

General Orders of the Chiefs

Revised 01/07; 07/05; 02/05

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General Orders of the Chiefs

Revised 01/07; 07/05; 02/05

It is the policy of the Varna Volunteer Fire Company to encourage safe and effective behavior at all operations in which the Company may engage. The following General Orders of the Chiefs are designed to instruct members on appropriate behaviors, to mandate certain policies, and to provide general procedures for typical types of incidents. Additional recommendations for specific types of incidents are contained in the companion document "Recommendations for Incident Commanders and Vehicle Operators for Scene Management and Initial Incident Procedures."

The Company recognizes that every incident is unique. Moreover, the Company follows an Incident Command System wherein a senior officer may choose not to relieve a subordinate officer as Incident Commander, but may choose to fill a supporting role. This simply reflects an understanding that the time taken to transfer command is time lost to managing the incident, and that the development of junior officers requires experience in the command role.

Therefore, specific conditions are described under which the Incident Commander may order members to forego adherence to certain policies. Furthermore, should any part of these policies become a liability to the safety of personnel during an emergency incident, the Incident Commander is specifically authorized to suspend that portion of the General Orders. All other parts of the General Order affected, and all other General Orders shall remain in full effect.

In the event of such suspension of all or part of a General Order, a review committee comprised of the Chief Officers and the Incident Commander who suspended the Order shall examine and revise the Order to accommodate the circumstances surrounding the suspension.

These General Orders shall be reviewed annually by the Chiefs, or their designees, for applicability, scope, and effectiveness. Any changes must be accepted by the Chiefs, posted in the station, and/or distributed to the members. Even though this document is organized into discrete sections, it is intended to be used as a single document. Please read it thoroughly.

In the absence of a direct order from Incident Command, all Company policies remain in full effect. Failure to follow Company policy may result in disciplinary action up to and including dismissal from the company.

General Order # 1

Vehicle Response to Incidents

Amended January 2003, to clarify “4WD/chain mode,” re-define “emergency response,” and add provisions for driver training and testing. (1/20/2003)

Purpose:

- To specify who may drive VVFC vehicles to incidents and the safety procedures that must be followed. [Amended 9/28/04, to clarify ownership of vehicles]

Application:

- This policy applies to all persons of the fire company, no exceptions.

Enforcement:

- Violation of the provisions of the policy will be subject to review by the Chief, Incident Command, and other officers of the company. The intent of the review will be educational rather than punitive. However, driving privileges may be suspended as a result or pending such review, if the violation appears reckless, or resulted in harm to persons or property.

Qualified Drivers:

- Only personnel who have passed a drivers test AND who are posted and approved by the Chief as drivers for specific vehicles may drive those vehicles to an incident. Drivers between the ages of 18 and 21 may drive to alarms only if there are no qualified drivers over 21 available.
- An officer may request a non-driver to move or respond a vehicle if they feel that the person is capable of doing so safely.
- No-one, who is not qualified as a posted driver, should touch any 'status button,' or transmit any radio message that the truck is awaiting crew, nor in any other way suggest that the truck is ready to respond.
- Members who are qualified to drive 1942 or 1943 who are not EMTs or CFRs should pull the truck onto the apron and transmit via radio "1942 (or 1943) is awaiting crew."

- Members who are qualified to drive 1942 or 1943 who are not EMTs or CFRs, may respond the vehicle to EMS calls ONLY when they are responding with an EMT or CFR, or when they have been told by radio or phone that an EMT or CFR is en route to the scene and will arrive BEFORE the truck. If the truck arrives at scene before an EMT or CFR, the driver and crew are to wait until the arrival of the expected EMT or CFR before making patient contact.

Driving Safety Rules:

- No-one may drive any vehicle at any time while they are under the influence of alcohol, or any mind-altering drug, prescription or otherwise.
- At controlled intersections (stop signs, red lights, and yield signs) all vehicles, regardless of response mode, will not proceed until all lanes of traffic have been accounted for and right-of-way granted.
- All drivers will use good judgment and maintain control of their vehicle at all times. All drivers will exercise due regard for the safety of all persons.
- The driver and all passengers will be seated.
- The driver and all passengers will wear seat belts.
- No one will ride on the tailboard or running boards.
- Passengers may ride on top of the truck only when loading hose to place the truck back in service.

However, during this exception the following safety rules shall apply:

- a. The truck shall be under the direction of a safety officer who shall be in direct view of the driver and all passengers.
 - b. Truck speed shall not exceed 5 MPH.
- If road conditions warrant, trucks will respond in 4WD or with chains. Neither Incident Command nor any officer shall order a driver to respond without chains or 4WD if the driver judges that conditions warrant the precaution.

Emergency Response Mode:

- Emergency response mode shall be used only for those calls at which the following two conditions are both met:
 - a. A potential for serious injury, property damage, or loss of life exists which may be mitigated by the arrival and presence of the responding unit and personnel.
 - b. The prompt actions of the first arriving units MAY reduce the severity of injury, property damage, or save a life.
 - c. THE MODE OF RESPONSE FOR EMS CALLS ONLY SHALL CONFORM WITH COUNTY EMD RESPONSE UNLESS DIRECTED OTHERWISE BY A RESPONDING CHIEF OR EMT BY CONTACTING DISPATCH FOR THE CALL UPGRADE

- All other types of calls, as typically dispatched, lack sufficient information to determine the severity of the situation, and therefore contain the potential for serious injury, etc.

- Therefore, all vehicles will respond to all types of calls in emergency mode unless told otherwise by Fire control (Dispatch), Incident Command, a responding officer to other locations for mutual aid “standby”, or at the discretion of the driver, with due consideration for the nature of the call.

- Vehicles responding in emergency response mode shall respond with all headlights, warning lights and siren on. The siren may be turned off to listen to radio traffic, or to listen for other emergency vehicles.

- While the siren is off, the vehicle must be operated in accordance with all applicable motor vehicle laws.

- Both lights and siren must be used to exercise the privileges set forth in Sect. 1104 of the NYS Vehicle and Traffic Law. These privileges must be exercised only when deemed necessary by the driver of the vehicle and at all times when in emergency mode. However, lights and siren will not excuse any driver from the consequences of reckless disregard for the safety of others.

- The siren must be sounding at least 300 feet before an intersection, and should be changed to 'yelp' mