Up

While responding to the scene all members of the crew should be considering the violence potential of the type call their responding to. In all cases violence involving fire fighters is possible. Given the type of the call, Dispatch will automatically contact Law Enforcement for support. Depending on the type of call, Law Enforcement may already be responding and actually be first on the scene. A shooting, stabbing, fighting (domestic or public) should be a red flag for more violence. A man down, suicide, and overdose must be closely evaluated for potential violence, gang violence will receive automatic Law Enforcement dispatch. Do not hesitate to call for Law Enforcement if something you believe about the call is potentially violent. Size-up--starts as soon as you receive the call. Initial and follow-up information available from alarm can be important. (In most cases, Law Enforcement will be on the scene prior to our arrival and have us stage when the scene is still dangerous or unstable.)

- a. What to Look For
 - i. Law Enforcement on the scene.
 - ii. Nature of the call.
 - iii. Type of injuries.
 - iv. Drugs/alcohol/altered level of conscientiousness.
 - v. Is the fight still in progress?
 - vi. How many units responding (needs to stage).
 - vii. Is the person still on the scene that caused the injuries?
 - viii. How many people are involved?

NOTE: Alcohol releases the lower brain center from "inhibitory and integrating control of the cortex." It initially stimulates behavior, however, in very high doses, depresses central nervous system function.

Parties should be a red flag for dispatching Law Enforcement --again, make contact with the ranking police officer and describe what security is needed.

Taking experiences from field personnel, we can draw up some guidelines toward minimizing hazards.

1. Public Perception is not always positive. Some people may fear detection of criminal activity and do not respect us or our profession. They may have caused the injury such as a domestic or gang confrontation. They may not want the patient to receive emergency care.
 - a. Some danger signs:
 - i. Antagonism towards us.

- ii. Verbal abuse.
- iii. Lack of cooperation.
- iv. Even as passive and cooperative they may still be a threat.

In other words, anybody may be a potential threat or danger.

When dealing with customers with an altered level of conscientiousness as a result from alcohol/drugs or mental illness, we need to introduce ourselves as Seminole County fire fighters, and that we are here for them and ask what we can do to help.

Uniforms sometimes can be threatening to certain people. They may confuse us with the police department or may upset people that normally have a dislike of any authoritative type figure. To prevent confusion about who we are, introduce yourself as a Seminole County fire fighter as soon as possible.

Always be aware that a weapon may be on a person or near and out of sight. Train yourself to look for them; between car seats, waistbands, jackets, and loose clothing.

Weapons-:

1. Common - guns, knives (weapons designed to kill).
2. Makeshift - anything that wasn't designed to be a weapon, but can be used as one.

Be sure to take the necessary precautions as necessary for the particular circumstances. Including:

1. Spotting the apparatus (Residence):
 - a. Turn off siren several blocks away if possible.
 - b. Drive by slowly and pass the house.
 - c. Spot the vehicle approximately 100 feet past the residence or 100 feet before. This will allow us to approach the scene from a safe position (direction).
2. Approaching the building:
 - a. Do not slam door of apparatus or vehicle.
 - b. Keep volume low on radio.
 - c. Gain information before entering house.
 - d. Look and listen before entering house.
 - e. Listen for arguments or fights/number of voices you hear.
3. Apartment buildings:
 - f. Keep the elevator door on manual so it will remain open.
 - g. Check stairwell doors to make sure they are unlocked to provide an escape route.
4. Contact and control:
 - h. The contact stands on the door knob side of the door. This will require the person opening the door to open it wide to see you.
 - i. If there is a screen or security door, position yourself on the door knob side of the inner door. Be subtle and non-aggressive in positioning yourself. Greet the homeowner with a friendly demeanor.

NEVER STAND DIRECTLY IN FRONT OF THE DOOR.

5. Entering the structure:

- a. Introduce yourself.
- b. Dog - (hold down doorknob) ask for dog to be secured.
- c. If they ask you to come in, ask them to open the door.
- d. If they insist, ask them why they can't come to the door.
- e. Consider the risks involved when looking into a window.
- f. Scan room for weapons, alcohol, drugs, and signs of violence.
- g. Look for makeshift weapons.
- h. Look for signs of weapons (bulges in their clothing, watch their hands).
- i. Keep crew insight at all times. Never leave a crew member alone.
- j. Have at least two crew members together at all times.
- k. Have the person who answered door to lead you to patient.

6. Separating disputants:

- a. Injuries from domestic disputes are reported as accidents (falls, etc.)
- b. Don't stand between disputants.
- c. Separate disputants by taking them to an area where they can't see or hear one another. (at least two crew members should be together); separating them will help calm the situation.

7. Spotting the apparatus and approaching a vehicle:

- a. Park unit to the rear of the vehicle (a full length from vehicle).
- b. Slight angle to driver's side--protection barrier from traffic.
- c. Use safety cones where necessary.
- d. Use safety vests.

8. Interview stance:

- a. If you suspect violence, stand at a partial right angle out of arms reach (they must turn to attack you).
- b. Don't stand against a wall.
- c. Don't fold arms (judgment).
- d. Don't put hands in pockets (appear unconcerned).
- e. Use physical barriers (coffee table, chair, etc.) between yourself and a potential violent person.
- f. Move people away from makeshift weapons.
- g. If you see a weapon call Law Enforcement.

DO'S

1. Pay attention to any information provided by the Communications Center.
2. Once on the scene, be aware of your surroundings and impending danger.
3. When approaching the scene and while on-scene, display a confident/in control attitude (Command presence).

4. Always look for the informal or designated leader of a potentially violent group and attempt to visually monitor and, if possible, make a personal contact to ease tensions.
5. Clear the scene of potentially violent materials.
6. Set up fire line tape to help secure perimeter.

DON'TS

1. Get lulled into a false sense of complacency (we've been here 10 times before attitude).
2. Ignore the potential for violence on any call we go to--including travel to and from the call and trips back and forth to the apparatus while on-scene.
3. Ignore your gut feeling--when it doesn't feel right, it probably isn't.
4. Be confrontational--be confident, but not abusive to anyone or any group.
5. Be an easy target--call for the cavalry early and be prepared to bail when the need arises (don't be a dead hero). These are some guidelines that will hopefully aid you and your crew members from potentially violent situations. Your best tools will be your good common sense and awareness.

Remember: Our safety is the responsibility of everyone one of us- Recently there has been documented cases of those that have set intentional traps for firefighters. Do everything you can to be aware of your surroundings and don't become a statistic.

Remember to always **"GO HOME SAFE"**.



Title: Pre-Incident Planning

Controller: Operations

Origination Date: 8/16/19

Revision Date: 5/26/21

Approved by: _____

Effective Date: 5/27/21

Purpose

To develop pre-incident plans to assist Fire Department personnel in effectively managing incidents and events for the protection of occupants, responding personnel, property, and the environment.

History

A cursory review of the literature detailing firefighter injury and death indicates that in many instances, the responding personnel did not possess adequate knowledge of the structures involved. In many cases, a pre-incident/pre-plan program did not even exist. NIOSH reports often cite this lack of information as a contributing factor in the injury or death of fire personnel.

Pre-incident planning involves the collection and storage of critical site data and information about target hazards by emergency responders. Pre-incident plans can improve the effectiveness of responses to all types of emergency incidents.

A pre-incident plan is **NOT** an inspection. It is a method to allow firefighters to become familiar with the target hazards in their response areas and serves as a means to identify specific hazards and challenges that firefighters could face during an emergency incident.

A pre-incident plan also provides a means for firefighters to become familiar with the protection systems, hydrant/water supply locations, means of egress and other information about high hazard occupancies in their response areas. Pre-incident planning is considered an integral component of the "Go Home Safe" initiative.

It is critical that fire personnel have a working knowledge of the structures and target hazards within their response area. It is equally important that this information is shared with the other responding units and personnel.

This policy addresses:

NFPA: 1620 (2015 Edition) - After a large warehouse fire in 1987, fire and insurance officials met at the NFPA headquarters to discuss the need for adequate pre-planning for warehouse occupancies. In 1998, the document was expanded to include all occupancies.

ISO: The Insurance Services Organization (ISO) identifies that pre-fire plans should be completed on all commercial, industrial, institutional and similar buildings annually. They

also recommend a pre-plan on any residential structure with more than 4 living units. Additionally, ISO emphasizes the importance of having these pre-plans done by the company-level personnel. ISO goes so far as to say that if pre-plans are done by other than company personnel, they will not award credit during the ISO rating process.

Procedure

Performing the Pre-Fire Plan and Gathering Information:

1. Each station will be responsible for ten (10) pre-incident plans per month per shift.
2. The GIS Coordinator will provide a list of the buildings for pre-incident planning for each station's response area. Pre-incident plans will be done annually for each occupancy listed.
3. The Station Officer will select a location from the provided list for pre-incident planning. The initial plans should be developed on the primary target hazards in the first response area.
4. Make an appointment with the property owner or representative of the occupancy at least 2 shifts in advance. Ensure that the business owner understands this is a pre-incident plan and **NOT** a fire inspection.
5. After arriving, contact the manager/owner and explain again that it is a pre-incident plan and not a fire inspection. Request that a representative of the occupancy accompany you during your tour to answer questions.
6. Perform a walk around of the occupancy.
7. Locate standpipes, sprinkler systems, PIV/OSY valves, FDC, hydrants and backflows.
8. Locate all stairways and identify all vertical openings.
9. Locate all utility shut-offs (gas, water, electrical).
10. Note items that will be hazardous to firefighters during combat operations.
11. Identify items, conditions, or processes that can be considered an ignition source or could contribute to fire growth and/or spread.
12. If there is a basement:
 - a. Check for means of ingress and egress
 - b. Check for additional means of egress
 - c. Check for ventilation points
 - d. Check for type of fire protection, if any
 - e. Check for Hazardous Material storage
13. Every effort will be made to obtain after hours contact information for no less than three (3) "key holders". Obtain as much contact information as possible. Ensure the manager/owner that the contact information is not shared with anyone except the Communications Center.
14. Conclude the tour and thank the owner/manager for their assistance.

Electronic Addendums - These addendums are all stored on the P: drive under Fire Rescue/Pre-Plans.

- NFPA 1620 – Standard for Pre-Incident Planning
- NFPA 170 – Standard for Fire Safety and Emergency Symbols



Title: Facilities Maintenance Call Out Procedure

Controller: Planning and Resource Management

Origination Date: June 1, 2007

Revision Date: 2/1/21

Approved by: _____

A handwritten signature in blue ink, appearing to be "H. H.", written over the signature line.

Effective Date: _____

slaola

Purpose

This Operations Bulletin establishes criteria for notifying Facilities Maintenance in the event of the need to assist in identifying and removing potential hazards in as well as securing County owned or maintained structures.

History

When responding to Seminole County facilities to investigate and mitigate structural hazards, it may be necessary for the Incident Commander to seek the advice of qualified personnel when assessing potential problems with the building itself or one or more of the building systems. As well, assistance may be required to adequately secure a structure prior to its release back to occupants or left unattended by Seminole County Fire Department personnel.

The Seminole County Facility Maintenance Division of the Public Works Department has the expertise and necessary tools to isolate and possibly identify potential hazards in their respective areas of expertise. As an example, an electrician from Facilities Maintenance should be requested to respond to check the electrical circuits when a building is experiencing an electrical problem. The responding electrician will have equipment that may identify an unknown power issue that might eventually cause further damage to a County owned or maintained building.

Facility Maintenance crews should also be utilized to provide adequate security when dealing with County owned/occupied buildings prior to those structures being released and unattended.

Procedure

1. The Incident Commander or Officer in Charge will notify the Communications Center to request notification be made to the on-call Facilities Maintenance Supervisor. Information to be relayed will include a synopsis of the problem and what expertise may be required for assistance, example: electrical, plumbing or structural.
2. Where possible, a contact phone number will be provided to the Facilities Maintenance Supervisor to contact on scene units if additional information is required.
3. The Facilities Maintenance Supervisor will dispatch the appropriate assistance and provide an estimated time of arrival.



Title: Duty Chief Phone Line

Controller: Operations

Origination Date: 03/10/10

Revision Date: 2/1/2023

Approved by: _____

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Effective Date: 2/1/2023

Purpose

The purpose of the Duty Chief Line provides a consistent way to access the covering Chief Officer, 24/7/365. Field personnel should direct inquiries through their Chain of Command.

History

The need to enhance the ability to contact the covering Chief Officer was recognized. Identifying a way to access the point of contact for routing administrative needs outside normal business hours is crucial. The number will act much like the Public Information Officer (PIO) line successfully utilized for many years by Seminole County.

Procedure

The covering Chief Officer will contact the Seminole County Communications Center to have the Duty Chief Line, (407) 665-5062, forwarded to a phone number of their choice. Additionally, Assistant Chiefs reporting for shift duty will be responsible for having the phone forwarded to their County cell phone.



Title: Special Activity or Event Report

Controller: Operations

Origination Date: 03/24/09

Revision Date: 2/1/2023

Approved by: _____

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Effective Date: 2/1/2023

Purpose

To provide a means of communicating the outcome of activities and events outside routine activities.

History

Ways to effectively communicate information in a timely manner has always been of high importance. The need to find a common and consistent way to provide staff personnel with the outcome of activities and/or events outside routine activities was identified. Discussion and input from a variety of personnel resulted in the development of the “Special Activity Report.”

Procedure

A “Special Activity Report” will be filled out, by the responsible Officer in Charge, by the end of shift for activities or events meeting the following criteria:

1. Prescribed burns.
2. Special team participation with public events.
3. Mass gatherings with attendance of more than 5000.
4. Any other notable participation in an event or activity.

The report can be found on the Seminole County Fire Department’s SharePoint site. Once all applicable fields are completed, click the submit tab for dissemination. The report will be forwarded automatically to the following personnel:

1. Fire Chief
2. Communications Program Manager
3. Deputy Chiefs
4. Assistant Chiefs
5. Fire Marshal
6. Incident Command Technicians / Safety Lieutenants
7. Public Information Officers



Title: Special Incident Report

Controller: Operations

Origination Date: 03/18/09

Revision Date: 2/5/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To provide a means of communicating alarms of significant nature among Command, General Staff Officers and Incident Command Technicians.

History

Ways to effectively communicate information in a timely manner has always been of high importance. The need to find a common and consistent way to notify Command and General Staff Officers of alarms significant in nature was identified. Discussion and input from a variety of personnel resulted in the development of the Special Incident Report.

Procedure

The jurisdictional Battalion Chief or Assistant Chief will fill out the “Special Incident Report” by the end of shift for alarms meeting the following criteria:

1. All working structure fires.
2. Extrications.
3. Multi Casualty Incidents (MCI).
4. Special Operations (example: Hazmat response, Technical Rescue, Dive and Confined Space Rescues).
5. Any other incident deemed worthy of notification.

The report can be found on the Seminole County Fire Department’s SharePoint site. Once all applicable fields are completed, click the submit tab for dissemination. The report will be forwarded automatically to the following personnel:

1. Fire Chief
2. Communications Program Manager
3. Deputy Chiefs
4. Assistant Chiefs
5. Battalion Chiefs
6. Incident Command Technicians / Safety Lieutenants
7. Public Information Officers



Title: Securing Electrical Services

Controller: Fire Prevention

Origination Date: 03/6/10

Revision Date: 07/24/21

Approved by: _____

Effective Date: 8/6/2023

Purpose

To establish guidelines that provide a consistent and standardized method of ensuring that overhead or underground electrical services are completely secured by the power company and Fire Department units having jurisdiction of the property.

History

When responding to incidents where structures have become uninhabitable; it often becomes necessary to call upon the power company to isolate the electrical services until the structure is rendered safe.

“BOOTING” A METER IS AN UNACCEPTABLE PRACTICE. Frequently, the power company will apply a “boot” to the meter until it can be replaced. The term “boot” is used when 2 of the 4 male prongs on the back side of the meter (usually the top) are covered with a plastic slip boot to prevent electric power from entering the structure. When the situation makes the structure uninhabitable there is no need to supply electric power to a “meter.”

Procedure

Power Company Responsibilities:

1. Removes the meter, replacing it with a cap or plug.
2. Ensures electrical power is disconnected prior to any area identified as being hazardous or potential for starting a fire if power remained on.

Fire Department Responsibilities:

1. Convey to the power company that “Booting” the meter is unacceptable.
2. Remain on scene until the power company has ensured there is no electric power to any area identified as being hazardous, or potential for starting a fire if power remained on.
3. The Fire Marshal of the area having jurisdiction (AHJ) will be notified anytime the involved structure is deemed unsafe, uninhabitable or the electric power is discontinued.
4. Convey to the owner/occupant of the structure that the Building Department of the AHJ will require an “Electrical Safety Inspection” prior to the electric power being restored.
5. Document on the NFIRS Report and Special Incident Report that the utility company arrived and disconnected power.
6. Seek Battalion Chief guidance regarding the adequacy of the power company’s methods of securing the power.

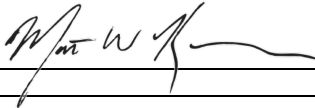


Title: Live Fire Training Evolutions

Controller: Operations

Origination Date: 08/26/10

Revision Date: 8/2023

Approved by: 

Effective Date: 8/31/2023

Purpose

This guideline is to ensure that all live fire training evolutions are planned, organized, and conducted in a manner to ensure the safety of SCFD personnel, students, and authorized observers through the adherence outlined in NFPA 1403 – Standard on Live Fire Training Evolutions (current edition), Florida Statutes, the Live Fire Structure Manual, Operations Bulletin #12031 – Firefighter Cancer Prevention Initiatives, and all Florida Division of State Fire Marshal rules.

History

The ongoing training of firefighters is the cornerstone of good fire protection in today's world. However, the benefits derived from live fire training can be negated by the injuries and deaths suffered by firefighters under unsafe and poorly supervised training conditions.

It shall be the policy of the Seminole County Fire Department (SCFD) to comply with applicable Florida Statutes and Florida Administrative Code, set forth by the Division of State Fire Marshal, regulating live fire training evolutions. It shall also be the policy of SCFD instructors conducting live fire training evolutions to comply with the most recent editions of Florida Statute 633.821, Florida Administrative Code 69A-37, and NFPA 1403, Standard on Live Fire Training Evolutions as adopted by Florida Statute.

This guideline applies to all SCFD personnel, other fire departments, private agencies and any other group conducting, supporting, and/or participating in a Live Fire Training Evolution, regardless of rank or assignment. Specifically excluded are wildland live fire training evolutions.

It is the responsibility of all individuals participating in any phase of a live fire training evolution to be familiar with and follow this guideline.

Procedure

1. Any Instructor, Safety Officer, Ignition Officer or other person directly participating in a live fire training exercise shall have previously documented that all training and certifications are current, as required by the Florida Division of State Fire Marshal's Office, on file with SCFD prior to the evolution.
2. Professional Standards will document and maintain all records for LFTI and LFTI-II personnel, to ensure certified personnel are being utilized for live training evolutions. Records shall include dates, type of fire scenario, position acted or involved with fire evolution, and classes taught by LFTI-II.

3. All live fire training shall be conducted in accordance with NFPA 1403.
4. Decontamination procedures shall be implemented in accordance to Operations Bulletin 12031 – Firefighter Cancer Prevention Initiatives.
 - a. Decontamination shall occur at the end of the training evolutions for students and at the end of the day for Instructors
5. The Instructor-In-Charge (IIC) is responsible for ensuring that all instructors are certified as Live Fire Instructors (LFTIs) and that NFPA 1403 is followed.
6. Any student participating in a live fire training evolution shall have had previous documented training equal to or exceeding the job performance requirements for Florida State **Firefighter “Minimum Standards Course”,** or Firefighter I in NFPA 1001, “Standard for Fire Fighter Professional Qualifications.” For the purposes of this guideline, incumbent personnel who are certified as firefighters in the State of Florida shall be deemed to have exceeded this requirement.
7. Live fire training utilizing Class A fuels shall have only have one live burn ignition at a time, confined to the designated burn room.
 - a. The setting of multiple fires is prohibited, along with the setting of any fire in the path of an exit way or means of egress during a live burn evolution.
The use of Oriented Strand Board (OSB) is strictly prohibited.
8. This policy shall be reviewed at least annually and updated as needed. Should Florida Statutes and Florida Division of State Fire Marshal rules change prior to the annual review, this policy shall be updated immediately to comply with all current Florida Statutes and Florida Division of State Fire Marshal rules.
9. **Definitions** – The definitions contained herein shall apply to the terms used in the most recent Florida Statutes and Florida Division of State Fire Marshal rules adopted in NFPA 1403, Standard on Live Fire Training Evolutions and Florida Administrative Code 69A-37:
 - a. *Accountability* – The task of tracking and maintaining personnel accountability by the Instructor In Charge or designee (command officer with command board) This is a critical function shared by all shall be managed the same way as on an emergency scene per County IMS.
 - b. *Acquired Building* – a structure acquired by SCFD from a property owner for the purpose of conducting live fire training evolutions.
 - c. *Acquired Prop* – a prop such as an automobile that was not engineered to burn and is used for live fire training.
 - d. *Authority Having Jurisdiction (AHJ)* – the organization, office, or individual responsible for approving equipment, materials, an installation, or a procedure. Unless otherwise specified, all references to the AHJ within this guideline shall refer to the Office of the State Fire Marshal.
 - e. *Class A Fuel* – untreated wood pallets, straw, hay, and other wood-based products.

- f. *Documentation Leader* – an individual, possibly the IC, assigned to complete documentation of each evolution to include the names and assignments of Instructors, the names of the students involved, the beginning and ending time of each evolution, and any other necessary data.
- g. *Emergency Signal* – a pre-designated word that may be used by any participant in a live fire training evolution to signal distress or other safety concern. The use of the emergency signal instigates an immediate termination of the evolution and evacuation from the building, if applicable.
- h. *Evolution* – a set of prescribed actions that result in an effective fire-ground activity.
- i. *Gas-Fueled Live Fire Training System* – An engineered system, comprised of gas-fueled training appliance(s), the associated piping, and the fire prop(s). (i.e. Car Fire, Flange, etc.)
- j. *Ignition Officer* – an individual qualified to initiate live fire within a structure or to a prop and assigned to that task by the Instructor-In-Charge.
- k. *Instructor* – term is used collectively to include Live Fire Training Instructors.
- l. *Instructor-In-Charge (IIC)* – an individual who is properly trained and recognized by the State as a Live Fire Instructor and designated by the Department to be in charge of a live fire training evolution.
- m. *Live Fire* – any unconfined open flame or device that can propagate fire to the building or other combustible material.
- n. *Live Fire Training Instructor (LFTI)* – an individual, who is properly trained, meets the requirements of the State of Florida as a Live Fire Training Instructor, and who has been designated by SCFD to supervise supportive activities of a live fire training evolution.
- o. *Live Fire Training Instructor II (LFTI-II)* – an individual, who is properly trained, meets the requirements of the State of Florida as a Live Fire Training Instructor II, and who has been designated by SCFD to supervise the overall planning and activities of a live fire training evolution. Furthermore, they will be responsible for planning and coordinating with Professional Standards to provide the Live Fire Training Instructor 40 Hour class and the Live Fire Training Instructor 8 Hour recertification class.

- p. *Medical Screening* – a mandatory medical evaluation to obtain student vital signs, conducted prior to and after a live fire training evolution. All medical evaluations shall consist of a blood pressure check, pulse rate, respiration rate, and body temperature reading, commonly known as “Vital sign assessment” in Operations Bulletin #02012.
- q. *Mayday*– This term repeated three times in succession is used to indicate a *real* emergency during training. Verbalizing this term initiates an immediate ceasing of the operations and Mayday Operations being launched as per IMS #5.8.
- r. *Must* – indicates a mandatory requirement.
- s. *PAR* – an acronym for Personnel Accountability Report, a roll-call of students and instructors prior to entering or upon exiting a live fire training evolution.
- t. *Participant* – any student, instructor, safety officer, visitor, or other person who is involved in the live fire training evolution within the operations area.
- u. *RIT* – an acronym for Rapid Intervention Team.
- v. *Safety Officer (SO)* – an instructor appointed by SCFD and qualified by the AHJ to maintain a safe working environment at all live fire training evolutions. The Safety Officer, possibly assigned as “Inside” or “Outside”, shall have the authority, regardless of rank, to intervene and control any aspect of an operation when, in his/her judgment, a potential or actual danger, accident, or unsafe condition exists.
- w. *Shall* – indicates a mandatory requirement.
- x. *Should* – indicates a recommendation or that which is advised, but not required.
- y. *Span of Control* – the number of students that can be effectively managed by one instructor. The acceptable student/instructor ratio is no more than 5 to 1.
- z. *“STOP!”* – This term repeated three times in succession used to indicate any unsafe condition or practice that may be present. If applicable, requires that the “E-STOP” be activated and that the live fire evolution be stopped until the issue is rectified before beginning again. Incident Command shall verbalize confirmation that E-STOP has been activated and proceed with a PAR.
- aa. *Student* – term used to refer to any member who is an active participant in the burn, regardless of rank.

bb. *Live Fire Training Structure* – a structure specifically designed and engineered for conducting live fire training evolutions on a repetitive basis; to include containerized structures in which one or more containers, whether single story or multi-story, for purposes of interior live fire training evolutions (i.e., PCMTA , CFFA, SCFD Burn Building).

10. **Live Fire Training Evolution Plan** – Prior to a live fire training evolution, the Instructor-In-Charge, in conjunction with the Training office and the designated Master Burn Trainer, shall prepare and submit a Live Fire Training Evolution Plan to the Fire Chief, through the Chief of Professional Standards, or designee for review and approval. The Plan should be submitted at least 48 hours for non-acquired burn structures/props and 7 days for acquired burn structures prior to the date of the planned evolution(s).

- a. One Live Fire Training Evolution Plan can be utilized for multiple evolutions spanning multiple days, but not to exceed 45 days in duration
- b. Any changes made to the Plan must be resubmitted and approved by the Fire Chief or designee
- c. The Live Fire Training Evolution Plan shall be submitted on Department approved forms including the Pre-plan, Pre-burn plan, and Post-burn report identifying the following minimum elements:

(a) Pre-Planning will include:

- i. Date and time of the training.
- ii. Expected minimum and maximum temperatures at the ceiling and floor levels, if applicable.
- iii. Radio group(s) or frequencies to be used.
- iv. A written description of the live fire training being conducted, along with the objectives to be accomplished.
- v. Fuel type being used.
- vi. The designated Safety, Ignition and Accountability Officers.
- vii. Location of the Command Post, Rehab, and medical treatment areas.
- viii. Plot plan drawing illustrating the position of the burn structure, all apparatus, exposures, water supplies, etc. as noted in the pre-planning checklist.
- ix. Required water supplies identified and water flows determined.
- x. Position of all attack and back-up hand lines. (Each line must be capable of flowing a minimum of 95 gpm.)
- xi. Required fire flow determined for the evolution with a reserve from a second source capable of delivering 50% of the required primary flow to address any unforeseen circumstances.

- xii. A hard copy of expected weather conditions for the time period of the Live Fire Training Evolution.
- xiii. Adequate student/instructor ratio – maximum 5 students to 1 instructor.
- xiv. If a structure or facility is to be utilized, a building or floor plan shall be attached to the Plan, indicating, but not limited to, building dimensions, rooms, hallways, and exterior openings.

Once approved by the Fire Chief, Chief of Professional Standards, or designee, the Plan and its accompanying documentation shall be the subject of a briefing with the instructors and participants. **Absolutely no changes to the Plan shall be made, once approved by the Fire Chief.**

(b) Pre-Burn Procedures – Once the pre-planning phase has been completed and approved, preparations on the training site can commence. Prior to the start of the Live Fire Training Evolution, the following actions must be completed. **There are no exceptions to these procedures:**

- i. All necessary tools and equipment for conducting a Live Fire Training Evolution shall be on the training site.
- ii. All supportive documentation pertaining to the Live Fire Training Evolution Plan shall be completed and initialed by the Instructor-In-Charge (IIC) and Safety Officer (SO).
- iii. Student and Instructor rosters signed and assignments issued.
- iv. An Instructor briefing will be conducted prior to the pre-burn briefing to assure all details and assignments of the burn are covered.
- v. A pre-burn briefing by the IIC and Safety Officer, or designee, shall be conducted with all students and staff. By utilizing the *Briefing Checklist*, the information contained in the approved Live Fire Training Evolution Plan shall be communicated to all participants and will include whether or not the possibility of simulated victims (manikins) will be used. A copy of the approved Live Fire Training Evolution Plan shall be distributed or made available to all instructors and students.
- vi. The SO shall conduct a safety briefing to all participants and establish rules for the training event. Anyone observed performing an unsafe act shall be immediately dismissed from further participation in the exercise.
- vii. After reviewing the building and floor plans, **the IIC and the SO shall conduct a pre-burn walk through of the structure and identify at least two (2) means of egress.** If any flammable, combustible, or hazardous materials are encountered inside or in close proximity to the structure or acquired prop

- being utilized, the evolution shall be halted until the problem has been mitigated.
- viii. Radios and the communications frequency or group being utilized shall be issued to all training staff personnel. Radio checks shall be conducted prior to any evolution. If a structure or training facility is being used, radio checks shall be conducted both inside and outside the structure or facility to ensure that clear and uninterrupted radio communication is available.
 - ix. Pre-burn medical evaluations for all instructors and students shall be completed and recorded. This evaluation shall include blood pressure, pulse rate, respiration rate, and body temperature.
 - x. Self-Contained Breathing Apparatus (SCBA) shall be inspected and verified by the Outside SO to ensure that each has the *pre-agreed* amount of air volume (normally no less than 3000 psi) for all students and instructors prior to entry. The PASS alarm will also be checked for proper function by the Outside SO with a test activation prior to entry.
 - xi. Student and instructor PPE shall be inspected prior to the burn. Those found with damaged or defective PPE that is not suitable for entry into the burn area shall be prohibited from participating in the evolution.
 - xii. A primary and independent secondary water supply capable of supplying the required fire flows shall be established.
 - xiii. All attack lines shall be charged and inspected for proper size and volume (minimum 95 gpm).
 - xiv. Evacuation procedures shall be established and an audible signal of sufficient decibel level that all participants can hear shall be demonstrated if necessary. For training evolutions involving interior operations, the evacuation signal shall include evacuation tones initiated by the comm. center as well as ten air horn blasts from on scene apparatus.
 - xv. RIT members shall be assigned and properly staged, attired, and equipped to react to any unplanned or threatening situation or condition.
 - xvi. At no time shall there be less than one ALS transport vehicle assigned for the full duration of the drill. Additional ALS transport vehicles shall be assigned if the IIC and SO feel it needed.
 - xvii. When necessary and prudent during training at acquired structures, signs shall be strategically placed to visually notify spectators and motorists that a training event is being conducted. Under no circumstances shall spectators be allowed in the training perimeter and visitors who are allowed inside the training perimeter (e.g., media) shall be escorted at all times.

- Traffic cones shall be deployed as necessary to reduce or eliminate the possibility of a motorist entering the training area.
- xviii. A Rehab area shall be established for all live fire training events. The Rehab area should be set up in a manner to best protect students and instructors from the outdoor elements. Sufficient amounts of chilled water for both consumption and body temperature regulation will be made available.
- xix. Under no circumstances and at no time shall a person or mannequin attired in firefighting gear be used as a simulated victim in any live fire training evolution.

11. Position Responsibilities – Each designated position has responsibilities as follows. Many duties will overlap positions to ensure redundancy and compliance.

Common Responsibilities – While each position has unique duties and responsibilities, they also share the following common responsibilities:

- Ensure that the safety of all students and instructors is a primary focus throughout the evolution
- Become familiar with the burning characteristics of the fuel(s) being used for the evolution
- Identify the construction type of the structure being used and become familiar with its burn characteristics
- In the event that Class A fuels are used, make sure that only untreated and uncontaminated wood pallets or certified untreated hay or straw are used. The use of propane or natural gas is only permitted in a training facility engineered and certified for its use
- Ensure that all injuries, regardless of severity, are documented and forwarded to the proper office, per SCFD policy
- Make certain that no fires are located in any designated exit path.

Instructor-In-Charge – The IIC will ensure that all Live Fire Training Evolutions remain compliant with most current Florida Administrative Code 69A-37 and NFPA 1403 standards, as well as all procedures contained herein. In addition, the IIC shall be responsible for the following:

- Assess the selected Live Fire Training Evolution for factors that can affect the growth, development, and spread of fire
- Immediately terminate a Live Fire Training Evolution when the combustible nature of the environment represents a potential hazard
- Establish a pre-determined location for all participants to report to for roll call if it becomes necessary to abandon a structure during a Live Fire Training Evolution
- Reduce the risk of injury or illness by curtailing, postponing, or cancelling any evolution due to extreme weather conditions, including thunderstorms or severe heat indexes

- Make the decision to proceed with ignition of a Live Fire Training Evolution in conjunction with the Inside or Outside SO whereby both the IIC and the SO must agree that the evolution is safe in order for it to proceed
- Ensure that the remote shut-off is continuously attended by safety personnel trained in its operation in any evolution that involves propane or natural gas
- Conduct a post-evolution analysis to evaluate student and instructor performance and to reinforce the training that was covered
- Convey to all participants whether or not the use of simulated victims will be utilized during the evolution.
- Determine, prior to each specific evolution, the number of attack and back-up lines that are necessary and the number of instructors required
- Will be ultimately responsible for final documentation of the Live Burn Training even though a designee may be assigned to complete for each evolution

Safety Officer – May be assigned as an Inside or Outside Officer with responsibilities to include the following:

- Never accept any duties that will interfere with the primary role of safety officer
- Ensure the safety of all students, instructors, visitors, and spectators
- Ensure that all participant's PPE has been properly inspected prior to entering a Live Fire Training Evolution. The focus of the inspection is not only to ensure that the PPE is in good condition, but also to ensure that the PPE and SCBA are being worn properly by the students and instructors
- Ensure that SCFD members are using SCBA masks issued through its fit testing program. For non-SCFD instructors and participants, ensure that they test for a proper seal prior to entry.
- Ensure that the ignition of fires be done only by the assigned Ignition Officer, and for fires in acquired structures, a charged hose line capable of delivering a minimum of 95 gpm accompanies the Ignition Officer
- Be knowledgeable in the operation and location of safety features available within the burn building such as emergency shut-off switches, gas shut-off valves, and evacuation alarms
- Assign additional personnel within the structure to react to any unplanned or threatening situation or condition (e.g., multiple fires), as required
- Ensure that the fuel load is of limited quantity to avoid conditions that could cause an uncontrolled flashover or back draft. No extra fuel will be utilized in a burn building.
- Ensure that the Ignition Officer is in full protective clothing, including SCBA, prior to igniting any training fire and that the IO is never in the hazard area alone, but shall enter with the SO as a team.
- Assess the Live Fire Training Evolution for factors that can affect the growth, development, and spread of fire.
- Immediately terminate any Live Fire Training Evolution when the combustible nature of the environment represents a potential hazard

- Reduce the risk of injury or illness by curtailing, postponing, or cancelling any Live Fire Training Evolution due to extreme weather conditions
- Ensure that sufficient back-up hose lines are provided to protect personnel on the attack lines
- Ensure no room with limited egress is being used for the Live Fire Training Evolution
- Ensure that emergency ventilation is planned and in place prior to ignition to limit fire spread and improve habitability. Neither the primary or secondary egress point is permitted to be used for normal room venting

- Outside Safety Officer responsibilities may include:
 - Inspect and verifying proper PPE donning, SCBA air level minimums, and PASS functionality for all Instructors and students ready to enter the burn area
 - Overseeing points of ingress/egress for assigned area. If a student “bails”, Outside SO shall notify command “1 OUT” for accountability.
 - Knowing the location and application of Emergency Stop (E-Stop) buttons
 - Radio communication with Incident Command for accountability

- Inside Safety Officer responsibilities may include:
 - Entering and exiting the burn area with the IO as a team
 - Ensure that a pre-ignition walk through has been conducted and that the burn room or area is clear of any unauthorized persons, animals, or objects, prior to ignition.
 - Ensure that a post-burn walk through has been conducted and that the burn structure is all-clear and that this is verbalized to the IC on the radio as “*Inside Safety to command, the structure is all-clear.*”

Ignition Officer – Responsibilities shall include:

- Obtain permission (green light) from the IIC, and under the direct supervision of the SO, to ignite the fire following the ignition plan sequence section of the Burn Plan.
- Confirm that the fuel load is in limited quantity to avoid conditions that could cause an uncontrolled flashover or back draft
- For burns in acquired structures, confirm that a charged back-up line capable of delivering a minimum of 95 gpm is in place prior to ignition
- Confirm that all ignition sources other than those directly under the Ignition Officer's control, are eliminated from the training area
- Confirm that the fire started have been prescribed and approved in the Pre-Burn Plan and by the IIC
- Ignition Officer will not jump between floors in a multi-level evolution so additional IOs may be assigned

- Ignition Officer never enters the burn structure alone but shall team up with the SO prior to entry.

Live Fire Instructor – An individual qualified by the Training Division to deliver firefighting training, is an employee of Seminole County who has the training and expertise to supervise students during live fire training evolutions. Furthermore, all instructors participating in live fire training evolutions shall be certified by the State of Florida as Live Fire Training Instructors. Responsibilities may include:

- Account for the students assigned, both before and after each evolution
- Serves at a Live Fire Training Evolution under the direct supervision of the IIC and SO.
- May be assigned to supervise or handle support activities on the training ground.
- Participate as a member of a Rapid Intervention Team
- Participate as the designated pump operator
- Operate a back-up hose line
- Serve as a liaison to visitors
- Manage EMS operations
- Serve as exterior Safety Officer
- Overseeing logistical or support operations and personnel
- Act as Incident Commander (IC) for the training evolution following the IMS procedures for accountability and PAR

Support Personnel – These will be trained personnel that are not Live Fire Instructors but are qualified to support the Live Fire Instructors run the Live Fire Training Evolution. Responsibilities may include:

- Pumping fire apparatus
- Staff the ALS medical support unit
- Staff the rehab unit
- Participate as a member of a Rapid Intervention Team
- Assist with hoses
- Act as Incident Commander (IC) and/or Documentation Leader for the training evolution to ensure completion of the Accountability Sheet after each evolution in accordance with this procedure

12. Failure to comply with these policies will result in immediate shut down of all training



Title: Commercial Mechanical Fire Alarm Response

Controller: Operations

Origination Date: April 20, 2011

Revision Date: 10/22/21

Approved by: _____

Effective Date: 10/22/21

Purpose

To establish guidelines for the response to commercial mechanical fire alarms (MFA) and to ensure the protection of life and property for the citizens of Seminole County. Authority to deviate from this procedure rests with the Battalion Chief or Incident Commander, who will assume responsibility for the results of the deviation. Commercial mechanical fire alarms are defined as activations of alarm systems in commercial or multi-family residential buildings. This procedure does not include one or two family dwellings.

History

A high percent of mechanical fire alarm incidents prove to be false or accidental, with no fire present. Personnel responding to a MFA shall consider it an indication of fire until an investigation of the situation proves otherwise. Full firefighting PPE shall be utilized by all personnel responding to the incident.

Procedure

00.01 Unit Responsibilities

1. First Arriving Unit

- a. Perform size-up accurate arrival report indicating:
 - i. Number of floors and size
 - ii. Construction type and occupancy type
 - iii. Any indication of smoke or fire (in the absence of smoke/fire "Nothing Visible/Showing" shall be stated
 - iv. Evacuation status in progress, if applicable
 - v. Presence of any audible or visible alarms
 - vi. Any other pertinent information which needs to be conveyed such as any evacuations in progress, occupant on the scene stating the structure is all clear or confirmation of smoke/fire.
- b. The officer in charge (OIC) shall request to upgrade other units to an emergency response or request the balance of a first alarm assignment through the responding Battalion Chief for any indication of smoke or fire and refer to Commercial Structure Fire Response as indicated in the IMS Manual.
- c. Perform a 360° walk-around or drive-around of the structure viewing doors, windows, or other methods of observation that does not require entry of firefighters.

- d. The OIC shall use all assigned equipment such as thermal imaging cameras to check for heat signatures while performing the 360° walk-around or drive-around.
- e. If no exterior hazards noted, attempt to gain access into the structure to locate the control panel and perform interior investigation as indicated in the IMS manual for Commercial Mechanical Alarms.
- f. The OIC may silence (not reset) the alarm if the building is NOT occupied.
- g. If a reliable/responsible building representative has already investigated the situation and reports no fire conditions, the OIC may silence the system prior to investigating the area of activation to determine the cause of the alarm.
- h. However, the OIC has the discretion to silence the alarm prior to his/her investigation in an occupied structure if it assists in the operational effectiveness of hazard mitigation and he/she is comfortable that the safety of the occupants is not compromised (i.e., MFA at a nursing home where it is safer for occupants to shelter in place verses evacuate, and silencing the alarm would assist in better communications and prompt mitigation).
- i. If service elevators are to be used, personnel shall use the elevator service key and operate it in accordance with IMS guidelines.
- j. In the event forced entry is required during MFA response, it shall be done in accordance with IMS guidelines.

2. Operations for Second Unit on Scene

- a. The second arriving unit shall stage at the hydrant nearest to the incident.
- b. In the event the investigation reveals smoke or fire, further actions will be dictated by the appropriate IMS procedure.
- c. In situations where there is no obvious fire on arrival, the second arriving unit may be assigned to report to other areas of the building to assist in investigating the source of the alarm. This is particularly recommended in instances where the size and/or complexity of the structure make it difficult to size up by one company.
- d. In the event the first arriving unit requires assistance in the investigation, the driver/operator of the second unit shall remain with his/her assigned apparatus and the remainder of the crew will assist in the investigation.
- e. All firefighters will remain in radio contact during the investigation and will adhere to accountability practices during the investigation.

00.02 Designation of Responsibilities

1. Building Owner/Authorized Representative/Responder

- a. Responder Present at Scene:**

- i. Responder to assist with gaining access to the structure and locating the alarm panel or fire control room
- ii. Only building owners or their authorized representatives can reset the alarm system.
- iii. If the alarm will not reset:
 1. The building owner/authorized representative/responder must contact the alarm monitoring company to determine further action.
 2. A decision to place the alarm system on “test” mode can only be made by the building owner/authorized representative/responder through their alarm monitoring company. Fire department personnel are not authorized to do so.
 3. If the alarm system is not in service, the building owner/authorized representative/responder will be responsible for providing a fire watch until the system is back in service.

2. Officer In Charge (OIC)

Procedures for MFA shall be adhered to in accordance with the IMS manual.

a. Responder Present at Scene:

- i. Have responder(s) assist with gaining access to the structure and locating the alarm panel or fire control room to determine the location/zone/area of possible cause of the alarm activation.
- ii. If the alarm system is not in service and/or placed on test, the OIC shall require a Civilian Fire Watch to be conducted and provide the Civilian Fire Watch Procedures to the building owner/authorized representative/responder.
- iii. The OIC shall notify the Communications Center via radio of the status of the fire protection system and the activation of a Civilian Fire Watch by the building owner/authorized representative/responder.
- iv. Report it to the Fire Prevention Division through SharePoint within Problem Places.
- v. Complete a Fire Alarm Report and leave a copy with the building owner/authorized representative/responder (see Policy #13004 for further details).

b. No Responder Present on Scene

- i. Inquire status of responder and request ETA. If no responder contact is made do not assume a responder is not available.
- ii. Gaining access into the structure

1. Access key from lockbox, if available, and gain entry to locate the alarm panel or fire control room to determine the location/zone/area of possible cause of the alarm activation.
 2. The area shall be thoroughly investigated to determine the cause of the activation in accordance with IMS guidelines.
 3. Once the structure has been thoroughly investigated and no hazards exist, the OIC will state one unit can handle the remainder of the call to the responding Battalion Chief or Incident Commander.
- iii. In the event there is no access key and no responder on scene:
1. A thermal imaging camera will be used around the perimeter of the structure to determine if heat is detected in the structure.
 2. If heat is detected, follow IMS guidelines for commercial structure fires.
 3. If no heat is detected and no key available to gain access, the OIC shall ensure every effort is made to contact the building owner or their authorized representative through the Communication Center and the reporting alarm company.
 4. The OIC shall ensure a thorough exterior investigation is completed in accordance with IMS guidelines.
- iv. Only building owners or their authorized representatives can reset the alarm system. Without their presence, the alarm system cannot be reset.
- v. Whether or not access is gained, the OIC will remain on scene for no less than 20 minutes from the time of arrival on alarms with no responder. If, at 20 minutes, there is still no responder present and the building is not occupied the OIC will Conduct the following:
1. Notify the Communication Center that they are unable to gain access to the structure
 2. Notify the Communications Center that no hazards exist, no responder on scene, alarm system cannot be reset without a responder.
 3. Complete a Fire Alarm Report and leave a copy on site (see Policy #13004 for further details)
 4. Immediate notification to the Fire Prevention Division shall be conducted through the Communication Center.
- vi. In the event the building is occupied and the alarm cannot be reset or it is undetermined if the alarm will be reset, notification to the responding Battalion Chief shall be made and immediate

notification to the Fire Prevention Division shall be conducted through the Communication Center.

- vii. Upon notification being made to the Fire Prevention Division, the engine will remain on scene until Fire Inspector arrival.
- viii. The OIC will brief the Fire Inspector prior to leaving the scene and returning to service.

**Title: Residential Mechanical Fire Alarm Response**

Controller: Operations

Origination Date: April 20, 2011

Revision Date:

Approved by: [Signature] Effective Date: 5/16/11**Purpose**

To establish guidelines for the response to residential mechanical fire alarms (MFA) and to ensure the protection of life and property for the citizens of Seminole County. Authority to deviate from this procedure rests with the Battalion Chief or Incident Commander, who will assume responsibility for the results of the deviation. Residential mechanical fire alarms are defined as activations of alarm systems in one and two family dwellings.

History

A high percent of mechanical fire alarm incidents prove to be false or accidental, with no fire present. Personnel responding to a MFA shall consider it an indication of fire until an investigation of the situation proves otherwise. Full firefighting PPE shall be utilized by all personnel responding to the incident.

Procedure**00.01 Unit Responsibilities****A. First Arriving Unit**

- a. Perform size-up with accurate arrival report, indicating:
 - i. Number of floors and size
 - ii. Construction type
 - iii. Any indication of smoke/fire (in the absence of smoke/fire "nothing visible/showing" shall be stated
 - iv. Any other pertinent information which needs to be conveyed such as any evacuations in progress and confirmation of an all clear from the occupant.
- b. The officer in charge shall request to upgrade other units to an emergency response or request the balance of a first alarm assignment through the responding Battalion Chief.

B. Second Arriving Unit

- a. Stage near closest hydrant.

- b. In the event the first arriving unit requires assistance in the investigation, the driver/operator of the second unit shall remain with his/her assigned apparatus and the remainder of the crew will assist in the investigation.
- c. All firefighters will remain in radio contact during the investigation and will adhere to accountability practices during the investigation.

00.02 Presence of Homeowner/Occupant

C. Responder Present on Scene

- a. If the home owner/occupant is on scene and confirms an accidental activation, the OIC shall investigate the area and advise the responding Battalion Chief that a single unit can handle the incident.
- b. The OIC shall not reset the alarm system, but may assist the home owner/occupant in resetting the system once a thorough investigation is completed and no hazards noted. SCFD personnel shall not solely take responsibility for the resetting of the system.
- c. If a reset cannot be obtained, it is the responsibility of the home owner/responder to contact the alarm company and have the proper repairs made.

D. Responder Not Present on Scene

- a. If no home owner/responder available, the OIC shall perform a 360° walk-around viewing doors, windows, or other methods of observation that do not require entry of firefighters.
- b. The OIC shall use all assigned equipment such as thermal imaging cameras to check for heat signatures while performing the 360° walk-around.
- c. If heat is detected, follow the IMS guideline for residential structure fire response.
- d. If no heat is detected and the OIC is satisfied the building is safe
 - i. Request the Communication Center to re-contact the alarm company to verify if a responder has been notified and/or is enroute.
 - ii. If no responder has arrived and no verification of a responder exists, the OIC shall advise the Communication Center that a reset cannot be obtained and the unit shall return to service.
- e. If no heat is detected and the OIC is not satisfied the building is safe, forced entry may be required. If forced entry is needed during “nothing showing/visible” conditions:
 - i. Contact the responding Battalion Chief or Incident Commander.
 - ii. Contact the LEA having jurisdiction if forced entry is made.
 - iii. Care should be taken to reduce the amount of damage to the structure.
 - iv. Notify the Communication Center via radio if forced entry is made and the number of firefighters entering the structure to investigate.
 - v. All firefighters will remain in radio contact during the investigation and will adhere to accountability practices during the investigation.

- vi.** If smoke/fire exists upon entry, follow IMS guidelines for residential structure fire response.
 - vii.** If no hazards are noted upon forced entry and no home owner/responder is available to reset the system, the OIC shall advise the responding Battalion Chief or Incident Commander that no hazards exist and that a reset of the system cannot be obtained at the incident location.
 - viii.** SCFD personnel shall not reset alarm systems. That is the sole responsibility of the home owner/responder.
 - ix.** Anytime a reset cannot be accomplished the OIC shall contact the Life Safety Section via email with the date, time, run number, and address of the alarm.
- f.** Anytime a reset cannot be accomplished, the OIC shall contact the Life Safety Section via Department reporting mechanism.



**Title: Emergency Response Apparatus
Mechanical Failure Report**

Controller: Operations

Origination Date: 10/2012

Revision Date: 4/24/21

Approved by: _____

A handwritten signature in blue ink, appearing to be "S. J. [unclear]", written over a horizontal line.

Effective Date: _____

5/20/21

Purpose

To establish a procedure to report instances where an emergency response vehicle's malfunction or failure results in a delay or inability to respond to an incident, or results in a negative operational impact in providing emergency response coverage.

History

Seminole County Fire Department maintains a fleet of emergency response vehicles that are an integral part of operations. Efforts are constantly taken to ensure that these units are always response ready. They are checked daily, routinely serviced, and maintained in an effort to identify and correct deficiencies before deficiencies cause a negative impact to operations. Despite these efforts, there are times where these units do suffer unexpected mechanical breakdowns that impede response and delay the timely delivery of emergency services.

This policy clearly defines the process for personnel to report a response vehicle's mechanical failure so that a proper review of the event is completed, corrective action taken and equipment repaired or replaced as necessary, while tracking to identify trends that can further cause response difficulties.

Procedure

Definitions:

1. **Vehicle Malfunction:** Any event where an emergency response apparatus did not perform as designed. This includes reporting performance problems, safety concerns, questionable stability, defects or any event where the emergency response vehicle did not perform as intended.
2. **Vehicle Failure:** Any condition or event where the emergency response apparatus had any type of mechanical or warning device failure that delayed or prevented the prompt response to an emergency call for service.

Emergency Response Apparatus/Equipment Malfunction or Failure Reporting:

1. All personnel are required to report all incidents where emergency response apparatus malfunctioned or failed during emergency incident responses.
 - a. After the emergency response incident has been mitigated, the crew involved in the event will complete the *Apparatus/Fire Equipment Breakdown Report* form located on SharePoint according to the instructions on the form.

Equipment Disposition/Replacement:

1. Any emergency response apparatus involved in malfunction or failure will be removed from service immediately and a replacement unit obtained through Fire Support.
2. Events involving a transport vehicle will require the removal of the unit from service, replacement of said unit with a spare until such time that a complete inspection, the necessary repair work completed and the unit authorized to return to service by Fleet Services.

Equipment Malfunction or Failure Investigation:

1. All reports of emergency response apparatus malfunction or failure will be investigated by the Fleet Services in coordination with Fire Support.
2. Results of the investigation will be documented and forwarded to the Fire Chief's Office for review.



Title: Personnel Assignment during Peak Staffing

Controller: Operations

Origination Date: 6/17/2013

Revision Date: 6/22/2023

Approved by: _____

A handwritten signature in black ink, appearing to read "Mike W. King", is written over a horizontal line.

Effective Date: 7/26/2023

Purpose

To ensure the most appropriate utilization of personnel resources for overall operational effectiveness and to provide guidelines for consistent personnel assignments during times of peak staffing.

History

Although it occurs infrequently, on occasion shift staffing levels are such that all minimum staffing assignments are met and those personnel on duty and not filling an assignment must be placed in a position for the timeframe of the shift that experiences peak staffing. It is the desire of the Department to provide a guideline to ensure that these personnel are being utilized in an effective and consistent manner.

Procedure

During nightly staffing, the Battalion Chief performing Overtime/Telestaff will ensure all position assignments are filled in accordance with Operations Bulletin 2004. Once all vacancies are filled, if there remains any unassigned staff, the following guidelines should be used for unit assignment priority.

- Tower 25**
- Tower 27**
- Tower 39**
- Quint 34**
- Engine 43**
- Quint 24**
- Engine 36**
- Engine 35**

Consideration for minimizing the need for intra-shift commutes and disruption for periods of less than three (3) hours will be at the discretion of the Shift Commander.

Personnel who are currently enrolled in Paramedic school and are eligible to perform clinicals can contact the Battalion Chief performing Overtime/Telestaff the night before to request an on duty clinical for their shift – must indicate student time frame and assigned unit in TeleStaff notes.

If we experience a shift or partial shift in which all Lieutenant roster positions are filled for the shift and Lieutenants remain available for assignment (due to being additional or in the event they take an order-in from a firefighter) the following considerations should be made (not in order of priority and in consideration of a variety of factors):

- Battalion Chief Aide (for Lieutenants currently on or anticipating participation in an upcoming promotional process).
- To mentor a probationary Lieutenant. Please refrain from placing two (2) supervisors on a single resource unless this mentoring opportunity exists.**
- Consider deploying an additional resource(s) to manage saturation levels at peak load times.
- There is no way to predict the variety of assignments/unmet needs which may require unconventional staffing – in these scenarios, it will be at the Shift Commander’s direction.
- If a Lieutenant “takes an order-in” for a Firefighter the staffing Battalion must be notified for approval and the Lieutenant will work in the same capacity of the firefighter for which they take the order-in unless approved by Shift Commander.
- May be assigned as an “extra” on a Rescue in which there is PCAP in progress.
- Fire Chief or designee reserves the right to temporarily assign personnel, including Lieutenants, to special tasks, programs or projects.

In the event that personnel are “backed out” of the roster, the reverse priority shall be used, reassigning personnel as necessary to meet operational needs and maintain the priority list indicated in the preceding.

During specific circumstances it may be necessary to deviate from the designated priorities listed above. In the event of such deviations it shall be at the direction of the Shift Commander with timely notification of the Deputy Chief of Operations.

**Example; Rescue14 could be staffed due to special event(s) beyond normal activities or other anticipated increase in EMS alarm activity.*

***Lieutenant mentoring is reserved for Lieutenants within their first 6 months of assignment being “shadowed” by a Lieutenant with more than 3 year in grade.*



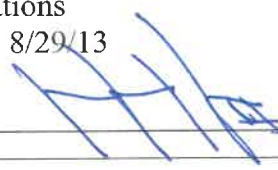
Title: Suspicious Activity Reporting (SAR)

Controller: Operations

Origination Date: 8/29/13

Revision Date: 4/4/21

Approved by: _____



Effective Date: 5/20/21

Purpose

To provide guidance and consistency for Operations personnel in recognizing and reporting suspicious activities, behaviors or materials they may come in contact with during the course of their normal duties.

History

Firefighters are a front line defense for our citizens and our community. The embedded locations of our stations and personnel often avails us to unique vantage points for observing suspicious situations or people. In addition, our infrastructure continues to gain value as a Homeland Security target for criminal activities. This reporting system will allow for the collaboration and sharing of suspicious activities observed by our personnel.

Remember:

If you “SEE SOMETHING, SAY SOMETHING”

Definitions:

1. **Suspicious Activity:** An observed behavior, reasonably indicative of pre-operational planning related to terrorism or other criminal activity.
2. **Eliciting Information:** Questioning individuals at a level beyond mere curiosity about particular facets of a facility’s or building’s purpose, operations, security procedures, etc., that would arouse suspicion in a reasonable person.
3. **Testing or Probing of Security:** Deliberate interactions with, or challenges to, installations, personnel, or systems that reveal physical, personnel, or cyber security capabilities.
4. **Photography:** Taking pictures or video of facilities, buildings, or infrastructure in a manner that would arouse suspicion in a reasonable person. Examples include taking pictures or video of infrequently used access points, personnel performing security functions (patrols, badge/vehicle checking), security-related equipment (perimeter fencing, security cameras), etc.
5. **Observation/Surveillance:** Demonstrating unusual interest in facilities, buildings, or infrastructure beyond mere casual or professional (e.g., engineers) interest such that a reasonable person would consider the activity suspicious. Examples include observation through binoculars, taking notes, attempting to measure distances, etc.
6. **Materials Acquisition/Storage:** Acquisition and/or storage of unusual quantities of materials such as cell phones, pagers, fuel, chemicals, toxic material, and timers, such that a reasonable person would suspect possible criminal/terrorist activity.

7. **Acquisition of Expertise:** Attempts to obtain or conduct training in security concepts; military weapons or tactics; or other unusual capabilities that would arouse suspicion in a reasonable person.
8. **Breach/Attempted Intrusion:** Unauthorized personnel attempting to or actually entering a restricted area or protected site. Impersonation of authorized personnel (e.g., police/security, janitor, firefighter).
9. **Misrepresentation:** Presenting false or misusing insignia, documents, and/or identification, to misrepresent one's affiliation to cover possible illicit activity.
10. **Theft/Loss/Diversions:** Stealing or diverting something associated with a facility or infrastructure (e.g., badges, uniforms, identification, emergency vehicles, technology or documents {classified or unclassified}), which are proprietary to the facility).
11. **Sabotage/Tampering/Vandalism:** Damaging, manipulating or defacing part of a facility/infrastructure or protected site.
12. **Spoken or Written Threat:** Communicating a spoken or written threat to damage or compromise a facility/infrastructure. (Expressed or Implied)
13. **Sector-Specific Incident:** Actions associated with a characteristic of unique concern to specific sectors (specifically related to Fire/EMS sector), with regard to their personnel, facilities, systems or functions.
14. **Weapons Discovery:** Discovery of unusual amounts of weapons or explosives that would arouse suspicion in a reasonable person.
15. **Aviation Activity:** Operation of an aircraft in a manner that reasonably may be interpreted as suspicious, or posing a threat to people or property. Such operation may or may not be a violation of Federal Aviation Regulations.
16. **Cyber Attack:** Compromising, attempting to compromise or disrupt an organization's information technology infrastructure.

Privacy and Recordkeeping:

These activities are generally First Amendment protected activities and should only be reported in a suspicious activity report when there are articulable facts and circumstances that support the source agency's suspicion that the behavior observed is not innocent, but rather reasonably indicative of criminal activity associated with terrorism, including evidence of pre-operational planning related to terrorism. Race, ethnicity, national origin or religious affiliation should not be considered as factors that create suspicion (although these factors may be used as specific suspect descriptions).

The privacy of individuals and respect for the inherent freedoms guaranteed in this country require a high degree of caution in how we report and keep records of suspicious activity.

The Following Rules MUST Apply To Suspicious Activity Reporting:

1. Stations will NOT keep copies of submitted Suspicious Activity Report (SAR) forms.
2. Stations will NOT make journal entries regarding details concerning the suspicious activities, only that a SAR report has been submitted.
3. Reporting of activities observed while inside person's homes and businesses should be limited to clear criminal activity and the situations described above.

4. In all cases, it is inappropriate to report suspicious activity based solely on a person's skin color, dress, or religious affiliation. Reported activity **MUST** be based on a describable observation, behavior, or action.

Training:

All Fire Department personnel should participate in the Nationwide SAR Initiative (NSI) Training. This training can currently be found at <http://nsi.ncirc.gov/hsptreregistration/fire-ems>

Reporting Procedure:

1. A SAR should be submitted when personnel observe activity that may be related to criminal activity or terrorism. This report will normally be found on the Department's SharePoint page and is submitted electronically.
In the event that the SharePoint resource is unavailable, the reporting personnel should forward the SAR information to their Battalion Chief for further submittal. If sending a SAR report, remember, the more comprehensive the information provided, the quicker and more detailed the follow-up investigation. Information requested on the SAR should include:
 - *Location* – Provide exact locations and property type.
 - *Time* – Provide date, time, and duration of the activity.
 - *Suspect* – Gender, age, race, and physical descriptions such as height, weight, hair color, build, clothing, etc.
 - *Activity* – Describe what is/was taking place.
 - *Vehicle* – Make/model, color, license plate with state, any other significant vehicle descriptors.
 - *Other* – Any suspicious equipment, weapons, suspicious occupants, etc.
2. Reporting a SAR should not impede or affect the completion of the Fire and Rescue Department's primary response or activities.
3. All illegal suspicious activity should be reported to law enforcement, as soon as reasonably possible, through the Emergency Communications Center.
4. Request appropriate unit response, including a Battalion Chief and law enforcement agency, if the observed behavior or material presents an immediate threat to life safety or property. **Personnel should always ensure their own personal safety and the life safety of others before attempting to initiate a SAR report.** Upon reporting, a reasonable attempt should be made to safely maintain/secure the scene until the arrival of police. Examples of this would be, but are not limited to, the storage of large amounts of chemicals, Improvised Explosive Devices (IED) in late stage of development (deployment ready), operational chemical labs.
5. Behavior or materials that meet the criteria for a SAR, but do not present an immediate threat, can be reported upon the conclusion of the incident after returning to the fire station.

Questions arising from this policy will be directed to the Deputy Chief of Operations, via chain of command, as the Fire Department Intelligence Liaison Officer (ILO) representative.



Title: Weapons Policy

Controller: Operations

Origination Date: 02/2014

Revision Date: 4/27/2021

Approved by: _____

A handwritten signature in blue ink, appearing to be "M. H. O.", written over a horizontal line.

Effective Date: _____

5/20/21

Purpose

To address the safety of personnel to properly handle situations during operations when encountering an open carry or concealed weapon on or about a person or at any time weapons are found while conducting emergency or non-emergency response operations.

History

It is important for response personnel to have clear directives and procedures on how to handle situations where weapons of any kind are encountered.

Procedure

Definitions

1. **Weapon:** A weapon is any firearm, knife, stun gun, slingshot, device capable of ejecting tear gas or a disabling chemical, stun gun, Taser, chemical weapon or device or any type of device used to increase the destructive range and or power of the wielder and can disable, injure, dismember or cause death to a person.
2. **Concealed Weapon:** Any firearm, knife, stun gun, slingshot, device capable of ejecting tear gas or disabling chemical, stun gun, Taser, chemical weapon or device or other deadly weapon carried on or about the person in such a manner as to conceal the weapon from the ordinary sight of another person.
3. **Open-Carry Weapon:** Any firearm, knife, stun gun, slingshot, device capable of ejecting tear gas or disabling chemical, stun gun, Taser, chemical weapon or device or other deadly weapon carried on or about the person in such a manner that makes the weapon readily visible by another person.
4. **Firearm:** Any weapon (including a starter gun) which will, is designed to, or will readily be converted to expel a projectile by the action of an explosive.
5. **Knife:** A knife is a handheld sharp-edged instrument consisting of a handle attached to a blade of any length and is used for cutting, puncturing or stabbing.
6. **Chemical Spray:** Any device designed to disseminate or discharge a product or agent capable of causing an inflammatory or lachrymatory response from a person to temporarily incapacitate an individual.

Policy

1. It is the policy of Seminole County Fire Department (SCFD) to prohibit the possession, carrying, storing or securing weapons of any kind (with the exception of fire/rescue recognized tools such as multi-tools and cutting tools designed for use during operations) on or about a person and/or on any County owned vehicles or apparatus.

2. Persons riding in or being transported on Fire Department (FD) vehicles are not authorized to possess, carry or handle any weapons at any time.
 - a. Law Enforcement Officers (LEO): Federal, State or Local Law Enforcement or Corrections Officers as defined in Florida Statute 943.10 are authorized to carry their duty weapon(s) to the extent authorized by law and in accordance with their law enforcement duties.

General Procedures

1. General weapons safety:
 - a. All weapons are considered loaded and unsafe at all times. Personnel shall avoid placing themselves in a situation where the discharge or detonation of a weapon could cause harm to themselves or others.
 - b. Personnel should not attempt to remove, handle, secure or render weapons safe. A law enforcement officer is responsible to carry out these actions.
 - c. Possession and ownership of weapons, ammunition, explosive powder, etc. is extremely common. Personnel shall maintain a high degree of awareness and take appropriate safety precautions during fire type incidents as these devices may be present at the incident and may discharge, detonate or explode when exposed to flames or high temperatures potentially causing injuries.
2. Weapons found at an incident scene but not on the person:
 - a. At any time weapons are found unattended, unsecured, and not on or about any person during incident operations, personnel shall make every effort to secure the area and summon the law enforcement agency having jurisdiction to check, render safe and/or secure said weapons.
 - i. Personnel should not take it upon themselves to secure or render weapons safe.
3. Interview:
 - a. Personnel shall maintain a high degree of situational awareness at all times during incident operations and when caring for patients.
 - i. Whenever there is reasonable suspicion or concern that weapons may be present, personnel should directly inquire during the interview: *“Do you have any weapons, knives or needles that can harm me or you?”*
 - ii. During patient care, if the victim or patient is unresponsive, unreliable or unable to appropriately answer questions, personnel shall proceed with extreme caution during the physical exam. In the event a weapon is found, personnel shall proceed in accordance with this policy.
 - iii. At any time that FD personnel perceive an increasing or imminent threat (through comments, actions or open aggressive acts) by anyone at the scene, or when aggression escalates, personnel are instructed to retreat by any means possible to a safe location and summon the law enforcement agency having jurisdiction to assist in making the scene safe before operations can resume.

Incident Operations

1. Armed Individual/Weapon On-hand:

- a. Personnel shall not approach, engage or attempt to disarm an individual(s) that have any type of weapon in their hands.
 - b. Personnel shall retreat by any means possible to a safe location.
 - c. Notify dispatch of the situation requesting emergent LEO response and provide a detailed description of the individual to facilitate identification of the person by LEO.
 - d. Once LEO have secured the scene, personnel can resume their incident mitigation or patient care activities.
2. Armed Individual/Concealed Weapon or Open-Carry Weapon secured on the person while SCFD personnel are on scene:
- a. Incidents at the individual's home:
 - i. Politely ask the individual to appropriately render safe and secure their weapon(s) in a separate room, available locking cabinet or safe.
 - ii. In the event an individual refuses to disarm or secure weapons, summon LEO for assistance.
 - (a) If the individual displays aggressive or threatening behavior, personnel shall retreat as outlined above and request emergent LEO response.
 - b. Incidents in public locations away from the individual's home:
 - i. Summon LEO to assist as necessary in securing and rendering the weapon safe.
 - ii. Have LEO secure the weapon until the incident is resolved.
 - (a) The disposition/return of the weapon to the individual will be at the discretion of LEO in accordance with all applicable laws and regulations.
 - c. Individuals being transported to the hospital are not authorized to bring weapons with them. Responding LEO shall secure the weapon and retain it for safekeeping according to the law enforcement agency's policies.
 - i. All local hospitals have policies prohibiting the possession of weapons within their facilities.
 - d. Weapon identified during transport:
 - i. Whenever personnel are already transporting a patient to the hospital and a weapon is identified on the person, personnel shall make every effort not to disturb or handle the weapon unless absolutely necessary.
 - ii. Summon LEO to meet the unit for assistance in securing the weapon. Explain to the patient the rules and need to secure the weapon before arrival at the hospital.
 - (a) Conscious, cooperative and alert patients should be asked not to reach for or handle the weapon until LEO is on scene ready to take custody of the weapon.
 - (b) Altered Mental Status or Unresponsive patients:
 - (i) Secure their wrists with restraints to prevent them from reaching for the weapon. Take action to protect yourself from harm.
 - (ii) If the weapon must be handled immediately for safety reasons, have the driver STOP the vehicle safely and as quickly as possible.

- (iii) Have the driver assist in managing the patient. Have one person monitor the patient while the other person carefully removes the weapon.
- (iv) If the weapon is holstered, keep the weapon in the holster. Remove it from the belt as one unit. If the belt cannot be loosened, cut the belt to remove the holstered weapon as one unit. Personnel SHALL NOT remove any weapon from a holster, sheath, strap, pouch or device designed or used to secure said weapon.
- (v) As soon as LEO arrives, have the officer render the weapon safe and secure it according to their department's policies.

Weapons Disposition

1. SCFD personnel have no authority to decide the disposition of any weapons. This is a Law Enforcement function.
2. SCFD will defer to the LEO's and law enforcement agency having jurisdiction actions and decisions to properly render the weapon safe, secured and stored for safekeeping or inventoried/documented in the event it is considered evidence as part of a legal matter.
 - a. As such, SCFD shall not transport weapons in vehicles or apparatus at any time.

Documentation

1. SCFD personnel shall document on the report (Fire or EMS) whenever weapons are involved and the disposition of the weapon(s). The documentation must clearly state the actions taken along with the LEA involved to secure and/or take possession of the weapon(s).



Title: Emergency Incident Rehabilitation

Controller: Operations

Origination Date: 09/19/2014

Revision Date: 1/27/2021

Approved by: _____

A handwritten signature in blue ink, appearing to be "S. Adams", written over a horizontal line.

Effective Date: S/Adams

Purpose

It is the policy of the Seminole County Fire Department that no member will be permitted to continue emergency operations beyond safe levels of physical or mental endurance. The intent of incident rehabilitation is to minimize the risk of injury that may result from extended field operations under adverse conditions. It provides rehabilitation and medical observation of personnel working at the scene of an emergency. This procedure is in no way intended to diminish initial fire attack aggressiveness.

History

The need for emergency incident rehabilitation is cited in several national standards, including NFPA 1584. Research studies have concluded that a properly implemented fire ground rehabilitation program will result in fewer accidents and injuries to firefighters. Establishment of a rehab group and/or utilization of Rehab 1 actively provides necessary rest periods, thermal regulation, rehydration, nourishment and medical evaluations for personnel involved in prolonged or environmentally adverse incidents.

Procedure

The Incident Commander will establish a rehab group when conditions indicate that rest and rehabilitation are needed for personnel operating at an incident scene. The paramedic or company officer responding with **Rehab 1** (or other rehab unit designated by the Incident Commander) will be the **Rehab Officer** unless Command directs otherwise. On large scale incidents, a rehab group will be established with a designated supervisor. The Rehab Officer will notify Command of any unit where one or more assigned personnel did not properly rehab per direction of the Rehab Officer.

Rehabilitation is divided into two levels:

1. Level I Rehab is considered to be “**self-rehab**” and should be considered a continuous event beginning the day(s) before reporting to duty, and continued throughout the shift and on responses lasting less than 40 minutes.
2. Level II rehab is considered **structured rehabilitation**. Level II is necessary during complex or long duration incidents.
 - a. Incidents exceed 40 minutes in duration with an intense workload.
 - b. Level A or Level B Chemical Protective PPE is worn. Potential for responders utilizing more than one SCBA cylinder.
 - c. Climatic conditions where heat stress index is greater than 90 degree F, or wind chill index is less than 30 degree F.

Response

1. Rehab 1 is dispatched by the ECC on any second alarm, brush fires greater than 5 acres, and Level 2 or greater MCIs.
2. When otherwise indicated, Incident Commanders will request Rehab 1 through Seminole County Dispatch.
3. Rehab 1 will respond non-emergency to all incidents.
4. Personnel shall notify Command upon arrival via radio and coordinate the rehab location with Command.
5. The site should be away from incident hazards and operational work areas; and large enough to accommodate a significant portion of alarm personnel.
6. The rehab truck is located at Station 24 and contains water, sports drinks, towels, chairs, tables, some EMS equipment and paperwork. **The paired unit responding with Rehab 1 shall be ALS capable. Rehab personnel must have ready access to EMS equipment.**
7. Response Matrix
 - a. Rescue 24
 - b. Next closest SCFD rescue per CAD
 - c. If the above units are unavailable, the Shift Commander will designate which unit will be responsible for deploying Rehab 1.

Responsibilities

Incident Command should ensure Rehab is established when indicated.

Company Officers and Operational Personnel shall maintain awareness of hyper and hypothermic stressors. They shall maintain hydration and advise their supervisor of fatigue or exposure issues. They shall also maintain awareness of the health and safety of other members of their crew.

Level I Rehab should be handled by units on scene. Rehab vehicle will assist with:

1. Hydration and Re-Hydration.
2. Passive/Active Cooling and Warming:
 - a. Passive Cooling/Warming involves removing/replacing layers and allowing for environmental and evaporative cooling or warming/drying.
 - b. Active Cooling/Warming refers to using cool wet towels, misting fans, forearm immersion, or other external temperature regulation methods.
3. Provide shelter from elements while members are in rehab.
4. Provide gross decontamination wipes or means of cleaning face, neck and hands.

Level II Rehab is considered Structured Rehab. **Rehab Officer** will be responsible for:

1. Physical Assessment
2. Revitalization (Rest, Re-hydration, and Passive/Active Cooling and Warming)
3. Documentation and Accountability
 - a. Person, Unit, Time In
 - b. Vitals
 - c. Any Need for Medical Evaluation

- d. Release, or Other Disposition
- e. Time Out
4. Medical evaluation and treatment when necessary.
5. Gross decontamination of exposed skin with approved wipes or washing.
6. Release from rehab or further treatment when necessary.
7. Monitoring vital signs in acceptable rate:
 - a. Heart rate must be less than or equal to 110 beats per minute.
 - b. Blood pressure must be less than or equal to 160mm/hg systolic, and less than or equal to 100mm/hg diastolic.
 - c. Oral body temperature should be no greater than 100.6 degree Fahrenheit.
 - d. SpCO monitoring - values greater than 10% should be treated with oxygen and not released from rehab until normal levels are returned.
 - e. SpMet monitoring - values greater than 3% should not be released from rehab until normal levels are returned.
8. In the event that a participant's vital signs exceed the acceptable limits, they shall be given a 20 minute rest period and have vitals reassessed to ensure that an actual "at rest" measurement is being obtained.
 - a. After 20 minutes personnel not meeting the release parameters shall be reassessed at 10 minute intervals, and vitals documented.
 - b. If after 1 hour in rehab vital signs are still outside the parameters, Command shall be advised. In multi-agency incidents, Command will make notification to the appropriate agency for personnel evaluation and follow up.

Demobilization

After being released from the scene by the Incident Commander, Rehab 1 personnel will return the unit to Station 24 and begin demobilization process:

1. Restock all beverages and food as needed.
2. Inspect the back of the unit for cleanliness.
3. Remove all garbage from containers.
4. Remove all wet towels used for cool down and notify Station 24's personnel that they need to be cleaned, dried, and placed back in service.
5. Notify dispatch that Rehab 1 is available at Station 24.
6. Place paired unit back in service.



Title: Biannual Firefighting PPE Inspection

Controller: Operations

Origination Date: 07/26/16

Revision Date: 7/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "Matt W. K.", is written over a horizontal line.

Effective Date: 8/6/2023

Purpose

The purpose of this Operations Bulletin is to provide specific information and procedures for the routine and biannual inspection of firefighting personal protective equipment (PPE) only and is not intended to serve as an all-inclusive program for the proper care, use and maintenance of firefighting PPE. For comprehensive program information, employees shall reference the *Seminole County Fire Department Firefighting PPE Care, Use and Maintenance Standard*.

History

Firefighting is inherently dangerous, and PPE is a critical part of the gear used by fire fighters. All gear requires appropriate care and maintenance, and fire service PPE is no exception. Improper care can shorten the life of PPE and affect its performance, while cleaning gear too infrequently will increase contamination risks.

Procedure

In an effort to achieve and maintain NFPA 1851 compliance and in support of the cancer initiative, a bunker gear annual cleaning and inspection program is being implemented.

NFPA 1851 requires every ensemble consisting (frontline and backup) of bunker gear (coat and pants) to have an advanced cleaning twice per year and whenever protective clothing is exposed to combustible materials, as well as an advanced inspection once per year.

Schedule:

In order to accommodate the cleaning and inspections for **all** sets of gear, a **strict** schedule will be followed, as described down below. Each of you will be emailed approximately 1 week ahead of your scheduled drop off date to ensure you have ample time to bag and drop off your gear. The email will include which set needs to be dropped off and a time frame in which you will need to drop off your gear at the designated location. Once your clean gear has been returned from the vendor, you will receive another email telling you when, and where, you can pick it up. It is **IMPERATIVE** that everyone adheres to the drop-off / pick-up schedule.

Procedure:

Once you have received an email stating when to drop off your gear, you will place your coat and pants in a yellow bag* in the same manner you currently do for gear cleaning. Ensure your gear is taken apart and the liners are turned inside out. You will then drop off your yellow bag of gear and place it inside the large conex box located behind the Fire Training Center pictured below. This box will be closed but unlocked at all times to accommodate

afterhours drop-off. Place your gear as far back in the box as possible to accommodate all of the scheduled gear that is to be sent out.

This program does not take the place of Operations Bulletin #12031 FF Cancer Prevention Initiatives. Gear will still be cleaned as needed above and beyond what the cleaning and inspection program requires.

**Please do not seal the bag if any of the bunker gear components are moist/wet. You may seal the bag during transportation but ensure that the bag is left open when placed in the Conex® box. This will reduce the likelihood of mold/mildew developing on the gear.*

Below you will find reference pictures for where your gear is to be placed and picked up.



Additionally, employees are encouraged to perform inspections after each use, and after each exposure to an event that could result in damage and prior to the start of each shift.

Inspection

Protective coats and pants should be inspected for the following:

1. Soiling
2. Contamination
3. Physical damage
4. Rips, tears and cuts
5. Damaged or missing hardware and closures
6. Thermal damage
7. Discoloration
8. Excessive liner wear to the axilla and inguinal areas
9. Damaged or missing trim
10. Seams becoming un-sewn and missing or broken stitches
11. Correct assembly of shell, liner and Drag Rescue Device (DRD)

DRDs should be inspected for the following:

1. Installation in coat
2. Soiling
3. Contamination
4. Physical damage
5. Cuts, tears, punctures, cracking or splitting
6. Thermal damage
7. Seams becoming un-sewn and missing or broken stitches

Hoods should be inspected for the following:

1. Soiling
2. Contamination
3. Physical damage
4. Rips, tears and cuts
5. Thermal damage
6. Stretching or elongation of the face opening
7. Seams becoming un-sewn and missing or broken stitches

Helmets should be inspected for the following:

1. Soiling
2. Contamination
3. Physical damage to the shell
4. Cracks, crazing, dents and abrasion
5. Thermal damage
6. Physical damage to the earflaps
7. Rips, tears and cuts
8. Thermal damage
9. Damaged or missing components of the suspension and retention systems
10. Damage or missing components of the face shield or goggles
11. Damaged or missing reflective trim
12. Seams becoming un-sewn and missing or broken stitches

Gloves should be inspected for the following:

1. Soiling
2. Contamination
3. Physical damage
4. Rips, tears and cuts
5. Thermal damage
6. Inverted liner
7. Shrinkage
8. Loss of flexibility and/or loss of elasticity of the wristlet
9. Seams becoming un-sewn and missing or broken stitches

Boots should be inspected for the following:

1. Soiling
2. Contamination
3. Physical damage
4. Cuts, tears and punctures
5. Thermal damage
6. Exposed or deformed steel toe, steel midsole or shank
7. Loss of water resistance
8. Seams becoming un-sewn and missing or broken stitches

Handling Deficiencies

PPE that has been found to have any of the above deficiencies will be placed out of service immediately. The procedure for repair and/or replacement is outlined in Operations Bulletin 4016, *Protective Clothing*.

1. During normal business hours, contact the logistics warehouse for repair or replacement.
2. After hours, contact the shift Assistant Chief or his/her designee for repair or replacement.
3. In the event that both sets are affected, logistics will attempt to fit the individual with PPE to provide protection to the individual while damaged PPE is being cleaned and repaired.
4. In the event that the individual cannot be adequately fit with spare PPE from stock, Admin will be notified for approval to process an EPO (Emergency Purchase Order) and the vendor will be contacted to size and order PPE once the PO is issued.
5. The turnaround time can take up to eight weeks to complete by the time we request authorization and receive the PPE from the vendor.
6. In the event PPE is contaminated from Bio-Hazards, follow OB 4016, (OB 4016.05)



Title: Firefighter Cancer Prevention Initiatives

Controller: Operations

Origination Date: 05/1/19

Revision Date: 04/27/21

Approved by: _____

Effective Date: 8/6/2023

Purpose

To promote and provide precautionary measures aimed at the reduction and/or prevention of personnel exposure to unnecessary and known cancer risks based on current industry research and/or recommended cancer prevention practices.

History

All Fire Department personnel should have a good working and operational understanding of this initiative, by standard and practice for heightened awareness. All employees, regardless of rank or function, are equally responsible for workplace safety compliance.

Fire Department personnel are responsible for their own self-initiative and compliance with workplace safety instructions, programs, practices and on-the-job vigilance as it related to their personal well-being, including the choice of healthy lifestyle both on and off duty.

Supervisors and officers are held accountable for the day-to-day “hands-on” oversight that is paramount to maintaining a safe workplace for all Fire Department personnel under their command or immediate supervision. This includes taking effected proactive measures to identify and avoid unsafe practices, actions or other controllable situations that may be potentially harmful in nature.

Procedure

Practices:

1. Firefighting is known to be inherently dangerous. Fire Department personnel are uniquely exposed to a wide variety of hazards and known carcinogens.
2. Independent scientific research continues to show a strong correlation between firefighting and instances of occupational cancer.
3. Most of these cancer prevention actions are “common sense” issues that should be carried out on a routine basis. Other actions require that our profession re-think how things have been done in the past. Dirty bunker gear can no longer be considered a “badge of honor”.
4. The focus of this standard and practice is the health and well-being of all Fire Department personnel with the expectation and desired outcome for their health, the health of their co-workers and the impact that cancer can have on their family.
5. The dangers that Fire Department personnel face in being exposed to carcinogens and other hazardous materials remains a high risk, but exposure can be reduced through a paradigm shift in organizational culture, proper and continued use and cleaning of PPE,

personal hygiene practices, healthy lifestyle habits and subject knowledge and required preventative actions.

Procedures:

1. “Hood Swap Initiative”: All Fire Department personnel are issued a secondary [backup] protective hood to allow a clean backup hood to be readily available when the primary hood has been soiled/contaminated at a working fire or other hazardous incident. To maximize availability of clean hoods, the soiled hoods shall be swapped with a clean hood after any use in which the hood is contaminated with known or suspected carcinogens. The hoods shall be “swapped” with the cache located on the Battalion Chief and/or Command Safety Technician (Tech 1) vehicles.
 - a. Fire Department personnel shall gather at a location designated by the Battalion Chief on scene or designee.
 - b. Soiled hoods shall be placed in a designated container or vessel (specific to “contaminated hoods”).
 - c. Clean hoods shall be distributed on a trade-in basis from a designated container or vessel (specific to “clean hoods”).
 - d. A contaminated hood must be deposited in a designated location to receive a clean hood on a 1 for 1 ratio, 2 for 2 ratio, etc. (i.e. deposit a contaminated hood, receive a clean hood).
 - e. The Battalion Chief/Tech 1 or designee shall deliver contaminated hoods to Logistics for proper cleaning, inspection and back in service placement at the discretion of Logistics personnel.
2. Based on the Firefighter Cancer Support Network [FCSN] research, applicable studies, and recommended best practices, the following shall be our guiding principles for self-initiated cancer prevention actions taken by all Fire Department personnel for compliance purposes:
 - a. Use SCBA from initial attack [IDLH atmospheres] to the finish of overhaul.
 - b. Perform GROSS DECONTAMINATION of PPE (gross decon) at the incident scene, or during rehab breaks, by removing all loose products of combustion or other exposure in the approved method.
3. After gross decon and PPE removal, Fire Department personnel shall use the Fire Department provided wet-wipes or wet-naps to remove as much soot and residue as possible from head, neck, jaw, throat, underarms and hands while on scene immediately after incident.
4. In the rare event that gross contamination does not occur on scene, grossly contaminated PPE should be isolated before returning to quarters to prevent further contamination and/or exposure by the potential off-gassing of soiled PPE inside the apparatus enclosed cab area.
5. Upon returning to assigned station (and while wearing nitrile gloves, eye and respiratory protection as indicated), Fire Department personnel shall perform a more detailed routine cleaning of their assigned PPE, including: gloves, helmet, radio/radio strap and SCBA. When and where appropriate, this may include the transfer of the

contaminated PPE to Logistics for advanced cleaning. In the interim, Fire Department personnel shall use their respective second set.

6. During periods of heavy alarm loads, there may be instances where the second set of PPE becomes contaminated. Personnel shall contact the Logistics Manager to obtain a backup set of PPE. After business hours, the Shift Commander shall be contacted for access to the logistics warehouse to obtain a backup set of PPE. All Shift Commanders will be trained in the proper sizing of backup PPE by the Logistics Manager and its location at the logistics warehouse. If obtaining PPE after hours, it is imperative that the serial numbers of the PPE being issued are recorded and forwarded to the Logistics Manager.

NOTE: Fire Department personnel should NEVER take their contaminated PPE home to clean or store. Additionally, so as to prevent cross contamination, Fire Department personnel should take appropriate action to prevent the transit of contaminated gear within the interior of a passenger vehicle.

***NOTE: Personnel Protective Ensembles shall not be mixed or piecemealed between different types of gear and/or manufacturers. ***

7. After working fires or incidents requiring gross decon on scene (and while wearing, at a minimum, nitrile gloves, eye and respiratory protection as indicated), the interior apparatus seating areas shall be decontaminated if soiled PPE was being worn by crew members. Each crew member is responsible for their own seating space.
8. Upon returning to assigned station after working a fire and/or gross decontamination, personnel should shower thoroughly (“Shower Within the Hour”), change into a clean set of clothes/uniforms and wash the soiled clothes as soon as practical after the incident.

NOTE: Fire Department personnel are responsible for maintaining a clean spare set of clothes and uniform in their station locker for their immediate use in these type of circumstances.

9. Fire Department personnel shall keep all PPE out of their assigned station living or sleeping quarters and in areas where food is processed.
10. PPE stored in open-air design lockers on bay floors should be situated as not to have apparatus exhaust blowing directly on the PPE or locker bank. If needed, and if apparatus bay configuration permits, Fire Department personnel should rearrange locker banks on the off-exhaust side of the bay area.
11. Gas powered equipment and generators should not be started inside closed bays and, if weather permitting, start up and run tests should be performed outdoors.
12. Starting and moving apparatus [non-alarm status] should be at low RPM when pulling out of bay areas onto apron area with the bay doors remaining open until exhaust dissipates. When present, environmental/engine controls mandated by the Environmental Protection Agency Tier 4 Final (2014) and other emission reduction

systems (i.e. No Smoke®) serve to reduce, but not eliminate, the cancer causing effects of apparatus exhaust. These systems should be maintained in accordance to manufacturer's recommendations and used regularly when applicable.

13. Should station carbon monoxide [CO] alarms within the living quarters activate due to exhaust fumes that have entered the living quarters, no Fire Department personnel or visitor shall work or re-enter this space until the hazard dissipates, the room air returns to safe levels and a safe CLEAR atmosphere is confirmed by a gas detection device.

NOTE: If exhaust entered due to deficiency of door seals, vehicle malfunction or other avoidable means, the station officer shall report such and file a facility work order or place the apparatus out of service.

14. Stations equipped with mechanical exhaust ventilation systems shall properly utilize and operate these systems when leaving and returning to the station. If apparatus cannot be moved from inside bay area, Fire Department personnel shall ensure that ALL apparatus bay doors are OPEN and that ALL living quarters doors and windows are fully shut. If the station is equipped with a mechanical exhaust ventilating system, the aforementioned still applies along with the exhaust system connection remaining intact.

NIOSH recommendations for Reduction of Exposure to Diesel Exhaust:

1. Open bay doors prior to starting apparatus.
2. Minimize apparatus operation inside the station bays.
3. Keep doors to other areas, especially living quarters, closed and properly sealed.
4. Any station equipped with exhaust fans and/or extraction equipment, ensure proper operational use and maintenance of such equipment.
5. Perform routine maintenance on HVAC system to ensure positive pressure and filtration system working properly and effectively.
6. Maintain record of health symptoms and nuisance complaints.

In an effort to promote good personal health and fitness, tobacco use and tobacco products shall be strictly governed and enforced in accordance with the "A" Unit Collective Bargaining Agreement (CBA) – Article 41, Operations Bulletin #02050 and in accordance with Florida Administrative Code [FAC] 69A-62.024.

15. In an effort to reduce the potential of skin cancer, Fire Department personnel are encouraged to use broad spectrum sunscreen with an SPF of 15 or higher when exposed to direct sunlight.
16. Fire Department personnel should additionally take ownership, self-initiate and maintain a healthy lifestyle in both their personal lives and at work consisting of proper fitness, stress control and proper nutrition.

- a. Fire Department personnel should actively participate in routine fitness activity as provided for in the daily shift work schedule and in accordance with Seminole County's Wellness-Fitness Initiative Program.
 - b. Fire Department personnel are encouraged to utilize the County's Employee Health and Wellness Centers for employee assistance and education on nutrition, lifestyle and weight loss programs.
 - c. NOTE: It should be noted that longstanding medical research and studies have validated the relationship between behavioral risk factors (high-sugar diets, weight, alcohol consumption, exercise, and smoking) and their relative contribution to cancer.
17. Annual Medical Examinations (Annual Physicals): the importance of annual medical examinations cannot be overstated. Early detection and treatment are essential to increasing survival rates. Fire Department personnel are routinely scheduled for comprehensive medical examinations as scheduled in accordance with NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments.



Title: Juvenile Fire Setter Intervention

Controller: Public Outreach

Origination Date: 03/3/09

Revision Date: 2/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', is written over a horizontal line.

Effective Date: 2/1/2023

Purpose

To outline the procedures for enrollment in the Juvenile Fire Setter Intervention (JFS) course.

History

The Seminole County Fire Department serves as the lead agency in the Juvenile Fire Setter Intervention Network. The Network consists of Public Educators from the Seminole County Fire Department and all other existing city Fire Departments, within Seminole County. A Juvenile Fire Setter Intervention Course is offered at least (6) six times per year and is open to juveniles (17) seventeen years old and younger.

The Juvenile Fire Setter Intervention Class teaches juveniles on the following areas, including but not limited to: consequences of their actions, criminal justice system, first response system, calling 911, basic fire safety, fire escape plans and the importance of smoke alarms.

Juveniles may be referred to the program in one of two ways. First, a concerned parent or caregiver may voluntarily refer a juvenile to the program. Second, a juvenile may be mandatorily referred to the program by the court system, law enforcement, fire rescue personnel or fire investigators.

Fire Department personnel are usually the first to recognize if a juvenile has intentionally or unintentionally set a fire, while on scene. Early intervention and education is vital to deter juveniles from future fire use. Use the following procedures if fire personnel come in contact with a juvenile who has demonstrated fire play.

Procedure

1. Defining who is a juvenile fire setter:
 - a. Any juvenile who is 17 years old or younger.
 - b. Any juvenile who either intentionally or unintentionally starts a fire.
 - c. Any juvenile who may or may not cause bodily harm or property damage.
2. Referral of juvenile to the Juvenile Fire Setter Intervention Course:
 - a. The Company Officer should notify their shift Battalion Chief of an intentional or unintentional fire set by a juvenile.
 - b. If a fire is intentionally set, inform local law enforcement, State Fire Marshal, or fire investigator of the Juvenile Fire Setter Intervention course that is offered in Seminole County and have the juvenile mandatorily referred to the class by the

officer or investigator. *Please note that the preferred method of mandatory referral should come through law enforcement, State Fire Marshal, or fire investigators.*

- c. If law enforcement or fire investigators are not involved in the case, inform parent/caregiver of the Juvenile Fire Setter Intervention course and suggest the juvenile voluntarily be referred to the class, *such as a parent coming to a fire station seeking assistance.*
- d. The Company Officer should completely fill out the proper Juvenile Fire Setter referral form, which can be found on the Seminole County Fire Department's SharePoint site.
- e. The Company Officer should then mail or fax the Juvenile Fire Setter referral form to the Public Outreach/Public Education Officer.

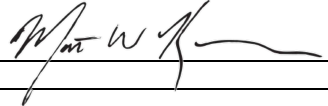


**Title: Fire Origin and Cause
Determination/Arson Investigation**

Controller: Fire Marshal

Origination Date: 02/4/11

Revision Date: 05/30/23

Approved by:  Effective Date: 8/2/2023

Purpose

To establish a policy with the Seminole County Fire Department to ensure an origin and cause fire investigation occurs on all fires within Unincorporated Seminole County, the City of Casselberry and the City of Winter Springs. This shall be accomplished in accordance with the Seminole County Incident Management System guidelines.

Organizations/Departments Affected

Internal and external departments affected are as follows; Seminole County Fire Department (SCFD), Sanford Fire Department (SFD), Lake Mary Fire Department (LMFD), Oviedo Fire Department (OFD), Longwood Fire Department (LFD), Bureau of Fire Arson and Explosives Investigations (BFAEI), Seminole County Sheriff's Office (SO), Winter Springs Police Department (WSPD) and Casselberry Police Department (CPD).

Procedure

00.01 Responsibilities

A. Incident Commander

It shall be the responsibility of the Incident Commander (IC) of a fire incident to ensure that a fire investigation is conducted as to origin and cause, as well as the circumstances surrounding all fires. For fires which the cause is readily obvious, and are of a non-incendiary nature, the Incident Commander shall ensure that the findings are documented in the Seminole County fire reporting system. These incidents do not require contacting the SCFD Investigator unless one of the criteria in Section 00.02 is met.

Fire Scene Preservation and Scene Security for Unknown and/or Probable Arson Fires:

The IC should ensure the security of the fire scene from unnecessary and unauthorized intrusions and limit fire suppression activities to those that are necessary. Lack of preservation may result in the destruction, contamination, loss or unnecessary movement of physical evidence.

1. Set up a security perimeter using fire line tape or a gate keeper.
2. Control access into the scene through the security perimeter.
3. Initiate documentation of the scene.

Firefighters should observe and mentally note evidence at the scene, such as:

1. Fire patterns and multiple fire locations.
2. Trailers, ignitable liquids or other unusual fuel distribution (e.g., piles of newspapers and/or furniture pushed together).
3. Broken windows and doors, indications of forced entry and distribution of broken glass and debris.
4. Any other unusual items or the absence of normal contents or structural components.

Recognize threats to evidence and its movement, removal, contamination or destruction from any of the following sources:

1. Overhaul activities that destroy fire patterns.
2. Salvage activities that involve moving or removing physical evidence.
3. Moving knobs, switches and controls on appliances and utilities.
4. Personnel walking through the scene.

Protect evidence by:

1. Limiting excessive fire suppression, overhaul and salvage.
2. Covering items or areas containing evidence objects with tarpaulins.
3. Obtaining names, addresses and telephone numbers from victims and witnesses.
4. Preserving transient evidence such as shoe prints and tire impressions.

Continual fire scene preservation and scene security shall be maintained by the IC until arrival of the SC Fire Investigator and/or Fire Marshal.

B. Fire Marshal

It is the responsibility of the Fire Marshal to:

1. Supervise and manage the fire investigation function for SCFD.
2. Ensure fires are investigated as requested by Incident Command.
3. Maintain an effective working relationship with other jurisdictional agencies and the BFAEI.

C. Office of Agricultural Law Enforcement/Florida Forest Service

AG Law performs the following investigations:

1. Arson to wildland areas.
2. Origin and cause determinations for undetermined wildland fires.

00.02 Notification**A. SCFD Fire Investigator**

The SCFD Investigator shall be contacted for the following types of incidents:

1. Fires of an incendiary nature; or
2. The fire origin and cause is undetermined; or
3. A serious injury or death has occurred to a civilian as a result of a fire; or
4. A serious injury or death has occurred to a firefighter as a result of a fire; or
5. Fire code violations contributed to the cause or spread of a fire; or
6. It has been determined that a crime has been committed at the property; or
7. Working fires progressing to a 2nd alarm or greater; or
8. Fireworks or explosives related incidents; or
9. Activation of a fire sprinkler or fire suppression system.

The SCFD Investigator will decide if a response is needed based on the totality of the circumstances. If the SCFD Investigator is unavailable, the Fire Marshal shall be a second attempt. The final attempt shall be the BFAEI.

B. SCFD Fire Marshal

The Fire Marshal shall be contacted for the following types of incidents:

1. Fires of an incendiary nature; or
2. The fire origin and cause are undetermined; or
3. A serious injury or death has occurred to a civilian as a result of a fire; or
4. A serious injury or death has occurred to a firefighter as a result of a fire; or
5. It has been determined that a crime has been committed at the property; or
6. Working fires progressing to a 2nd alarm or greater; or
7. Fireworks or explosives related incidents.

The Fire Marshal will decide if a response is needed based on the totality of the circumstances.

C. Bureau of Fire, Arson, and Explosives Investigations

In accordance with Florida Administrative Code Rule 69D-4.001 the BFAEI shall be contacted on any fire meeting the following criteria:

1. Any fire with a projected direct dollar loss exceeding \$1,000,000.00 (one million dollars); or
2. Any fire involving a civilian death, or injury that is likely to result in death; or
3. A serious injury or death has occurred to a firefighter as a result of a fire; or
4. Any fire in which the cause is not readily determined by an initial investigation; or
5. Any fire involving the suspected failure of a fire sprinkler, fire suppression or fire detection system.

D. Office of Agricultural Law Enforcement/Florida Forest Service

Per Florida Statute 590.01, the Florida Forest Service has the primary responsibility for prevention, detection, and suppression of wildfires wherever they may occur. The Florida Forest Service shall provide leadership and direction in the evaluation, coordination, allocation of resources, and monitoring of wildfire management and protection

District 12: Orlando District

Counties Served: Seminole, Orange, Osceola and Brevard

Headquarters: 8431 S. Orange Blossom Trail, Orlando, FL 32809

Report a Wildfire or Request a Burn Authorization: [\(407\) 888-8760](tel:4078888760)

Administrative Phone: [\(407\) 888-8767](tel:4078888767)

00.03 Fire Cause Classification**A. Accidental**

If the SCFD Investigator has determined, through the initial origin and cause investigation, that the fire was accidental in nature; it shall be the Investigators responsibility to obtain the necessary report information. This information shall be included in a follow-up investigative report on the findings and outcome of the investigation relating to the fire. A copy of this report will then be placed into the (T:) Drive. (For further information on the reporting process please see Section 00.05 of this procedure.) Once completed the case file will be forwarded to the Fire Marshal for review. All cases will remain on file with SCFD for a period of time in accordance the State of Florida General Records Schedule for Fire Departments (Schedule GS8).

B. Incendiary

If the SCFD Investigator has determined through the initial origin and cause investigation that the probable cause of the fire was incendiary in nature, the fire scene from that point forward shall be treated as a crime scene and access into the scene shall be strictly controlled. The BFAEI and SO/Local Law Enforcement will be requested to respond to the scene. The SCFD Investigator shall remain in control of the scene until the arrival of BFAEI or SO/Local Law Enforcement.

Upon arrival of BFAEI and/or the SO/Local Law Enforcement the scene processing will be conducted as a team effort with all agencies involved through the end of the scene phase of the investigation.

Upon completion of the scene investigation the criminal investigation phase will begin. This phase of the investigation shall be a team effort between the SO/Local Law Enforcement, BFAEI and the SCFD Investigator assuming the role as the SCFD Liaison. Interviews and interrogations shall be conducted with SO/Local Law Enforcement and BFAEI present whenever possible. The SCFD Investigator may participate in the interview/interrogation process if so requested. All interviews shall be conducted with the team concept in mind.

Upon completion of the investigation the SCFD Investigator shall obtain the necessary report information. This information shall be included in a follow-up investigative report on the findings and outcome of the investigation relating to the fire. A copy of this report will then be placed into the (T:) Drive. (For further information on the reporting process please see Section 00.05 of this procedure.) Once completed the case file will be forwarded to the Fire Marshal for review. All cases will remain on file with the SCFD for a period of time in accordance the State of Florida General Records Schedule for Fire Departments (Schedule

00.04 Fire Deaths

In the event of a fire death or critical injury, the fire scene will be treated as a crime scene and access to the scene will be strictly controlled. SO/Local Law Enforcement and BFAEI will be requested to respond to the scene. An investigative team to include a SCFD Investigator, SO/Local Law Enforcement Investigator and the BFAEI will be formed for this type of investigation. The SCFD Investigator will maintain overall control of the fire scene while the SO/Local Law Enforcement Investigator maintains control of the victim. The investigation will be conducted as a team effort with all Investigators working together to determine the origin and cause of the fire and the circumstances surrounding the death of the victim(s). Once the cause of the fire has been determined, any follow-up investigation will be conducted as directed in Section 00.03 of this procedure.

00.05 Fire Investigation Report

It shall be the responsibility of the responding Fire Investigator to prepare an investigative report on every incident in which they respond. Fire scene photographs shall be taken at the scene to document the incident.

Once the fire investigation is complete and upon returning to the office, the Fire Investigator shall:

Provide email notification to the Building Official of the incident to conduct an evaluation of the structure for the purposes of unsafe building abatement and follow through on all permit requirements. When necessary an abatement order shall be issued and code enforcement actions taken.

1. Email shall include:
 - a. Incident Address
 - b. Description of damage
 - c. Notification if meter was pulled
 - d. Associated photographs reflecting structure damage

2. Create an electronic case file in the T: Drive
 - a. Case file identified by the address
 - b. Include all pertinent information surrounding the incident
 - i. Investigative narrative
 - ii. CAD Report
 - iii. Photographs taken at the scene
3. The investigative narrative shall contain the following information:
 - a. Description of the property involved in the incident
 - b. Description of the fire damage
 - c. Location of the origin of the fire and determination of the fire cause
 - d. Description of any evidence obtained from the scene
 - e. Brief description of the circumstances surrounding the incident

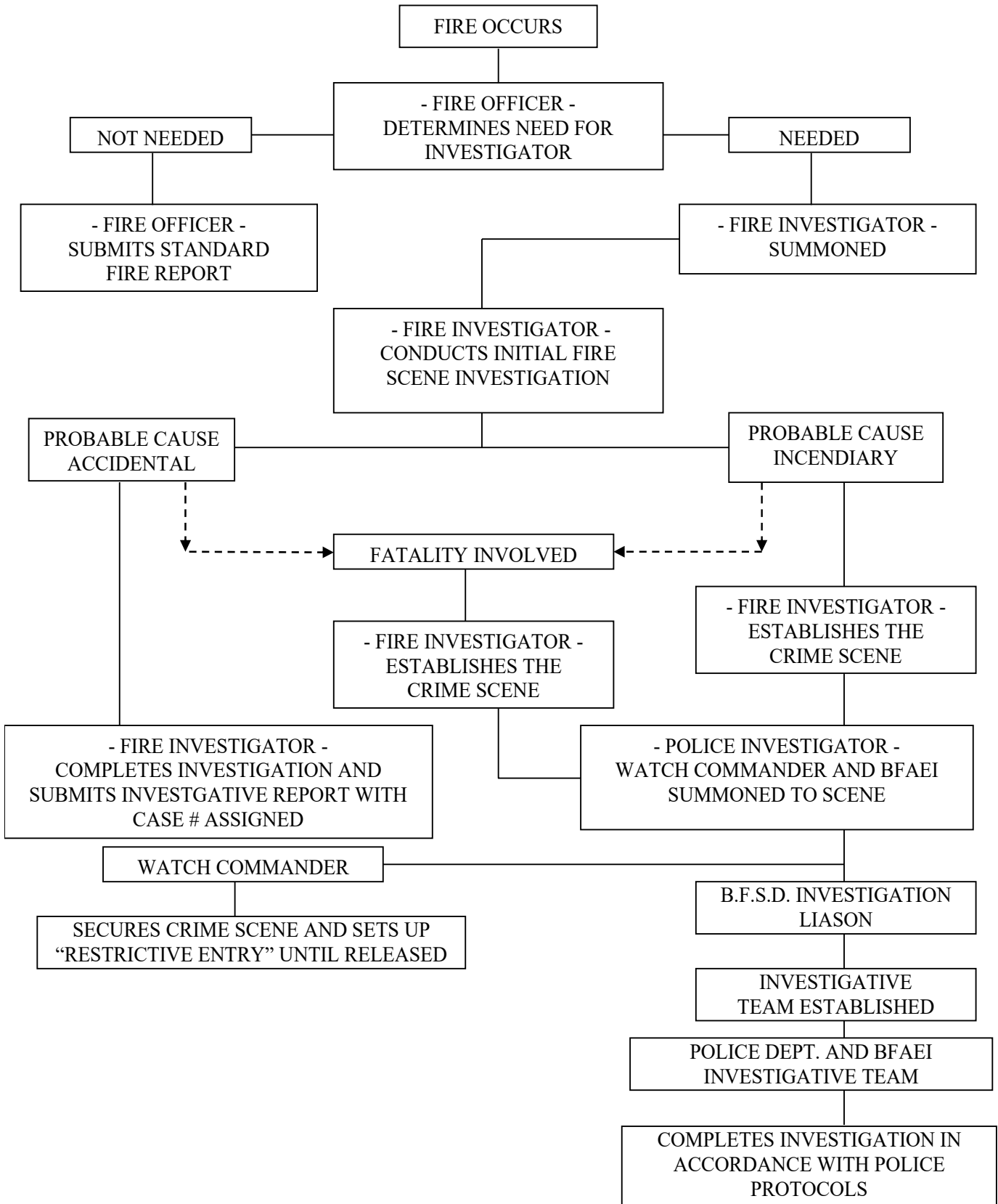
The investigator shall have 10 working days to complete the investigative report and submit it to the Fire Marshal for review.

The Fire Marshal will verify that the information contained in the Seminole County Fire Incident Reporting System is correct and consistent with the investigative report. A copy of the Fire Incident Report will be printed and added to the case file.

00.05 Fire Investigative Flow Chart

To assist in the implementation of the fire investigation, the “Fire Investigative Flow Chart” shall be utilized as a guide.

FIRE INVESTIGATIVE FLOW CHART





Title: Smoke Alarm Program

Controller: Fire Prevention

Origination Date: 3/19/12

Revision Date: 2/5/2023

Approved by: _____

A handwritten signature in black ink, appearing to read "Mike W. King", is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish procedures for the installation and documentation of the Department's Smoke Alarm Program. The efficiency and effectiveness of this program will ensure that Seminole County's risk reduction needs are adequately addressed through fire safety education and smoke alarm installation within the homes of Seminole County residents.

History

The Department frequently responds to incidents at residences that are not equipped with working smoke alarms; the Division attempts to provide smoke alarms to residents who could not afford them on their own. Smoke alarms are procured in a number of methods including grants, donations and direct purchase.

Procedure

The Department will provide only smoke alarms that meet Florida Statute 553.83. A limited number of smoke alarms will be available at the stations, with the remainder stored at the warehouse.

There are four (4) primary processes for smoke alarms to be installed:

1. Individual Citizen Request

- a. Day of Request – If a citizen calls the Fire Department or walks into a fire station requesting a smoke alarm installation immediately, the citizen can be transferred to the non-emergency communications line (407-665-5100) or the station can call it in as a still alarm. The Communications Center will dispatch the closest unit to perform the installation.
- b. Scheduled Date & Time Request – If a citizen would like to schedule a future date and time for the installation, they may request it on the Fire Department website. Any member of the Fire Department can enter the information for a citizen if they do not have access to a computer.

****It will be the responding Lieutenant's responsibility to send an e-mail regarding issues or problems where a smoke alarm was unable to be installed at a dispatched address. The e-mail will be sent to SC_SmokeAlarms@seminolecountyfl.gov so that the Smoke Alarm Team may follow up with the citizen****

2. Smoke Alarm Blitz – After a Fire

This program will be implemented after a confirmed working residential structure fire. The units conducting the fire watch will place door hangers on the front doors of the

houses in the immediate vicinity of the affected residence, once they have completed their fire watch duties. The door hangers will advise the residents that a smoke alarm blitz will be conducted in their neighborhood and information on how to request a smoke alarm. Approximately 24 to 48 hours after the fire, the Smoke Alarm Team will canvas the area where the structure fire occurred, engaging with the residents and installing smoke alarms where requested.

3. Targeted Events

The Seminole County Smoke Alarm Team will conduct events in targeted communities defined by leadership in the Department. Targeted communities can be informed of the event through door hangers, online social media platforms or scheduled through Eventbrite.

4. Smoke Alarm Rallies

Rallies will be larger events scheduled with a coordinated effort with multiple agencies that may include city fire departments or volunteer organizations such as the American Red Cross.



Title: Fire Alarm Report for Nuisance Alarms

Controller: Fire Prevention

Origination Date: 9/11/2012

Revision Date: 5/3/23

Approved by: _____

A handwritten signature in black ink, appearing to be 'M. W. K.', is written over a horizontal line.

Effective Date: 6/20/23

Purpose

To institute a Fire Alarm Report for Seminole County Fire Department, as the standard form to document all fire alarm responses that meet the definition of a “Nuisance Alarm”.

The Fire Alarm Report will give notice to the property owner/tenant at the very first nuisance alarm response, to encourage owners to properly install, use, and maintain the operational effectiveness of their systems. Fines will be imposed for all recurring nuisance alarms per SC Ordinance Sec. 85.14 with the intent to prevent future nuisance responses.

Definition: Per SC Ordinance Sec. 85.11 (f), a “Nuisance Alarm” is any unwanted activation of a signaling system or an alarm initiation device in response to a stimulus or condition that is not the result of a potentially hazardous condition or one that is caused by a person acting with malice.

History

In the past 10 years, Seminole County Fire Department has responded to approximately 25,000 mechanical fire alarms which would compound to approximately 7 MFA’s daily.

It is during the first response to a nuisance alarm that the most accurate determination can be made as to possible cause(s) of the alarm that will assist in mitigating future nuisance alarm activations. Successful intervention will take a due diligence effort by the operations crews to determine and appropriately classify the cause of the false alarm.

The Fire Alarm report will ensure that the Fire Prevention Division receives notification of every nuisance alarm response. With this information, appropriate follow-up can occur as necessary by the Fire Prevention Division.

Procedure

Completing the Report

After completing the basic information that includes the date, time of dispatch, IR and business information, a determination will be made as to the cause of the alarm being activated and the system status at the end of the response as noted below.

ALARM ACTIVATED DUE TO: SYSTEM BEING TESTED – NO NOTIFICATION ¹ SYSTEM MALFUNCTION ^{1,2} MALICIOUS ACTIVATION EMPLOYEE ERROR ¹ WEATHER ¹	SYSTEM STATUS AT END OF RESPONSE: ALARM RESET BY OWNER REPRESENTATIVE UNABLE TO RESET ALARM ² NO RESPONDER ARRIVED/AVAILABLE TROUBLE ALARM ACTIVE ² SUPERVISORY ALARM ACTIVE ²
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Should a responder be required to appear at the premises and fails to appear within one hour after being notified to do so, the alarm operator of the premises will be charged a \$75.00 fee (SC Ord. 85.14(b)).

After the fire department responds to a specific property more than two times with no responder or key box present, the owner will then be responsible for providing a key box for the fire department (SC Ord. Sec. 85.12(b)(2)).

The two endnotes at the bottom of the form are intended to advise the owner/tenant of their responsibilities to have the system repaired as well as the penalties that can be imposed if repairs are not made.

Documentation Dissemination

1. The OIC shall ensure the Fire Alarm Report form is completed and the top copy given to or left for the owner/tenant.
2. The OIC shall ensure the bottom copy of the Fire Alarm Report is routed to the Fire Prevention Division through FAX machine, as provided at each fire station.



Title: Fire Prevention On-Call Program

Controller: Fire Prevention

Origination Date: 07/24/20

Revision Date: 2/1/2023

Approved by: _____

Effective Date: 2/1/2023

Purpose

Employees assigned to the Fire Prevention Division are required to provide after-hours coverage to address fire safety issues or investigate fires.

1. To establish guidelines for the scheduling of employees pertaining to On-call selection.
2. To ensure that all employees assigned and/or qualified to perform on-call coverage for the Fire Prevention Division are aware of procedures and restrictions related to on-call assignments.

History

1. Responsibility
 - a. This policy applies to all employees assigned to the Fire Prevention Division that are qualified to perform on-call assignments.
 - b. Employees are responsible for having a thorough understanding of these guidelines.
 - c. It is the responsibility of the employee to understand the guidelines and processes pertaining to on-call duties for the Fire Prevention Division.
2. Scope
 - a. This policy applies to all employees assigned to the Fire Prevention Division and designated as an On-Call Inspector and/or On-Call Investigator.
 - i. On-Call Inspector – Contacted to assist Operations Field Personnel with Mechanical Alarms, OOS Fire Protection Systems, No Responder or other Fire Safety issues as required.
 - ii. On-Call Investigator – Contacted to investigate Cause and Origin associated with any “Fire” incidents such as residential, apartment or suspicious car fires.

Procedure

I. Policy

- a. Employees assigned to the Fire Prevention Division will rotate on-call status on a weekly basis commencing at 0700HRS on Monday until 0700HRS the following Monday.
 - i. Weekly designation will consist of one On-Call Inspector and one On-Call Investigator.
 - ii. Requests for schedule changes must be submitted to the Fire Marshal in writing and approved two weeks prior to the scheduled on-call assignment.
 - iii. The Fire Marshal will be responsible for notifying all required personnel (Communications, Chiefs, etc.) of weekly assignments.
- b. Employees designated to serve on-call are required to remain fit for duty (i.e. abstain from alcohol, etc.) during the period the employee is designated for on-call status. In addition, the employee should not take any prescription drugs that adversely affects his/her ability to safely and effectively perform his/her job duties.
- c. On-Call employees are not required to remain at their place of residence, but are required to be available by mobile phone, or other agreed-upon method of communication to respond as needed.
 - i. Must respond to the initial call within 15 minutes
 - ii. Must respond to the incident site within a reasonable amount of time (not to exceed one hour).
- d. Employees who are on-call may be allowed to take a company vehicle home so they can respond as soon as possible. The vehicle is used only as part of emergency response and not for personal use.
- e. The On-Call employee will maintain a log documenting any problems and resolutions and submit such documentation to the Fire Marshal at the termination of On-Call assignment (Monday) by end of business.
- f. Compensation for On-Call status is as follows:
 - i. Rate of Pay based on number of days assigned with an On-Call status within the respective work week (Sunday-Saturday).

- ii. Rate of Pay:

$$40(\text{base})+(\text{days on call})\times(\text{hourly rate})= (\text{Total})/(40)=(\text{Total})\times(1.5)$$

- iii. Employees will receive one-hour of on-call pay per day at his or her regular rate.
 - iv. In addition, if the employee is contacted to address an after-hours fire safety issue, they are to receive at a minimum, an additional two-hours at his/her On-Call Rate of Pay.
- g. Disciplinary:
- i. Employees that fail to respond to an on-call emergency response request or other emergency service call may be subject to disciplinary action.
 - ii. The Fire Marshal will periodically review all employees' on-call practices to assure fairness, equity and efficiency.



**Title: Seminole County Fire Prevention
Universal Food Truck Inspection Program**

Controller: Fire Prevention

Origination Date: 9/11/20

Revision Date: 2/5/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 2/14/2023

Purpose

To establish a policy and checklist which shall be used when conducting fire inspections of food trucks within the local municipalities of Seminole County, Florida. A standard countywide food truck policy will assist our customers by creating consistency with inspections and encourage similar type processes across jurisdictional boundaries within Seminole County.

Policy Expiration

This food truck policy, along with attachments, shall be reviewed, updated and reinstated by the Seminole County Fire Marshal's Committee every three years to ensure it coincides with code cycle changes.

History

According to F.S. Ch. 633, as adopted by the State Fire Marshal, the Florida Fire Prevention Code as the governing law relative to the regulation and prevention of fire hazards in the county. The local jurisdiction shall be vested with the authority to establish reasonable policies and procedures regarding the enforcement of the code and shall determine the appropriate permits and/or inspections that shall be required within Seminole County.

Definitions

Mobile or Temporary Cooking (Food Truck) - Any cooking apparatus or equipment operated on a one-time basis, interim basis or for less than 90 days in the same location, other than at a fixed location, building or structure that has been inspected and permitted under another section of this Code, regulation or statute [(NFPA 1: 3.3.187) 2018 ed.]

Mobile or temporary cooking can include self-propelled trucks and vehicles; trailered units; push carts; equipment located under cover of awnings, canopies or pop-up tents; or other structures for which a building permit has not been issued [(NFPA 1: A.3.3.187) 2018 ed.]

Procedure

Food truck fire safety inspections shall be conducted at the start of the special event and not unexpectedly requesting the inspection. Seminole County jurisdictions will utilize the adopted checklist (see Appendix A), to provide consistency throughout the municipalities of Seminole County, Florida. Fire inspections shall be conducted every six (6) months, consistent with the required hood suppression system inspection as located within the associated food truck.

Once the food truck inspection has been approved, the food truck approval decal shall be placed on the exterior of the truck near the State of Florida certification. Seminole County will supply jurisdictions with the food truck approval decal (see Appendix B).

If a food truck is operating at an event within these jurisdictions and not due for inspection, it will be up to the AHJ's discretion as to performing an inspection for any possible gas leaks utilizing a gas leak detection device.

Fees

Special events are charged per the local municipality and County's fee schedule, therefore if food trucks are part of an event, they shall not incur additional inspection fees. If a food truck requires an inspection, other than at a special event, they may be charged per fee schedule pursuant Florida State Statute 633.216. "The governing body of a county, municipality, or special district that has fire safety enforcement responsibilities may provide a schedule of fees to pay only the costs of inspections conducted pursuant to this subsection and related administrative expenses."

Attachments

Appendix A: Inspection Checklist

Appendix B: Food Truck Approval Decal

SEMINOLE COUNTY JURISDICTIONS
FOOD TRUCK INSPECTION PROGRAM

Fire Prevention
Aurora, Lake Mary, Longwood,
Oviedo, Sanford, Seminole County



FOOD TRUCK FIRE SAFETY INSPECTION CHECKLIST

Business Name:	Date of Inspection:
Business Address:	Inspector Name:

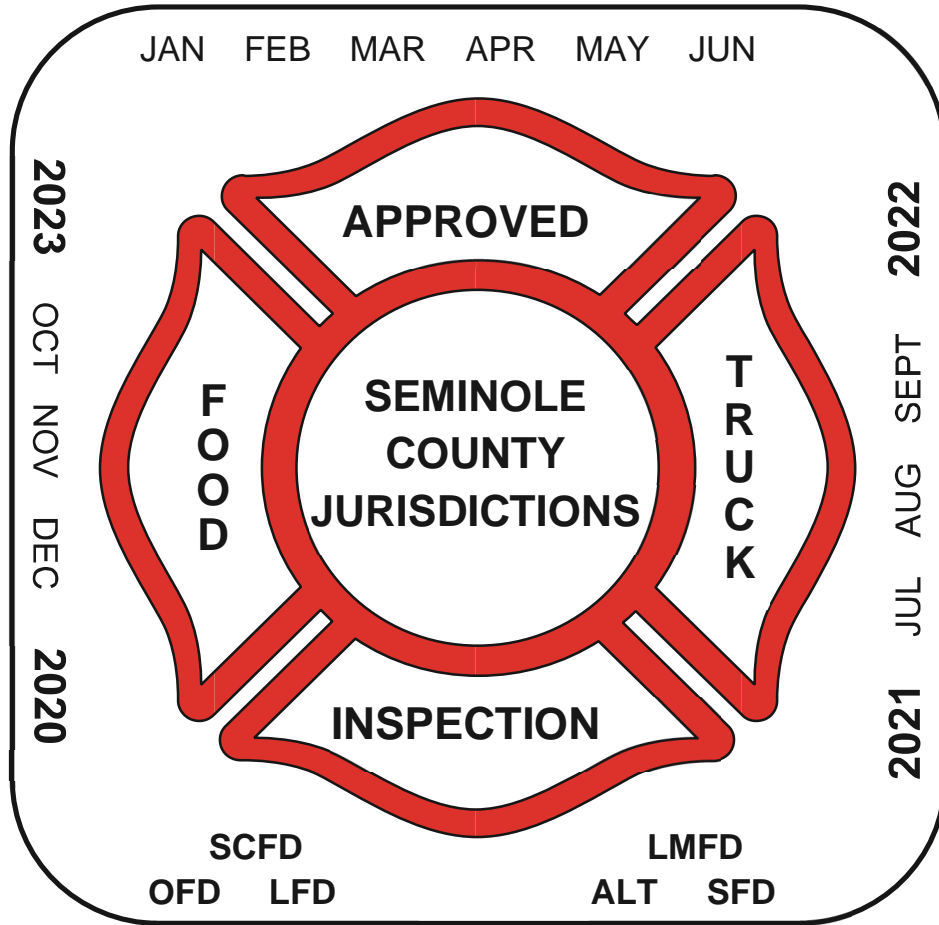
INSTRUCTIONS: Indicate "YES," "NO," or "N/A" (i.e. Not Applicable) for every numbered item below. For each "NO" answer corrective actions must be noted and executed before business can continue.

ACCESS		YES	NO	N/A
1	Separation: Mobile or temporary cooking operations shall be separated from buildings or structures, combustible materials, vehicles, and other cooking operations by a minimum of 10ft. [1:50.7.1.5] (2018 ed.)			
2	Clearance (Fire Equipment): Fire hydrants, extinguishers, sprinklers & stand pipe connections are accessible and clear of all equipment & vehicles (e.g. no parking in front of hydrants, FDC, etc.) [1:50.7.1.7, 1:13.1.4]			
3	Clearance (Fire Lanes): Fire lane access must be maintained (20 feet wide) – [1:50.7.1.7, 1:18.2.4]			
4	Communications: An approved method of communication to emergency personnel shall be accessible to all employees. [1:50.7.1.8]			
5	General Safety: Wheel chocks shall be used to prevent mobile and temporary cooking units from moving [1:50.7.1.3]			
FIRE PROTECTION		YES	NO	N/A
6	Extinguishers: <i>Class K</i> fire extinguishers shall be provided for cooking appliance hazards that involve combustible cooking media (<i>Maintained/Tagged Annually</i>). [1:50.7.1.4.1, 96:10.9.2, 10:6.6.1, 10:7.1]			
7	Extinguishers: A minimum of one 2A:10BC portable fire extinguisher shall be provided when a generator or other fuel fire appliance is used (<i>Maintained/Tagged Annually</i>). [1:50.7.1.4.2, 10:7.1, 10:7.3.4]			
8	Hood Suppression: Cooking equipment that produces grease-laden vapors and that might be a source of ignition of grease in the hood, grease removal device, or duct shall be protected by fire-extinguishing equipment. [1:50.7.2.1, 96:10.1.2]			
9	Maintenance: Maintenance of the fire-extinguishing system and listed exhaust hood shall be inspected by a properly trained, qualified, and certified person acceptable by the AHJ every (6 months). [96:11.2.1]			
10	Cleaning: Exhaust system shall be cleaned by a properly trained, qualified, and certified person acceptable to the AHJ (<i>Tag with date</i>). [96: 11.6]			
LP, GENERATOR, & ELECTRICAL		YES	NO	N/A
11	Clearance (3 ft. Perimeter): Fuel shall not be stored closer than 3ft to any cooking appliance. [96:14.9.2.2]			
12	Generator (5 ft. Perimeter): Portable generators shall be positioned so that the exhaust is at least 5ft in any direction away from openings, air intakes, means of egress, or from any building, structure, or vehicle. [1:11.7.2.2, 1:50.7.1.10.2]			
13	Cables, Cords & Connectors: Electrical appliances, fixtures, equipment, or wiring (other than low-voltage) installed within or on vehicles shall be in good working order and comply with NFPA 70. [1:50.7.1.10.3]			
14	LP Cylinders: Cylinders shall be secured in an upright position to prevent tipping over. [1:50.7.2.2.1]			
15	Leak Detection: Gas systems shall be inspected prior to each use by a trained worker. Documentation shall be made available to the AHJ on request in accordance with [1:50.7.2.3.1 – 1:50.7.2.3.3]			
16	Gas Meter: Per the AHJ's discretion, a certified Fire Inspector shall use a gas meter detection device to confirm that there are no leaks.			
17	Certification: LP-Gas Systems on mobile food service vehicles shall be certified for compliance with NFPA 58 by a licensed company. Approved license types are <i>CF, RF, Class I LP Gas Dealer, and Category V LP Gas Installer</i> . [1:50.7.2.3.4]			
18	Re-Certification: The certification shall be good for one year unless an appliance is replaced or added and if a piping connection is modified in any way. [1:50.7.2.3.4 – 1:50.7.2.3.4.2]			
TRAINING		YES	NO	N/A
19	Training: Prior to performing mobile or temporary cooking operations, workers shall be trained in emergency response procedures. [1:50.7.1.9.1]			
20	Refresher Training: Refresher training shall be provided every year . [1:50.7.1.9.2]			

Approved: Y / N

Approval Date:

Correction and re-inspection required: Y / N



**Title: Fire Inspection Program**

Controller: Fire Prevention

Origination Date:

Revision Date:

Approved by: _____

Effective Date:

6/11/21

Purpose

To establish standard guidelines pertaining to the Fire Prevention Division and its delivery for the Seminole County Fire Department.

The goal is to minimize the risk of life and property loss from fire through fire plan reviews, fire inspections, code enforcement and education.

Fire prevention inspections are the single, most important non-firefighting activity performed by the fire department. Often the most important decisions and actions performed by fire suppression forces occur before a fire breaks out. These actions are pre-planning, developing standard operating procedures, training, maintaining equipment in readiness, and are critical if the fire department is to perform efficiently and effectively at the fire scene.

The inspection program strives to create a safe environment for the citizens of the community, but just as important it is striving to create a safe environment for the fire fighters who must respond.

Authority

Pursuant to F.S. Ch. 633, as adopted by the State Fire Marshal, the Florida Fire Prevention Code as the governing law relative to the regulation and prevention of fire hazards in the county. The local jurisdiction shall be vested with the authority to establish reasonable policies and procedures regarding the enforcement of the code and shall determine the appropriate permits and/or inspections that shall be required within Seminole County.

F.S. 633.118 establishes the Fire Chief of Unincorporated Seminole County as the Authority Having Jurisdiction (AHJ), and is authorized to enforce and determine whether the provisions of the Code are met.

- The current edition of NFPA 1 and NFPA 101 as adopted, including all referenced Standards within.
- Uniform Fire Safety Standards as established in s. 633.206.
- Ordinances as adopted by the local authority.

Administration

The Fire Marshal shall oversee the Fire Prevention Division for the Seminole County Fire Department. Said Fire Marshal shall manage and administer the Fire Inspection Program and perform other job functions as outlined in the current job description and as directed by the Fire Chief.

The Fire Marshal will remain apprised of all changes regarding requirements set for continued delivery of fire prevention tasks within the County; and will make recommendations to the Fire Chief on mandated changes to guidelines and policies.

Performance Measures

- State licensed facilities inspected annually as required for re-licensing per AHCA and DCF (Align with F.S. 633)
- Commercial Fire Inspections conducted per F.S 633 (NFPA):
 - **Annually** - Apartment, Condo, Hotel, Dormitories, Lodging/Rooming, Assembly, Child Care, Detention, Educational, Healthcare, Critical Facilities (Power Plants, Public Safety, Water Treatment Facilities, ETC.)
 - **Bi-annually** - Ambulatory Health Care, Industrial
 - **Tri-annually** - Storage, Mercantile Business
- New Construction Initial Plan Reviews completed within 7 to 10 business days.
- New Construction Plan Re-Reviews completed within 3 to 5 business days.
- Review all DRC, Pre-Apps, Site Plans, and any other Planning/Zoning Division Plans within 5 to 10 business days.
- Fire Protection System Reviews completed within 7 to 10 business days.
- New Construction Inspections conducted within 24-hours of customer request.
- Return phone calls and e-mails within 24 hours or within one business day.
- Complete a full inspection of at least 80 occupancies per month.

Inspection Procedures

- Inspectors will use the Department's designated Fire Inspection Report contained in the computerized inspection program to record and provide specific data and general information on possible hazards found in a facility. Each inspection should be thorough and systematic.
 - Retrieve updated Emergency Responder Information and submit to CAD for updating.
 - Verify Knox Box content
 - Evaluate exterior site including fire lane markings, signage and building address identification.
 - View and evaluate all rooms and potential hazard areas including equipment and processes.
 - Retrieve a copy of all current fire protection system reports.
 - All Building Information shall be updated within the computerized inspection program.
- Prior to serving copies of the report, the Inspector should carefully review the form line by line to verify that all information is accurate and complete. Information contained on the report should be verbally summarized to the building occupant or property owner; and a copy of the report will be sent electronically, sent via US Mail, or left with said building occupant or property owner. This will ensure the facility occupant or property owner will be aware of the found hazards and corrective actions needed.
- The facility occupants or property representatives/owners shall be afforded ample time and opportunity to remedy hazards noted. Typically between 3 to 30 days based on the hazards presented.
- Non-compliance by business occupants or property owners will result in fees being issued per the SC adopted Fee Schedule.
- Inspectors conducting inspections within **buildings containing a fire sprinkler system** shall retrieve the following information and stored electronically in the computerized inspection program.
 - NFPA 25 Report
 - Photos of Hydraulic Placard(s)
 - Photos of Sprinkler Riser(s)
 - 5 Year Internal Investigation Report
 - Fire Pump Performance Test (if applicable)
 - Completed NFPA Owners Certificate

Plan Review

Where required by the AHJ for new construction, modification, or rehabilitation, construction documents and fire protection drawings shall be submitted through the Building Division and routed to SC Fire Prevention for review. The assigned Inspector will review such plans for compliance with the applicable provisions of the Florida Fire Prevention Code and those codes and standards adopted therein. Review is accomplished prior to permitting as required in FS 553.

All plans will be reviewed by the Fire Marshal or designated Fire Inspector using the appropriate plans review procedures.

Progress Tracking

All inspections and plan reviews shall be tracked within the appropriate system established based on the type of activity being conducted. This information shall include inspector name, type and date of activity and the duration for the activity that was conducted.

Upon finalizing a new structure, the building data for such structure(s) shall be immediately inputted into the established computerized inspection program.

Report Filing, Entry, and Retention

Fire Inspection Reports are to be maintained in accordance with State record retention schedules and shall be stored electronically in the computerized inspection program.

Training

Fire Inspectors will complete 24 hours of fire prevention continuing education per calendar year.

Fire Inspectors shall maintain a Fire Inspector I certification per Florida Administrative Code, Chapter 69A-39.

Quality Assurance

Fire Plans Examiners and Fire Inspectors will receive quality assurance reviews twice a year, conducted by a designated training officer.

The quality assurance reviews will be conducted according to the guidelines developed and published within the Fire Prevention Division.

The Fire Marshal will review completed quality assurance forms at least once a year to ensure compliance with divisional standards. The Fire Marshal will utilize reviews to determine the need for criteria adjustments and/or additional training.

Conflict Resolution

Should a conflict arise where the fire safety inspection results are objected to by a facility occupant or property owner, the objection shall be referred to Fire Administration.

Vehicles

Review Operational Bulletin #4020 (Vehicle Management) for established standards for proper management and operation of departmental vehicles.

Uniforms

Review Operational Bulletin #2007 (Proper Wear of Uniform and Insignia) for established standards for proper wear, use, and care of the division's uniforms.

Title: Fire Investigation Personal Protective EquipmentController: Fire Marshal
Origination Date:

Revision Date:

Approved by: _____

Effective Date: _____

10/1/2021

Purpose

To establish a fire investigation safety practice for the SCFD Fire Prevention Division to reduce employee exposure to the harmful effects of fire byproducts and other hazardous materials found on fire scenes during the origin and cause fire investigation process.

Authority

NFPA 921, NFPA 1033, NFPA 1730, NFPA 1851, NFPA 1974, 129 CFR 1910.134, and the IAAI Fire Investigator Health and Safety Best Practices.

Responsibility

It is the responsibility of each Fire Investigator to identify potential hazards at a fire or explosion scene. Identifying hazards will help in determining the appropriate personal protective clothing and equipment (PPE) needed based on the type and level of hazards present. Precautions must be taken so fire byproducts and particulates are not absorbed through the skin or inhaled.

Procedure**Entrance to the Scene**

Fire Investigators shall not enter the vicinity of the fire, whether a vehicle or structure, until the Incident Commander (IC) confirms that entry into the scene is safe to conduct the origin and cause investigation and specific approval is granted by the IC to enter the scene. Fire Investigators shall maintain situational awareness when entering fire scenes and while conducting origin and cause investigations, so that they are observant for fire scene hazards.

Hazard and Risk Assessment

One of the first tasks that should be completed before conducting a fire or explosion scene investigation is a Hazard and Risk Assessment. Hazard Identification can include Physical Hazards, Structural Hazards, Electrical Hazards, Chemical Hazards, Biological Hazards, and Mechanical Hazards.

Through the identification process the investigator will be able to determine the hazards present and the appropriate PPE to utilize.

Proper Selection and Use of PPE

All fire and explosion scenes have the potential for being unsafe in many ways and the proper use of PPE and safety procedures can mitigate these risks.

Wear appropriate PPE for the incident you are examining. Every scene is different and may include the use of:

- Steel-toed rubber boots with a puncture-resistant sole, understanding the limitations of each type.
- Fire helmet that meets or exceeds ANSI Z89.1-2014/NFPA 1971.
- Hearing protection that meets or exceeds ANSI A10.46-2013.
- Proper respiratory protection equipment with **P100-Particulate Filter (99.97% filter efficiency level)** effective against all particulate aerosols.
 - Mask Fit Testing shall be in accordance with OPS Bulletin #04015
- Vented goggles if wearing a half-face respirator.
- Disposable outer puncture-resistant gloves and nitrile inner gloves.

All PPE shall be of regulation issued and worn in accordance with manufacturer's specifications.

PPE Classifications:

- Level 1:
 - Hybrid Turnout Gear - NFPA compliant Coat and Pants, Helmet, Gloves, Full Face-piece Respirator, Boots
- Level 2:
 - Work Wear - Long Sleeve Shirt, Tactical Pants, Boots, Gloves, Full Face-piece Respirator

PPE	WHEN IT MUST BE USED
Respirator w/Cartridges: Minimum Acceptable – P100 P100 – Filters at least 99.97% of airborne particles. Strongly resistant to oil. https://www.cdc.gov/niosh/nppt/topics/respirators/disp_part/default.html https://www.cdc.gov/niosh/nppt/topics/respirators/disp_part/p100list1.html	- Heavy Digging - Working in Enclosed Environments (EX: Using a Shovel to Move Debris)
Goggles (ANSI Rated)	Any Light or Heavy Digging
Disposable Mask: Minimum Acceptable – N100 N100 – Filters at least 99.97% of airborne particles. Not resistant to oil.	Light Digging (EX: Car Fire or a Fire Confined to a Countertop/Stovetop)
Steel-Toed Rubber Boots with a Puncture-Resistant Sole	When the Floor is Wet or Contains Heavy Debris
Hard Hat	Overhead or Sidewall Damage Exists
Hybrid Turn Out Gear	Any Digging Activity
Long Sleeve Shirt	Visual Inspection or Car Fire
Gloves ANSI/ISEA - Cut, Puncture, and Impact Protection	Any Digging Activity
Sprayers w/ Dawn Detergent	Used to Clean Tools/Shovels After Every Use

PPE Maintenance

Items shall be kept cleaned, frequently inspected for damages and maintained in good repair.

Personal Protective Equipment shall not be washed on a regular washer at home or the station.

- The water temperature and/or detergents used could damage the PPE materials.
- Use of these machines may result in spreading of contaminants from the PPE to the machine and onto subsequent items washed.

All gear shall be cleaned in strict accordance with manufacturer’s care and cleaning instructions, performed by the department’s logistics personnel.

Damage which results from failure to follow these instructions may subject the employee to full replacement or repair costs.

POST INVESTIGATION:Decontamination Process:

Gross Decon shall be utilized on all fires where PPE is worn and exposed to products of combustion.

All Fire Investigators that were exposed to products of combustion shall perform Gross Decon before leaving the incident scene which includes:

- Doffing and bagging soiled coveralls prior to entering their vehicle.
 - Contaminated protective gear shall be placed in a yellow plastic bag.
 - Protective gear that has been contaminated with infectious materials or potentially infectious substances such as blood shall be placed in a red plastic biohazard bag.
 - The contaminated items will be taken to the warehouse and turned in to Logistics. The employee will utilize their 2nd set of gear until the primary set is cleaned and returned.
 - Logistics will ensure that the gear is decontaminated according to manufacturer's guidelines.
- Using soap and water or cleaning wipes to clean all skin areas that may have been exposed to soot contamination.
- Do not enter, or allow to enter, your vehicle's passenger compartment unless ALL potentially contaminated clothing has been removed and all exposed skin areas have been cleaned.
- Clean tools, and respirator assembly immediately after use with a department/agency approved cleaning agent and water before returning them to your vehicle. Radios shall be cleaned using appropriate techniques, per the equipment manufacturers' guidelines. Store all equipment out of the passenger compartment as no potentially contaminated equipment shall be stored in the interior of the vehicle.
- The Fire Investigator shall return home or to the nearest fire station to shower and change into clean clothes immediately prior to performing any other personal or professional tasks.
- The Fire Investigator shall wash all fire investigation clothes separately from any other laundry if the clothing was soiled from the fire investigation.
- The Fire Investigator shall ensure all equipment has been restocked immediately upon return to work. Any damaged or missing PPE equipment shall immediately be reported to a supervisor.



Title: Water Rescue Operating Procedures

Controller: Operations

Origination Date: 05/05/2003

Revision Date: 7/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", written over a horizontal line.

Effective Date: 8/3/2023

Purpose: To provide a standard set of guidelines for Water Rescue Operations and Training.

History: Most bodies of water in Seminole County have extremely limited visibility at depths over one foot. This is caused by a number of reasons including acids from trees, rain/run-off, plant growth, or high use by boat traffic making Water Rescue Operations and Training inherently dangerous.

Procedure: All personnel shall review and use the Seminole County Fire Department Water Search & Rescue Guidelines to guide their operations at training and water rescue incidents.

The manuals are located on:

E12, TW12, E27, TW25, TW27, T39, E35, S2

The document can be electronically referenced at:

Vector Solutions



Title: Rope Rescue Operational Guidelines

Controller: Operations

Origination Date: 03/01/04

Revision Date: 6/1/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", written over a horizontal line.

Effective Date: 7/1/2023

Purpose

To provide a standard set of guidelines for Technical Rope Rescue Operations and Incidents. The Seminole County Fire Department (SCFD) Rope Rescue Operational Guidelines will be the standard that SHOT and Tower team members will be evaluated on and are expected to know.

History

There are numerous techniques to accomplish the same objective in the realm of Rope Rescue. Although this can be a good thing at times, it tends to cause confusion and on scene debate as to which method is better. This has caused time delays in rescue operations. This manual was developed as a guide.

Procedure

All Rope Rescue Technicians on the Special Hazards Operations Team (SHOT) and on the Tower Team shall review and utilize the SCFD Rope Rescue Operational Guideline Manual to guide their operations at training and rope rescue incidents.

This Rope Rescue Manual is only a guide and cannot anticipate all variables in this discipline. However, this manual was developed with accepted industry safety standards and recommended best practices in mind. Any deviation from this manual shall be justified by the Rope Rescue Team Leader in charge. This manual shall be used in conjunction with common sense and good judgment. The Team Leader in charge must identify what is the safest and most efficient way to meet the objectives of the incident.

The Seminole County Fire Department's Rope Rescue Operational Guidelines Manual are located on all Special Operations units to include Engine 12, Tower 12, Tower 25, Engine 27, Tower 27, Engine 35, Squad 2, and Battalion 8.

The document can also be electronically referenced on SharePoint and a hardcopy manual is also located at Station 12, Station 25, Station 27, Station 35, and at the Seminole County Fire Training Center.

Members on the SHOT and Tower teams will be required to maintain Annual Competency for a Rope Rescue Technician and these team members shall be evaluated on information found in the Seminole County Fire Department Rope Rescue Operational Guidelines Manual.

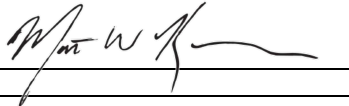


Title: Deployment Guidelines

Controller: Operations

Origination Date: October 05, 2006

Revision Date: 9/7/2023

Approved by: 

Effective Date: 10/11/2023

Purpose

The purpose of this guideline is to define parameters that affect the deployment of Fire Department personnel to emergencies or events outside the normal assignments of the Department. This will include pre-deployment and post-deployments guidelines. It is also the intent of this policy to describe that once a mission or tasking number has been obtained by the requesting entity, it is to compensate the members selected for deployment from portal to portal.

History

The Department works extensively with multiple agencies to ensure the delivery of emergency services. These services range from the local primary focus to the extension of personnel and equipment to other agencies through the use of Mutual Aid agreements, Memorandums of Understanding, and organizational commitment to Statewide and Federal response teams. Members of the Fire Department currently serve on a response team serving the Urban Search & Rescue Task Groups, State Emergency Response Teams, Disaster Medical Assistance Teams, and Florida Division of Forestry Overhead Teams.

Procedure

To determine the appropriateness of allowing members of the Department to deploy, several key factors should be evaluated by the Department leadership:

1. Has a disaster been declared, Federal or State declaration?
2. Will there be sufficient resources to deliver local services?
3. What type of incident will personnel be deployed to?
4. What will the duration of assignments be for personnel?
5. Will positions need to be covered by overtime?
6. Will overtime be reimbursed?
7. What resources will be needed to complete the mission?
8. Are there multiple requests for deployment?
9. What agreements are affected/applicable?

Following approval of Department leadership, the following standards will be in place for all deployments:

1. Assigned leader for each assignment
2. Completion of proper documentation prior to deployment
 - a. Emergency contact for all personnel being deployed
 - b. Initiation of 214 document
 - c. Coverage for positions being deployed

- d. Formal check out of all assigned equipment
3. Approval from the Command Officer responsible for deployed personnel:
 - a. **SERP/Strike Teams:** Operations Chief with Fire Chief Notification
 - b. **Command Staff:** Fire Chief
 - c. **USAR:** Operations Chief with Fire Chief Notification
 - d. **DMAT:** Operations Chief with Fire Chief Notification for LWOP (Leave Without Pay)

To better define the type of deployments, the Department will support a working knowledge of current teams. These are as follows:

USAR - Urban Search and Rescue

DMAT - Disaster Medical Assistance Team

Overhead - Florida Division of Forestry Management

Overhead - Federal Deployment

SERP/Strike Team - State Emergency Response Plan through the Florida Fire Chiefs Disaster Plan

Each type of team requires different numbers of personnel and equipment. The type of incident being deployed to will also require different resources. To accommodate the basics for all incidents, standard documentation will be utilized.

USAR deployments require rapid deployment and a standard complement of equipment is pre-staged. Additional resources specific to the mission may be required and they will be added to the pre-existing check out sheets as warranted.

The number of personnel assigned to a USAR deployment varies with the type of deployment and what resources are available at the time between the 3 participating agencies (Orlando-OFD, Orange County-OCFRD, and Seminole County-SCFD).

Normal duration of deployment will be for 72-96 hours but may be extended as required to meet the needs of the operation.

Documentation of personnel and equipment will be completed by an assigned person on each deployment.

DMAT deployments vary due to the type and location. The normal number of personnel is a single resource from the Department. However, it may be more. The normal duration of the mission is 14 days.

Overhead Team and Wildfire (Red Card Personnel) assignments require rapid deployment. Overhead positions are normally staff positions, but other personnel that hold the appropriate "Red Card" certifications may be called for specific response. These assignments are generally 14-day deployments and may be State or Federal declarations of disaster.

Multiple deployments (staff members deploying at the same time) will be at the discretion of the Fire Chief and dependent upon current operations and need for staff with the County.

Each individual assigned to an Overhead type mission will be responsible for the completion of their own documentation.

SERP deployments are normally assigned from the State Emergency Response Plan and duration is up to a 14-day assignment. These can be staff positions as well as staff/equipment resources, either singularly or as part of a strike or task force team. These deployments require approval of the Fire Chief.

Strike or Task Force Teams are single or multiple like units being deployed to assist another community during a significant event. These are rapid deployments and may be as long as 14 days. Units selected will be staffed with requested personnel (to include at least one Lieutenant). Use of the standard documentation folder will be utilized for all assignments.

A MISSION NUMBER **must be** obtained and documented prior to personnel being deployed.

Selection will be based on Department's established deployment list.

The following forms will be completed prior to deployment and forwarded to the State Emergency Operations Center at positions ESF 4/9.

1. FFCA Form 1B "Response to Assistance"
2. FFCA Form 2 "Emergency Response Team Deployment Form"
3. FFCA Form 3 "Personnel Emergency Contact Numbers"

An assigned deployment member(s) will be responsible for documentation of work hours and any other required paperwork including but not limited to FFCA Form 214, vehicle logs etc.

An on-duty Shift Commander or representative Battalion Chief will both check out and check in personnel assigned to a deployment team and make sure appropriate documentation is completed. The Shift Commanders, collectively, are charged with the tracking of hours of personnel that are away on deployment along with those personnel that are backfilled into the vacated positions. This tracking will be provided to the Finance Program Manager for reimbursement documentation.

Backfill of Positions

Backfill of vacated positions created by personnel being assigned or volunteering for deployment will be made to meet operational needs and/or as determined by the Fire Chief.

Deployment Guidelines

Units being deployed to any event will be checked out thru the Logistics Chief, their designee or in their absence, the on-duty Shift Commander. Vehicles and equipment will be fully fueled, and all necessary equipment assessments will be recorded prior to departure

(format to be developed by Logistics). Fuel resources will be identified prior to deployment with those responsible obtaining and signing for a County Fuel Card, if required.

Personnel will complete all identified documentation prior to deployment to include emergency notifications document, initial 214's, vehicle logs, ALS controlled substance logs (Documentation manual & Logistics).

Line of communication will be confirmed from mission location to the Department on a daily communication briefing or as needed by mission).

Return to County Guidelines

Units returning from deployment will be checked in by the Fleet Manager (or designee) and deficiencies noted. Damaged equipment will be identified for repair and cost reimbursement. Units will be returned to original locations within 48 hrs of return.

All documentation and a briefing will be submitted to the Department's financial office within 48 hrs of return to duty by the responsible officer assigned on the deployment.

Personnel returning from a deployment shall be granted Leave With Pay to take time off for rehabilitation purposes before returning to active duty. The length of the rehabilitation period shall be determined by the specific mission demobilization order. The Fire Chief, at his/her discretion, may extend the rehabilitation period based on the nature and circumstances of the deployment. Personnel shall be prohibited from working other assignments during the rehabilitation period unless expressly approved by the Fire Chief.

Reimbursement processing for payment of deployed resources will be completed in compliance with County, State and Federal guidelines by the Finance Program Manager.

Upon return from deployment, the Fire Chief will be briefed by the lead team member.

Upon return, all equipment is to be serviced by Fleet Services immediately or stored for operational readiness. This includes vehicles, trailers, or powered equipment, etc.

Employee Reimbursement Guidelines

If the compensable reimbursement is available to the County, the employee will be paid directly by the Department for their normal duty time plus any additional actual work hours documented during the time the employee is normally considered "off duty". For a 56-hour employee, this would comprise of full pay on their regularly scheduled shift day, plus any additional hours worked on their normal assigned days off. For a 40-hour employee, this would comprise of their normal 8 hour pay day, plus any additional hours worked after the 8 hour day has been completed.

Deployments Where the Employee Receives Outside Compensation

If an employee is directly compensated by the deploying agency (DMAT, Overhead Team, Wildfire response), then the employee must use approved leave to be a member of the

deployment activity. DMAT members, by Federal Law, may elect to use Leave Without Pay (LWOP) as they are considered to be on Military Leave which is a stated exception to the County Policy that requires members to use all paid leave before being placed on leave without pay (see Section 602.0 *Leaves Without Pay*- Seminole County Personnel Policies & Procedures Manual for additional guidelines).

Seminole County Fire Department Deployment Checklist	Yes	No
Pre-Deployment Checklist		
Has a Mission Number been obtained?		
Has the Mission been approved by the Fire Chief?		
Who is the SCFD Team Leader Assigned? _____		
Who is the Task Force or Strike Team Leader?		
Has Emergency Contacts for all deployed members been obtained?		
P-Card obtained? How Many? _____		
Names of members with Assigned P-Cards _____		
P-Card rules reviewed and understood		
P-Card: Understood that everything needs to be documented with Receipts		
P-Card: Understood that all non-consumables are County property		
Have positions been covered for the next several days?		
Wex Card obtained? How Many? _____		
Wex Card: Understood that Wex Card is preferred method of obtaining Fuel		
ICS 214 forms? Who will be responsible for 214's _____		
ICS 214: Understood that everything needs to be documented in detail		
Have you obtained: IPAD _____ Cellphone _____ Hotspot _____		
Will the Satellite Phones be Utilized? If Yes, needs to be noted on 214's.		
What is the anticipated duration of the deployment?		
While on Deployment Checklist		
All receipts for P-Card and Wex cardx obtained and kept for submission		
Daily Mileage of Vehicles Obtained and documented?		
Number of Hours equipment were used (I.e. Generator, etc.) and documented		
Do all members have personal items - (clothes, sleeping bag, etc?)		
Post-Deployment Checklist		
All receipts for P-Card and Wax obtained and turned in within 48 hours		
All 214's are to be turned in within 48 hours		
All deployed units taken to fleet for maintenance		



**Title: Special Hazards & Operations Team
Unit Staffing & Status**

Controller: Operations

Origination Date: 04/10/08

Revision Date: 7/26/23

Approved by: _____

Effective Date: 8/10/2023

Purpose

To establish guidelines for staffing of Special Hazards & Operations Team (SHOT) units. The primary purpose of these guidelines is to optimize the availability of SHOT resources, minimize the response time of these resources, and ensure consistency in staffing while balancing the utilization of human resources for all organizational missions. The secondary purpose of these guidelines is to identify the minimum human resource criteria necessary to consider a SHOT Unit as Special Operations Response capable. These guidelines are applicable to all SHOT members and address only staffed Special Hazards & Operations Team units. Although occasional temporary deviation from the guidelines may be necessary due to conflicting operational requirements, supervisors should attempt to adhere to these guidelines whenever possible.

History

Seminole County established a Hazardous Materials Response Team in the early 1980s. In 1992, this team was reformed into the Special Hazards & Operations Team with the addition of the technical rescue mission. Since its inception, the program has expanded to encompass a total of five staffed Fire/Rescue units. These units are Squad 2, Engine 35, Engine 27, Engine 12, and Rescue 35. There are currently 17 designated SHOT members per shift assigned to these units. SHOT members are designated by the Fire Chief, based on staff recommendations, and receive advanced training in handling hazardous materials and technical rescue emergencies. Historically, the Department has endeavored to ensure SHOT members remain assigned to SHOT units whenever possible. This is consistent with past operational direction and written clarifications regarding Special Operations staffing. This operations bulletin institutionalizes Department practices, provides supervisors with guidance regarding staffing and effective utilization of personnel, and helps to provide SHOT members with predictability in their daily assignment.

Procedure

SHOT Member Assignment and Status

- Members are typically selected for SHOT to fill vacant positions on the Team or due to an expansion of the Team. Vacant positions can be the result of a promotion, resignation, retirement, reassignment, or other reason. Generally, new members are assigned to the shift where a vacancy exists. Occasionally, there may be an operational or personal reason to transfer SHOT members amongst the shifts, effectively moving vacancies to another shift.
- The Shift Commander(s) affected by new SHOT member appointments or the proposed transfer of SHOT members should consult with the Assistant Chief (AC) of Special

Operations to ensure an operationally sound balance of Special Operations experience and capability is maintained amongst the shifts and amongst the particular SHOT Units on each shift. SHOT member staffing assignments shall be based on operational consensus of the affected Chief Officers, inclusive of Special Operations. The ultimate decision on any personnel moves will rest on the Deputy Chief Of Operations in collaboration with the impacted Chief Officers.

- Newly assigned SHOT members are usually placed on "SHOT Precepting" status. This is essentially a trainee position. Although members on SHOT Precepting status are assigned to a SHOT unit, they are not considered towards minimum SHOT staffing requirements outlined below. New members usually require precepting for about 12 months, however this period may be abbreviated or waived by the Assistant Chief of Special Operations based on prior SHOT experience and demonstrated competency. Members on SHOT Precepting status will be denoted with a TeleStaff specialty designation of "SP".
- SHOT members who have successfully completed precepting and demonstrate sufficient competency in Special Operations response are released to Full SHOT status. Members released to Full SHOT status will have the TeleStaff "SP" specialty replaced with an "S" specialty designator to denote their status.
- SHOT specialty designators in TeleStaff are intended to be congruent with other specialty designators such as Paramedic, Tower Truck, or Tanker certification. The TeleStaff specialty designators serve to assist supervisors in assigning properly trained personnel to the appropriate units.
- Newly assigned SHOT members shall complete the core courses for SHOT within a two year period after assignment to SHOT. This shall match the core requirements in the A Unit Bargaining Contract. Any special circumstances will be evaluated and approved by the Department.
- All members assigned to SHOT shall maintain annual competency as described by the Department and by the State of Florida.

SHOT Staffing

- SHOT members will be assigned to SHOT Units whenever possible. This includes members with the "S" - Full SHOT designation and members with the "SP" - SHOT Precepting designation. This does not preclude any movements necessary to maintain minimum operational capability or accomplish necessary training.
- Floating SHOT members to a non-SHOT Station or to a non-SHOT Unit should be avoided whenever possible. This does not preclude floating for a portion of a shift to accommodate specific training goals or details. If it is necessary to temporarily float a SHOT member for longer than a portion of a shift, the member should be floated to another SHOT Unit.
- SHOT members hired for overtime, working a time trade, or other similar circumstances, should be assigned to a SHOT Unit when practical. Moving personnel during the shift to accomplish this to cover a partial leave may be impractical.
- SHOT members should be assigned by default to specific SHOT Units. SHOT members may be temporarily reassigned or floated to other SHOT Units to facilitate training, for operational necessity, or to maintain Special Operations Response

capability on a specific SHOT Unit in the event of leave or position vacancies. The goal is to maintain all SHOT Units as Special Operations Response capable whenever staffing permits. Squad 2 must be staffed with minimum of (4) "S" designated members to be considered as Special Operations Response capable. Each SHOT Engine must be staffed with minimum of (3) "S" designated members, one of which can be an "SP", to be considered as Special Operations Response capable.

- Following is the priority in which SHOT Units should be staffed with SHOT members:
 - Priority 1 – Squad 2 - minimum of (4) Full SHOT or "S" designated members
 - Priority 2 – Engine 12 - minimum of (3) SHOT members (one of the 3 may be designated "SP" or SHOT Trainee)
 - Priority 3 – Engine 27 - minimum of (3) SHOT members (one of the 3 may be designated "SP" or SHOT Trainee)
 - Priority 4 – Engine 35 - minimum of (3) SHOT members (one of the 3 may be designated "SP" or SHOT Trainee)
 - Priority 5 – Rescue 35 – minimum of (1) "S" designated Paramedics.
- The above priority order may be adjusted based upon operational requirements, changes in service demand, or relocation of response units.
- Supervisors shall ensure that higher priority SHOT Units achieve the minimum staffing levels outlined above before assigning "S" designated members to lower priority SHOT Units on a day-by-day basis.
- Once the minimum number of "S" designated members is achieved as outlined above, remaining SHOT members should be distributed, on a daily basis amongst SHOT Units according to their regular assignment balanced with operational priorities.
- The staffing BC will utilize order-in/priority hiring in order to accomplish the staffing of all units. All SHOT personnel must ensure that any time trades initiated only occur with an equally qualified SHOT member. Two precepting SHOT members cannot work on one unit together.
- Hiring shall be position for position. However, in the event that a paramedic is ordered-in and that paramedic has an EMT willing to take the position and this change will not cause the Lieutenant to operate as the primary paramedic, the staffing Battalion Chief shall be contacted and under normal circumstances will allow the order-ins to be given away. This also applies to an EMT giving order-ins away to a paramedic.

SHOT Unit Status

- Squad 2 must maintain a minimum of (4) Full SHOT Status "S" designated member to be considered as Special Operations Response Capable. Anytime Squad 2 staffing falls below the level to be considered as Special Operations Response capable, the Unit Officer will notify the Communications Supervisor and have the unit removed from Special Operations Response assignments in the CAD System. The Unit Officer will also notify the affected duty Battalion Chief and the on Duty Shift Commander.
- SHOT Engines must maintain a minimum of (3) SHOT members, only one of which may be designated as an "SP" Status, to be considered as Special Operations Response Capable. Anytime a SHOT Engine's staffing falls below the level to be considered as Special Operations Response capable, the Unit Officer will notify the Communications Supervisor and have the unit removed from Special Operations Response assignments

in the CAD System. The Unit Officer will also notify the affected duty Battalion Chief and the Squad 2 Officer. SHOT Unit Officers must remain aware of status changes that can often occur at shift change and ensure that appropriate notifications regarding status changes are made in a timely fashion.

- Rescue 35 must maintain a minimum of (1) Full SHOT Status "S" designated members. The response of Rescue 35 to a Special Operations incident is at the discretion of the Station Officers or Command Officers based on its SHOT staffing and/or special resources.
- Anytime the staffing level of a unit that was removed from Special Operations Response assignment in the CAD System is raised to the minimum, as outlined above, the Unit Officer will notify the Communications Supervisor and have the unit restored to Special Operations Response assignments. The Unit Officer will make appropriate notifications to Command Officers as well.

SHOT Units that have been removed from Special Operations Response assignments in the CAD System may still be used to assist at a Special Operations incident and should be requested as needed. This particularly pertains to instances where there are "SHOT Precepting" members on the rig or the SHOT Unit has specialized equipment that is required by other SHOT members for the incident.



Title: Mobile Analytical Platform (MAP) Unit Operational Guidelines

Controller: Operations

Origination Date: September 10, 2014

Revision Date: 2/5/2023

Approved by: _____

Effective Date: 2/14/2023

Purpose

To provide a guideline for the staffing and deployment of the Department's Mobile Analytical Platform (MAP) unit.

History

The Seminole County Fire Department's (SCFD) Special Hazards and Operations Team (SHOT) placed the Mobile Analytical Platform (MAP) into service in 2005. The MAP unit continues to be a unique asset for surveillance/monitoring, incident response and sustained operations involving both Toxic Industrial Chemicals (TICs), as well as Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) events.

The MAP unit is a standalone fully functional laboratory equipped with the latest proven technologies for chemical and biological detection/identification. Properly collected samples of potentially hazardous substances can be thoroughly analyzed using state of the art chemical and biological detection and identification technologies, all within the safe confines of a certified Biological Safety Level 3 glove box. Technologies including Fourier Transform Infrared Spectroscopy, Gas Chromatograph Mass Spectroscopy, Immunochromatography, RAMAN Spectroscopy and Polymerase Chain Reaction are the technologies available for use within the MAP unit.

The MAP unit and its associated equipment have been funded with Department of Homeland Security grant funding and are considered a regional asset, which shall be available for deployment throughout the State.

Procedure

Staffing

Ideally, 9-12 SHOT members (3-4 per shift), are trained to operate as MAP unit specialists. Due to the complexity of the equipment and techniques used in conjunction with the MAP unit, this controlled group of highly trained personnel has proven to be the most beneficial staffing configuration. This select group of specialists receives initial and ongoing training through specific instrument manufacturers, national training programs and peer instruction. Personnel are assigned to the MAP program by their respective shift Lieutenants pending approval from the Assistant Chief of Special Operations. Once approved, the roster of approved specialists will be maintained by the Assistant Chief of Special Operations. Those members assigned to the MAP unit are responsible for maintaining competency on all equipment and procedures and in the event they are unable to meet this requirement, withdrawal from the program could be possible.

Deployment

Deployment of the MAP Unit will typically fall under one of three categories:

1. Surveillance/Monitoring/Standby for Special Events - This would include mass gatherings or high profile events which would require constant monitoring for a CBRNE release/attack or in any case where it would be beneficial to have immediate access to detection/identification capabilities for a potential CBRNE threat. Special Event deployment of the MAP Unit will be coordinated through the Assistant Chief of Special Operations to ensure appropriate staffing and coordination. All deployments for special events out of County shall be approved by the Deputy Chief of Operations.
3. Regional Incident Response - Initial incident response to support on scene operations for a potential CBRNE event would require initial deployment by on duty personnel and would require notification of the on-duty shift Assistant Chief. In the event that the deployment involves a response outside of Seminole County, approval shall be obtained from the Deputy Chief of Operations. In cases of out of County responses, there should be a minimum of four personnel, including two MAP specialists, one SHOT Lieutenant, and a Chief Officer deployed with the unit. It shall be the role of the responding Chief Officer to serve as liaison with the command staff of the requesting jurisdiction. In all responses, it shall be up to the senior specialist to determine whether or not samples provided by requesting agencies have been properly secured for safe analysis within the confines of the lab. In the event that samples must be collected by SCFD personnel, the addition of adequate resources shall be ensured for personnel safety.
4. Sustained Support for Long Term Incident - Long term events involving multiple samples of potential TICs and/or CBRNE agents can require extensive testing and analysis that could span several days. In such cases, the stability and security of the MAP unit for public safety, as well as evidentiary detection and identification of unknown samples would be an invaluable asset. In the event of a long-term deployment, staffing and logistical support shall be coordinated through the Deputy Chief of Operations.

Security/Maintenance

The instruments and tools assigned to the MAP unit are inherently delicate and sensitive, as well as costly. Due to these factors, along with the “clean/laboratory” setting that must be maintained inside the MAP, access shall be limited to those personnel assigned as MAP specialists. The unit should remain locked at all times and connected to a power source to ensure an appropriate climate for the sophisticated instruments and reagents contained within. The unit shall remain secured inside the logistics area when not in use. Any concerns or anomalies noticed shall be immediately reported to the Assistant Chief of Special Operations or the on duty SHOT Lieutenant assigned to Station 35.



Title: Seminole County Aviation Rescue Specialist

Controller: Ben DeCuir, Deputy Fire Chief, Operations

Origination Date: December 1, 2022

Revision Date:

Approved by: _____

A handwritten signature in black ink, appearing to read "Ben DeCuir", written over a horizontal line.

Effective Date: 12/5/22

Purpose

To provide a guideline for the staffing and deployment of Seminole County Fire Department's Aviation Rescue Specialist(s).

History

Over the years, there has been a tremendous amount of work placed into expediting patient contact and care in remote, limited access areas throughout Seminole County. The primary focus has been wilderness rescue and wide area missions along Seminole County trails and waterways. The Sheriff's Office Aviation Section has been instrumental in locating and assisting FD units with patient location and directions in and out of the area. The Sheriff's Office, in conjunction with SCFD and SFD, have cooperatively trained in the area of hoist operations utilizing both Alert 1 and Alert 2. In addition to the utilization of SCSO aircraft for "aerial reconnaissance", there are available applications for the Aviation Rescue Specialist (FD member) which include assisting flight crews with locating victims from the air, and the ability to be inserted, if necessary, to provide immediate victim/patient assessment, while providing a line of communication via radio with command personnel.

Training

The members that are selected, through the Special Operations Chief and endorsed by the Fire Chief, are all members in good standing with the agency who have experience in technical rescue and have met the physical standards and testing outlined in the training manual of Hoist Rescue Specialist and the Sheriff's Office. All Aviation Rescue Specialists (ARS) maintain a 90-day competency training schedule, working with all the SCSO flight crews.

Operations

Below are some of the available actions that can be performed by the SCSO Aircraft, utilizing the Aviation Rescue Specialists.

- Assist with locating patient via aircraft, working with pilot and crew chief in organized searched pattern.
- Provide best route of entry for responding units (ATV's/UTV's, transports, bikes, FD/Deputies on foot).

- Expedited patient contact by the inserted ARS for early assessment of injuries and triage; immediate communication to responding units for equipment and resource needs. ARS victim/patient contact can be made by landing the aircraft nearby or insertion utilizing onboard hoist.
- The ARS can provide additional manpower for on-scene personnel who may have gained access utilizing ground resources (ATV's, UTV's, bikes, watercraft, on foot).
- If patient status or location warrants an expedited evacuation from the area, the ARS can package patient for hoist evacuation from the area to awaiting transport unit.
- Patients can be hoisted fully immobilized on LBB or with other packaging devices or interventions.
- *The Sheriff's Office helicopter is not a medical transport aircraft. * The aircraft is strictly set up for evacuation to awaiting transport units at an FD designated LZ.
- Final determination for ARS hoist insertion and patient evacuation will be made by the SCSO Chief Pilot or his designee.

Procedure

The SCSO aircraft is available to respond 24/7, depending on weather conditions. ARS hoist insertions and patient evacuation will be during daylight hours only. Requests for assistance should be made early in the incident to allow crews to prepare aircraft for response. If responding units determine there is the potential for an ARS insertion, the SCSO Chief Pilot should be notified. ARS personnel will then be notified by the SCSO Chief Pilot. Once the ARS personnel are notified contact must be made with the Shift Commander to obtain final approval for the request. The Shift Commander (in concert with Company Officers and/or Chief Officers on scene) shall conduct a risk-benefit analysis in making their determination. Once approval by the Shift Commander has been made - SCSO ARS personnel, who are utilized while on duty, will coordinate with the SCSO aircraft for a rally or pick-up point near their assigned unit or first due area. The unit will be placed unavailable or reassigned until the ARS returns from the deployment. All aviation rescue operations that occur will be coordinated through the Incident Command Structure (if established).



Title: Unmanned Aerial Vehicle Operations

Controller: Operations

Origination Date: 12/29/2019

Revision Date: 06/06/23

Approved by: _____

Effective Date: 7/24/2023

Purpose

This procedure is to establish standards and guidelines for all fire rescue personnel responding to and operating at incidents involving Unmanned Aircraft System (UAV) operations.

History

With the recent developments of the use of UAV's in the fire service, it is inherent that the department establish procedures for safe use on emergency scenes and proper documentation with those uses.

Procedure

Air traffic control (ATC) - A service provided by ground-based air traffic controllers who direct aircraft on the ground and through controlled airspace and can provide advisory services to aircraft in non-controlled airspace. The primary purpose of ATC worldwide is to prevent collisions, organize and expedite the flow of air traffic, and provide information and other support for pilots.

Certificates of Waiver or Authorization (COA) - An authorization issued by the Air Traffic Organization to a public operator for a specific UA activity.

Data Acquisition – The collection of information from sUAS for the purpose of fulfilling the mission objectives and goals in accordance with the mission plan.

Designated Operations Area – The operating area or location defining the volume of airspace to include altitude in Above Ground Level (AGL) or Mean Sea Level (MSL), and the defined geographical operational perimeter for a given public safety mission.

Digital Media Evidence – The digital recording of images, sounds, and associated data with probative value stored or transmitted in binary form.

National Airspace System (NAS) – The airspace, navigation facilities and airports of the United States along with their associated information, services, rules, regulations, policies, procedures, personnel and equipment. The NAS includes both controlled and uncontrolled airspace.

Notice to airmen (NOTAM) – NOTAMs provide the most current information available and can be found by visiting www.faa.gov, or obtained from the FAA's Flight Service by

referencing www.1800wxbrief.com. It is necessary for the UAS RPIC to check for NOTAMs before each flight to determine if there are any applicable airspace restrictions.

Remote pilot in command (RPIC) – A person who holds a current remote pilot certificate with a UAS rating and has the final authority and responsibility for the operation and safety of the UAS.

Small UAS rule – The Federal Aviation Administration has adopted specific rules to allow the operation of civil small unmanned aircraft systems (sUAS) in the National Airspace System (NAS) for purposes other than hobby and recreation. The rules are specified in Title 14 of the Code of Federal Regulations (14 CFR) Part 107, “Small Unmanned Aircraft Systems”. Part 107 addresses sUAS classification, certification, and operational limitations and apply to the operation of certain civil small unmanned aircraft within the NAS.

Temporary flight restriction (TFR) – A Flight Data Center (FDC) NOTAM will be issued to designate a temporary flight restriction (TFR). The NOTAM will begin with the phrase “FLIGHT RESTRICTIONS” followed by the location of the temporary restriction, effective time period, area defined in statute miles, and altitudes affected. TFRs are inclusive of UAS operations; therefore, it is necessary for the RPIC to check for NOTAMs before each flight to determine if there are any applicable airspace restrictions.

Unmanned aircraft system (UAS or sUAS) – an aircraft operated without the possibility of direct human intervention from within or on the aircraft. Its associated elements (including communication links and the components that control the UA) that are required for the safe and efficient operation of the UA in the National Airspace System.

UAS Coordinator – The person responsible for mission coordination and local deconfliction of multiple aircrafts.

Unmanned Aircraft System (UAS) Team – Consists of the Remote Pilot in Command (RPIC) and Visual Observer (VO).

Visual line of sight (VLOS) - Visual Line of Sight (VLOS) indicates that any member of the UAS Team is capable of seeing the aircraft with vision unaided by any device other than corrective lenses. Vision aids, such as binoculars, may be used only momentarily to enhance situational awareness.

Visual observer (VO) – A person acting as a UAS Team member who assists the RPIC and the person manipulating the controls to see and avoid other air traffic or objects aloft or on the ground.

1. UAS Availability and Storage

- a. The availability, control, and authorized conditions of use of UAS equipment shall be determined by the UAS Coordinator or higher authority.
- b. The UAS Coordinator or higher authority is the designee authorized to direct the use of a UAS during a given operation.
- c. The use of UAS's will be restricted to personnel who have completed the requisite training. ONLY UAS members who have been specifically identified as a UAS pilot in the SCFD UAS program are permitted to operate UAS's for official purposes. Use of personal UAS is prohibited. Operation of personal UAS's by unsanctioned personnel is prohibited.
- d. All personnel authorized to operate UAS equipment will do so while minimizing possible danger to civilians or bystanders in the area.
- e. Flight logs, maintenance logs, certification logs, and flight proficiency and standards logs will be maintained by the UAS coordinator or designee.
- f. UAS's must be properly registered with the Federal Aviation Administration (FAA).
- g. All UAS's will meet Florida Statute 934.50, Freedom from Unwarranted Surveillance Act (2022). Changes to equipment will be adjusted with any rule changes.

2. Pilot Prerequisites/Training

- a. Personnel shall possess a current 14 CFR Part 107 certificate to operate as the Remote Pilot in Command (RPIC). The certification shall be maintained as long as the personnel are a member of the UAS Team.
- b. All pilots will complete a mandatory 24-hour training class that will be provided by the by the department. At the completion of the class a certificated will be issued, and a designation of DT will be added to the team member's name in Telestaff.
- c. All pilots shall undergo quarterly flight training. This training shall include at least one 15-minute flight with at least one take-off and landing along with a practical exercise as determined by the UAS Coordinator or their designee. All training flights shall be documented in the pilot/operators training records. Each pilot must attend in-service training once a year, to include updated industry standards. Any pilot that does not have documented training or flight time for 60 days or more are required to be retrained by the UAS Coordinator or their designee. This training shall include a minimum of one hour of ground instruction and flight time including making three take-offs and landings to demonstrate proficiency. Any pilot must complete the required flight time and documentation prior to operational deployment. Failure to maintain and prove proficiency will result in removal from UAS operations.
- d. All training, testing, and maintenance programs will fall under the oversight of the UAS Coordinator. UAS Team members who have been designated as pilots will comply with all testing and vetting criteria as managed by the UAS Coordinator.

3. Visual Observer Prerequisites/Training

- a. Initial Training: Observers will have a current working knowledge of the airspace intended for operations, Air Traffic Control phraseology and communication requirements, specific UAS aerodynamic factors, and the ability to obtain and interpret weather information. The observer will receive training on their obligation to see and avoid other aircraft and the ability to identify position for purposes of relaying position reports to the Pilot.

4. Deployment Criteria

- a. All missions will be flown in accordance with FAA regulations 14 CFR Part 107 and current FAA National Policy regarding UAS Operational Approval.
- b. When swift action is needed to prevent imminent danger to life or serious damage to property.
- c. To achieve other purposes including, but not limited to, facilitating the search for a missing person.
- d. The UAS Coordinator will be notified prior to any flight, or at the earliest convenience.
- e. The Pilot (RPIC) is directly responsible for and is the final authority as to the operation of the UAS conducted under 14 CFR Part 107.

5. Operational Procedures

- a. The UAS will weigh less than 55 pounds.
- b. The UAS should be operated under visual line of sight. The UAS should remain within the visual line of sight of the pilot or visual observer. Beyond visual line of sight will be allowed in limited situations. In the case of having to go beyond the line of sight, the UAS may not go more than 1500' from the pilot and must return to line of sight as quickly as possible.
- c. The UAS must remain close enough to the pilot or visual observer to be capable of seeing the UAS with vision unaided by any device other than corrective lenses.
- d. The UAS may not operate over anyone not directly involved in the operation.
- e. The UAS will be flown during daylight/nighttime operations.
- f. The UAS will yield the right of way to other aircraft manned or unmanned.
- g. The UAS operator will follow "See and avoid" procedures. First person camera views will not satisfy this requirement. An Airband type radio will be provided for the RPIC to have contact with ATC or aircraft that may be in the immediate area. Should SCSO Alert helicopter be at the same alarm, the RPIC will make contact with them via radio prior to any flights for deconfliction.
- h. The UAS will not exceed the maximum altitude of 600 feet above ground level (AGL).

- i. The UAS will be allowed to fly in Class B, C, D and E airspace with the appropriate ATC clearances.
- j. Operations in class G airspace will be allowed without ATC permission.
- k. Only one pilot and visual observer per UAS at any one time.
- l. To the extent possible, prior to a positive change in controls, the UAS will be landed prior to handing over the control unit.
- m. Both the pilot and observer must participate in the preflight briefing. The preflight briefing will include but is not limited to the following:
 - i. Mission
 - ii. Weather
 - iii. Pilot/Observer duties
 - iv. Danger to non-participants/notification to interested parties
 - v. NOTAMS (Notice to Airmen) filed (if necessary)
 - vi. ATC (Air Traffic Control) notified (if necessary)
 - vii. Check for TFR's (Temporary Flight Restrictions)
 - viii. Mission parameters area of operations boundaries
 - ix. Emergency procedures
 - x. Firmware updates class of airspace checked
- n. Accident Notification and Investigation: All in flight accidents and incidents involving fatalities, injuries that require hospitalization, property damage in excess of \$500.00, and fly-aways shall be reported to the UAS Coordinator. FAA regulations require the FAA to be notified within 10 days. A report shall be completed detailing the accident or incident.
- o. Documentation and Data Retention: All UAS training and mission flights shall be documented by completing the Mission/Training form within 24 hours of mission completion and a digital copy forwarded to the UAS Coordinator.
- p. All flights will be documented on an agency flight log. Each log shall include information regarding:
 - i. Duration of flight time
 - ii. The reason for the flight
 - iii. The time, date, and location of the flight
 - iv. The name of the supervisor approving the deployment
 - v. The staff assigned
 - vi. A summary of the activities covered, and actions taken
- q. No person may act as a crewmember:
 - i. Within eight hours after the consumption of any alcoholic beverage.
 - ii. While under the influence of alcohol, narcotics or any medication which may negatively affect the crewmember's ability to safely conduct the flight.

6. Maintenance and Inspection

- a. Maintenance will be conducted as per the operational requirements of the UAS manufacturer's suggested maintenance plan.

- b. The maintenance program for UAS includes scheduled and unscheduled overhaul, repair, inspection, modification, replacement, and system software upgrades for the aircraft itself and all components necessary for flight.
- c. If during a preflight inspection, personnel discover that the UAS component requires some form of maintenance outside of the scheduled maintenance period, do not conduct UAS flight operations until the discrepancy is corrected.

7. Retaining Video Footage

- a. Any video collected by the UAS will be immediately downloaded at the end of the flight and transferred into an approved folder on SharePoint. The video will also be downloaded on a portable hard drive that will be maintained by the UAS coordinator.
- b. Anyone requesting the video collected by the UAS shall submit a public records request.
- c. All video footage will be maintained for the life of the drone.



Title: Patient Privacy Compliance

Controller: Administration

Origination Date: 06/30/03

Revision Date: 7/2023

Approved by: _____

A handwritten signature in black ink, appearing to be "M. W. K.", is written over a horizontal line.

Effective Date: 8/2/2023

Purpose

This Operations Bulletin establishes procedures that ensure compliance with the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), as it relates to the patient's Protected Health Information (PHI) and the Privacy Disclosure Form.

History

The Federal Department of Health and Human Services enacted the Patient Privacy Act, better known as the Health Insurance Portability and Accountability Act of 1996 or HIPAA (Public Law 104-191). This Federal mandate requires agencies to maintain the privacy of certain confidential health care information, known as Protected Health Information (PHI). It also provides a level of confidentiality to the patient in regards to their legal rights in association with their Protected Health Information and SCFD's duty to protect their PHI.

Procedure

15001.01 Procedures for HIPAA Compliance in the Field Setting:

1. Patient Privacy and Disclosure Act Form:

- a. The Patient Privacy and Disclosure Act Form (hereby termed "ACT") shall be made available for review or given to all patients receiving some form of treatment by Division's personnel.
 - i. The form is maintained as a separate page from the EMS Patient Care Report.
 - ii. This process shall be a mandatory step in the documentation phase of patient contact.
- b. Failure to comply with this step is grounds for non-compliance with the HIPAA Act and can lead to possible fines by the Federal Department of Health and Human Services.
- c. In addition to making sure each patient has a copy of the form available, their signature shall be verification of same. Both the front and back patient signature locations acknowledge that the patient has received a copy of the "ACT." All transported and non-transported patients shall have available or receive a copy of the form.

15001.02 Conversations and Discussions about Patient Medical Condition:

1. Personnel **shall NOT** engage in open conversations and discussions about the medical condition of patients treated by SCFD with those not associated with the patient.

2. Open conversations with bystanders, non-family members, neighbors, fellow caregivers **NOT** on the scene, etc. are not appropriate.
3. A verbal conversation where the patient's "**Protected Health Information**" or **PHI** is freely discussed with those not involved in the alarm is not appropriate and considered a violation of the Patient Privacy Act.
4. Special care shall be taken to make sure patient information is not compromised or conveyed to inappropriate individuals during phone calls. It should be understood that hospital personnel may be extremely reluctant to discuss the condition of a patient should you inquire at a later time. While patient follow-up is always a meaningful experience, the Privacy Act makes this practice prohibited.
5. Only those EMS personnel and hospital staff directly related to the patient's continued care shall be entitled to this PHI. Any written PHI shall be considered private medical information and never passed on to anyone not associated with the patient's care.
6. Care should be taken when discussing the patient's condition when in the public domain. Conversations should not be held where any non-medically trained citizen or bystander may accidentally or on purpose eavesdrop on the discussion.
7. When questioned by an attorney either in person or via a phone conversation regarding a patient's protected health information, the caregiver should direct them to administration personnel for proper requests and disclosures.
 - a. Phone call is not the appropriate means for discussing the patient's situation when future litigation is possible and/or predictable.
 - b. All legal industry personnel know the proper method for gathering patient-related information and getting it released from the proper record custodian.
8. Care should be taken not to discuss the patient's condition or situation with anyone identifying themselves as a representative of the patient's insurance provider. Insurance industry standards are in place for the proper handling of this process and open verbal conversations and phone calls are not proper etiquette.
9. PHI and specific circumstances of an incident shall not be discussed with members of the media, regardless of whether they are representatives of the radio, TV, electronic or print media.
10. It is inappropriate to discuss or release any verbal or written information on the patient being cared for by the EMS personnel without their consent.
11. Care should also be taken to protect the identity and the modesty of any patient under the care of Division medical personnel. Cameras and microphones should be kept away from the patient during any medical personnel contact unless the patient specifically requests the time after being asked by the media.
 - a. This specifically prohibits the audio, video or any form of electronic image capture system being use by **ANYONE** in the private confines of the patient's residence or any area considered to provide reasonable expectation of privacy which includes the patient compartment area of transport units.

15001.03 Signature of Patient for Transport and Non-Transport Services:

1. The signature of the patient is most crucial and shall be requested under both transport and non-transport circumstances.
2. Under HIPAA, forgetting or deliberately refusing to get the patient's signature on the EMS Patient Care Report or current electronic reporting software can be grounds for non-compliance with this section of the Operations Bulletin and HIPAA.
3. It makes no difference whether the patient is transported by Division vehicle, or refuses the transport service, their signature is a mandated piece of information needed to satisfy HIPAA requirements.
4. By placing their signature in the appropriate signature section, the patient is acknowledging, for HIPAA compliance purposes, that they have been offered or received a copy of the Division's Privacy Disclosure Notice.
 - a. EMS personnel are not required to read the notice to the patient OR wait until the patient read it themselves. However, it might be a good idea for each Division individual to read the notice so as to have some idea of its contents in case you are asked about it by the patient.
 - b. The notice shall be presented to a family member or legal guardian should the patient not be coherent enough or too young to receive it, respectively.
5. It is not the intent of HIPAA to have emergency patients deal with notices and signatures in the back of an ambulance. The notice does not have to be given to the patient during an emergency treatment and transport situation and you do not have to get an acknowledging signature during this invasive action. It is assumed that during this particular scenario, the patient is clearly in distress and would not be competent enough to understand and sign paperwork.
6. It is improper in the eyes of HIPAA to put patients who are in an emergency situation into the position of having to read and sign an acknowledgement. Every attempt, however, shall be made to give the notice to the patient and have them sign the EMS form at the hospital if the appropriate environment presents itself. As a rule of thumb, if the patient is able to sign the EMS report form for billing and insurance purposes, then personnel can probably give them the Privacy Disclosure Notice form also. Remember, by signing the report form, the patient is also acknowledging the receipt of the Privacy Disclosure Notice.
7. In all cases, both transport and non-transport, personnel should document in the narrative section of the EMS Patient Care Report form whether or not the Privacy Disclosure Notice was given to the patient or a family member and that an attempt was made to obtain the acknowledgement signature.
8. In the case of a transported patient, should all attempts to present the notice to the patient and/or family member fail, steps have been incorporated into the billing process for the patient to receive the Privacy Disclosure Notice.

15001.04 Public Requests for Patient EMS Reports/Billing/Insurance Information:

1. Numerous times throughout the course of a day, the public may visit fire stations inquiring about **Protected Health Information (PHI)**, on a family member or friend that has been treated by the Seminole County Fire Department. Care shall be taken NOT to divulge any pertinent PHI or treatment information that may be remotely associated with the patient in question.
2. HIPAA strictly prohibits any verbal OR written information to be released on the patient without their clear written permission and thru the proper administrative channels.
3. On occasion, the patient of record may come by the fire station requesting copies of all paperwork associated with their need for our services. They should be politely told that no PHI records of any kind are kept on the premises. This policy is for the protection and privacy of their medical, insurance and personal information and records.
 - a. When a records inquiry is made, the appropriate contact name and phone number for the administrative offices shall be provided.
 - b. Request for records and information can be processed and handled Monday thru Friday, between the hours of 8:00am and 5:00pm. The contact person for information requests can be found on the back of the Privacy Disclosure Notice. Direct the requesting party to that name and number for further assistance.
4. Care should be taken to make sure that no written patient information is released to any party identifying themselves as a relative, friend, guardian, attorney, insurance representative, neighbor, etc. of the patient.
 - a. The individual inquiring about the information shall be politely told that we do not give out any patient information, either written or verbal.
 - b. Should they insist and refuse to leave the premises, the law enforcement agency having jurisdiction shall be notified and requested to respond to the fire station. Upon arrival, the law enforcement officer shall be briefed on the situation and asked to escort the individual off of the property.
5. The Seminole County Fire Department is more than happy to provide requested PHI to the appropriate individuals once they have satisfied the "records request" release procedure in effect to comply with their wishes.

15001.05 Disposing of Non-Required Patient Forms and Paperwork:

1. Medium-duty paper shredders have been provided at all Seminole County Fire Department fire stations.
2. It shall be appropriate for all non-required patient report information to be destroyed via this station paper shredder.
3. HIPAA Act compliance mandates that all non-essential paperwork associated with the patient of record shall be destroyed so as to prevent it from being viewed by any person or persons not directly involved with the medical care of the patient.

4. Patient information used for completing the electronic medical report shall be placed in such a manner that it cannot be viewed by any individual should the originator of the report receive an additional alarm before completing the report.
5. In general, any PHI that is gathered on the patient and subsequently not needed for permanent record retention shall be destroyed via paper shredders.
6. Whenever the shredder is not in use, it shall be kept in the OFF position to prevent the inadvertent destruction of required patient report documents and other important paperwork. Also, every attempt shall be made not to run anything other than paper through the shredders. Items such as staples, large or small paperclips, pencils, pens, cardboard, etc. may damage the machine and cause it to have to be repaired. This repair time will leave the affected station without a shredder and unable to comply with this section of the Operations Bulletin.

15001.06 Patient EMS Report Confidentiality and Distribution:

1. It is not appropriate to leave partially completed OR completed patient EMS reports or other pertinent Protected Health Information (PHI) in plain view of caregivers not associated with the patient or citizens who might enter the fire station unexpectedly.
2. It is not appropriate for any patient information, including; medical information, EKG strips, insurance information and financial information for billing purposes to be in plain view in the public areas within the fire stations.
3. In the event that the report originator is interrupted while completing a report, leave information or PHI or the report unattended, or re-locate to another area of the fire station, they shall secure the patient information so that it is not visible to non-caregivers (public citizens) should they enter the fire station.
 1. Patient protected health information shall be secured in such a manner that it cannot be viewed or handled during station tours or unexpected visits by the general public.
4. Once the patient EMS report is completed, it shall be placed in a location isolated from the view of all personnel and public visitors until it is reviewed by the Station Officer. Once the Station Officer has completed the report review and placed their initials in the corresponding "Reviewed By" location, the paper report and supporting documentation shall be secured until it is picked up by the Battalion Chief or their designee for delivery to the Administrative offices. This secured location shall be at the discretion of the station officers at each fire station.
5. Each shift Battalion Chief shall be responsible for picking up the completed EMS reports from their respective stations, reviewing them for completeness and delivering them to the appropriate location within the Seminole County Fire Department Administrative offices. The reports shall be handled in such a way as to prevent their viewing by non-authorized individuals. Only administrative staff personnel designated to handle the processing of these reports shall be approved to scrutinize and return the reports to the field for corrective action, if needed.

6. A secured and protected location within the Division's Administrative Offices shall be designated as the drop off point for all patient EMS reports. All administrative staff approved to handle and formally process these patient EMS reports shall also take the appropriate steps to protect the PHI from unauthorized viewing and copying. Constant awareness shall be taken to make sure that the patient's Protected Health Information stays secure and out of the public eye.



Title: Identity Theft Prevention, Detection and Mitigation Program

Controller: Operations

Origination Date: 05/21/09

Revision Date: 6/30/23

Approved by: _____

A handwritten signature in black ink, appearing to read "Mike W. K.", written over a horizontal line.

Effective Date: 7/10/2023

Purpose

This policy outlines the procedures that Seminole County Fire Department (SCFD) takes to comply with the requirements regarding the prevention, detection and mitigation of identity theft as set forth in the federal regulations known as the “Red Flag Rules,” as well as compliance with any and all local, state and federal rules to help prevent healthcare fraud and abuse.

History

In response to the alarming increase of identity theft, the U.S. Congress mandated in the Fair & Accurate Credit Transactions Act of 2003 that the Federal Trade Commission (FTC) develop rules for financial institutions and creditors regarding protection against identity theft. The proposed rules were published in November of 2007 under 16 C.F.R. § 681.2 with a mandatory compliance date of May 1, 2009.

Seminole County Fire Department as a billing transport agency is considered under these rules as a creditor by nature of providing EMS transport services and deferring payment after services are rendered. In addition, consumers being billed for receiving EMS services are also protected under the covered accounts portion of 16 C.F.R. § 681.2.

Procedure

15002.01 Definitions

1. Identity Theft – means a fraud attempted or committed using the identifying information from another person without authority. This includes “Medical Identity Theft”, or the theft of identity information for the purpose of obtaining medical services, such as the use of another person’s insurance card or number. Although medical identity theft may occur without the knowledge of the individual whose medical identity is stolen, in some cases the use of an individual’s medical identity may occur with the knowledge and complicity of that individual.
2. Creditor – An entity or agency that regularly extends credit to a consumer. This includes deferring payment for services until a later time. EMS agencies are considered creditors if they bill for services after such services are rendered or completed. It also includes instances where an agency accepts insurance payments but the consumer is ultimately responsible for the unpaid balance.
3. Covered Accounts – Includes any account use primarily for personal, family or household purposes that permit multiple payments or transactions. Covered accounts also mean any accounts that have a foreseeable risk of identity theft.

4. Red Flag – Means a pattern, practice or specific activity that indicates the possible existence of identity theft through a specific set of warning signs.
5. Identifying Information – Any information that may be used, alone or in conjunction with any other information, to identify a specific person.

15002.02 Risk Assessment

1. Upon initial implementation of the program and annually thereafter, the SCFD shall determine whether it maintains record of covered accounts. As part of that determination, SCFD shall conduct a risk assessment to determine whether it offers or maintains covered accounts carrying a foreseeable risk of identity theft reasonable protection as required under 16 C.F.R. § 681.2.
2. The risk assessment shall take into consideration the following:
 - a. The methods SCFD provides to open its accounts.
 - b. The methods used to access its accounts.
 - c. Its previous experiences with identity theft.

15002.03 Identification of Red Flags

1. To identify specific red flags relevant to SCFD operations, the department in conjunction with the billing company shall:
 - a. Review the examples of red flags listed under the Red Flag Rules regulation.
 - b. Incorporate red flags from sources such as changes in identity theft risks of which SCFD or the billing company becomes aware and applicable regulatory guidance.
 - c. The list of red flags below shall be updated annually.
2. The department shall review and be familiar with the most commonly known red flags leading to identity theft. These include:
 - a. A patient furnishes a driver's license, insurance card or other identifying information that appears to be altered or forged.
 - b. Photographs on the driver's license or other government issued photo ID submitted by the patient does not resemble the patient.
 - c. Information on one form of identification is inconsistent with other forms of identification, or with information previously recorded by the agency from other sources such as a consumer credit database.
 - d. The patient provides an insurance number but no insurance card.
 - e. The Social Security number (SSN) or other identifying information furnished by the patient is the same identifying information found on the agency's records provided by another patient.
 - f. The SSN furnished by a patient has not been issued, is listed on the Social Security Administration's Death Master File or is otherwise invalid. Examples of invalid SSN include:

- i. The first three digits are in the 800, 900 or 000 range, or in the 700 range above 772, or in the 666 sequence.
- ii. The fourth and fifth digits are 00.
- iii. The last four digits are 0000.
- g. The address given by the patient does not exist or is a post office box number, or is an address given by an unusually large number of other patients.
- h. The patient refuses to provide identifying information or documents.
- i. The patient's signature does not match the signature on an official identification or in the agency's records.
- j. A person contacts the agency or the billing company indicating that he or she has received an invoice, explanation of benefits or other document reflecting a transport that the person claims was never received.
- k. Mail correspondence is returned to the agency or the billing company despite continued activity associated with that mailing address.
- l. The agency or billing company receives a warning, alert or notification from a credit reporting agency, law enforcement or other credible source regarding a patient or their insurance information.
- m. The agency or the billing company has suffered a security breach, loss of unprotected data or unauthorized access to patients' information.
- n. An insurance provider denies coverage due to a lifetime benefit limit being reached or due to an excessive volume of services.
- o. A discrepancy exists between medical and demographic information obtained from the patient and the information found in a health facility's records.
- p. Attempts to access an account by persons who cannot provide authenticating information.

15002.04 Procedures for Identifying Red Flags:

- 1. All agency personnel will follow these procedures in order to detect possible identity theft:
 - a. The process of confirming a patient's identity should never delay or compromise the delivery of urgent or emergent patient care.
 - b. When a patient's condition permits the collection of demographic and insurance information, the medical transport crews shall request, in addition to an insurance card, a driver's license or other form of government issued personal identification. In the event the patient lacks such form of identification the medical transport crew shall:
 - i. Request another form of identification such as a credit card and/or;
 - ii. Ask a family member or other person at the scene who knows the patient to verify the patient's identity.

2. Billing personnel in the course of creating or processing claims and verifying the patient's information, shall be alert for the existence of any red flags as outlined in section 15002.03 (B) above.
3. Whenever billing personnel provide information on an account, make changes or updates to said account, they shall require the source individual to provide the social security number, full name, date of birth and address of record before making any changes or furnishing information. If the request is made in person, the individual must present a driver's license or other form of government issued photographic identification.
4. In the event that medical transport crews or billing personnel encounter a red flag, the existence of this red flag shall be brought to the attention of the individual's supervisor or the Program's Compliance Officer. All red flags shall be duly investigated and addressed, as appropriate, in accordance with the procedures set forth in 15002.05.

15002.05 Responding to Red Flags:

1. When a red flag is detected, the agency's personnel shall investigate the situation, as necessary, to determine whether there is a material risk that identity theft has occurred or whether there is a benign explanation for the red flag. The investigation shall be documented in accordance with the agency's reporting policy.
2. The Department's response shall be commensurate with the degree of risk posed by the red flag. In determining an appropriate response, the agency shall consider aggravating factors that may heighten the risk of identity theft, such as data security breaches resulting in unauthorized access to patients' records or notice that a patient has provided information related to the agency's account to someone fraudulently claiming to represent the provider or to a fraudulent website.
3. If the investigation reveals that an identity theft has occurred, the following steps shall be taken as appropriate:
 - a. Except in cases where there appears to be obvious complicity by the individual whose identity was used, promptly notify the victim of the identity theft, by certified mail, using the Identity Theft Patient Notice Letter developed by the agency (see attached). Notification of the victim may also be provided by telephone, followed by a certified letter.
 - b. Place an identity theft alert on all patient care reports and financial accounts that may have inaccurate information as a result of the identity theft.
 - c. Discontinue any billing on the account created for the person's transport services and/or close the account.
 - d. Reopen the account with appropriate modifications, including a new account number.
 - e. If a claim has been submitted to an insurance carrier or government program on behalf of the patient whose identity has been stolen, the agency shall notify

the payer, withdraw the claim and refund any charges previously collected from the payer and/or the patient.

- f. If the account has been referred to a collection agency or attorney, instruct the collection agency or attorney to cease collection activity.
- g. Notify the appropriate law enforcement agency and cooperate with their investigation.
- h. Request that the law enforcement agency notify any health facility to which the patient using the false identity has been transported regarding the identity theft.
- i. If an adverse report has been made to a consumer credit reporting agency regarding a patient whose identity has been stolen, notify the credit reporting agency that the account was not the responsibility of the individual.
- j. Correct the medical record of any patient of the agency whose identity was stolen, with the assistance from the patients as needed.
- k. If the circumstances indicate that there is no action that would prevent or mitigate the identity theft, no action needs to be taken.

15002.06 Investigation of Report by a Patient of Identity Theft:

1. If an individual claims to be a victim of identity theft (e.g., the individual claims to have received a bill for a transport he did not receive), SCFD or its billing company shall investigate the claim. Authentication of the claim shall require a copy of the police report and either of the following:
 - a. The Identity Theft Affidavit developed by the FTC and maintained by the billing company with the necessary supporting documentation.
 - b. An identification theft affidavit recognized under state law.
2. The agency's personnel shall review the foregoing documentation and any other information provided by the individual and shall make a determination as to whether the report of identity theft is credible.
3. The person filing the report shall be informed in writing of the agency's conclusion as to whether the agency finds the report credible.
4. If, following the investigation, it appears that the individual has been a victim of identity theft; the agency will take the appropriate actions as indicated in section 15002.05.
5. If, following the investigation, it appears the report of identity theft was not credible the individual shall be notified and the agency may continue billing on the account, upon approval of the program compliance officer.

15002.07 Administration of the Program:

1. The EMS Assistant Chief shall be designated as the Program Compliance Officer, responsible for the oversight, development and implementation of the program.
2. The agency shall train the affected staff as needed in order to implement the program.
3. All current employees shall be trained and newly hired personnel shall be trained in the program as part of the HIPAA training. Refresher training shall be made available and may be given to employees from time to time on an “as needed” basis.
4. The agency shall exercise appropriate and effective oversight of all procedures where employees’ duties include opening, monitoring or processing patient accounts, or performing other activities which place them in a position to prevent, detect or mitigate identity theft.
5. The billing company shall be required to execute an amendment or addendum to its service agreement which requires it to:
 - a. Implement a written identity theft program that meets the requirements of the Red Flag Rules.
 - b. Provide a copy of such program to the agency no later than May 1, 2009.
 - c. Provide copies of all material changes to such program on an annual basis.
 - d. Either report all red flags which it encounters to the agency, or take appropriate steps to prevent or mitigate the identity theft itself.
6. The Program Compliance Officer shall report to the Fire Chief on an annual basis on the compliance with the program.

15002.08 Annual Program Update:

1. The program shall be reviewed and updated on an annual basis. The update shall be completed taking into account the following:
 - a. The agency’s experiences with identity theft over the period since the last program revision.
 - b. Changes in methods of identity theft, or in methods to detect, prevent and mitigate identity theft.
 - c. Changes in the agency’s technology and operations, including any new electronic health record or financial software programs implemented since the last revision.
 - d. Changes in business arrangements of the agency, including but not limited to changes in its relationships with the billing company.

15002.09 Sample Identity Theft Letter:

DEPARTMENT OF PUBLIC SAFETY
EMS-FIRE-RESCUE DIVISION



[date]

Dear _____:

The Seminole County Fire Department has encountered evidence indicating that your name and other identifying information may have been used without your authorization in obtaining transport services from us on [date]. [Describe the facts and evidence leading Provider to believe the individual's identity may have been stolen.] The following sets forth the steps we have taken, and the measures we recommend you consider taking, in response to this situation.

Steps We Have Taken.

In addition to contacting you, we have taken the following steps in response to this situation [list as appropriate]:

- We have reported the situation to law enforcement [identify agency and officer].
- We have placed a hold on any billing on your account for the transport(s) in question.
- We have flagged and/or removed the parts of your medical and financial records that we believe contain erroneous information as a result of the unauthorized use of your name and identifying information.
- [Insert other relevant steps that have been taken.]

Steps You Should Consider:

To mitigate the potential harm to you arising from this incident, we suggest that you consider the following steps, as appropriate:

- Immediately notify one of the three major credit bureaus to inform them of the situation. Once one of the credit bureaus places a fraud alert on your account, the other agencies are notified. The numbers of these agencies are:
 1. Equifax 1-800-685-1111
 2. Experian 1-888-397-3742
 3. TransUnion Corp 1-800-680-7289

- Obtain copies of your credit reports and review them very carefully. Look for accounts you did not open, inquiries from creditors you did not initiate and personal identifying information that is not accurate.
- Carefully monitor invoices you receive for medical services and other goods or services to make sure they reflect authorized transactions. You should also carefully review all explanation of benefits (EOBs) and other insurance documentation you receive indicating that medical goods or services have been provided to you. You should promptly notify the providers shown on any such documentation regarding unauthorized transactions.
- Make sure your medical record is correct. The existence of inaccurate information in your medical record could jeopardize your health if it is relied upon in connection with care provided to you in the future. If you request a copy of your medical record from us in writing, we will provide you with a copy so that you can determine whether there is any erroneous or inaccurate information that may have resulted from this situation.
- File a police report regarding the identity theft. A copy of that report will be helpful to you in the event your identity as been used without authorization to purchase other goods or services.
- File a complaint with the Federal Trade Commission (FTC). That agency's contact information is: www.ftc.gov/idtheft/ or 1-877-ID-THEFT (877-438-4388). That will create a record of the identity theft that will be available to law enforcement personnel and others in connection with their investigations.

We hope the foregoing is helpful. If you have any questions, please do not hesitate to contact me at _____

Very truly yours,

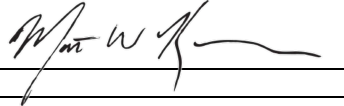


Title: Data Outlier Policy

Controller: Accreditation Manager

Origination Date: 06/01/2023

Revision Date:

Approved by: 

Effective Date: 8/7/2023

Purpose

To standardize data collection, analysis, and reporting for the Seminole County Fire Department (SCFD) in accordance with accepted industry standards and best practices. This policy establishes the thresholds to utilize when identifying what data shall be included or excluded when reporting call processing, turnout, travel, and response times.

In addition, depending on the agency of the requester, a different set of outliers may be excluded from the dataset to comply with the requester's reporting requirements and standards.

SCFD will utilize this policy for the following reporting requirements: Internal Monthly Statistical Report, Insurance Services Office (ISO), Commission on Fire Accreditation International (CFAI), Commission on Accreditation of Ambulance Services (CAAS), and National Fire Protection Association (NFPA) Standards.

History

The establishment of thresholds for call processing, turnout, travel, and response times is a matter of deciding which data are to be included in an analysis and which are to be excluded. It is not an exact science but rather an estimation that favors settling on measures of central tendency and round numbers.

SCFD has established a time sequence of lower and upper thresholds to flag outliers for exclusion from routine analysis. These outliers are data points that are far from the other data points (measures of central tendency) and thereby assumed to be abnormalities, not the norm. Outliers are generally investigated for their deviancy from the "normal".

Procedure

The upper threshold is the highest value included in any given analysis. All values that are above the established upper threshold will be excluded from analysis. All values equal to or lower than the upper threshold will be included down to the lower threshold, which is the lowest value to be included in the analysis. All values below the established lower threshold will be excluded from analysis.

When conducting time analysis in accordance with National Fire Protection Association (NFPA) Standard 1221 and NFPA Standard 1710, the following thresholds will be used for each category prior to calculating the 90th percentile. These thresholds will be used on

the initial dataset before any other measures or criteria are calculated, i.e. first unit on scene or effective response force (ERF).

Alarm Handling:	Lower: 0:00:00	Upper: 0:05:00
Turnout Time:	Lower: 0:00:00	Upper: 0:05:00
Travel Time 1st Unit:	Lower: 0:00:00	Upper: 0:15:00
Travel Time ERF:	Lower: 0:00:00	Upper: 0:15:00
Total Response Time 1st Unit:	Lower: 0:00:00	Upper: 0:25:00
Total Response Time ERF:	Lower: 0:00:00	Upper: 0:25:00

In addition to the thresholds, descriptive statistics will be calculated for each time category above to help identify trends, deviations, and/or any other additional outliers. This process helps validate the data while ensuring the Department does not exclude more than 5% of the initial dataset due to outliers/and or threshold values. Data points that fall outside this range are reviewed minimally monthly via the NFORS Outlier Dashboard to help create a quality assurance and improvement process. In addition, the outlier dashboard can be viewed daily and/or weekly by the accreditation manager, business analyst, CAD administrator, operations chief, and communications center manager.

In addition to the thresholds, different calls may be excluded from routine analysis that are pre-scheduled events i.e. community paramedicine, smoke detector installations and/or PR events.

References

Commission on Fire Accreditation International (CFAI)
Criterion 2C: Current Deployment and Performance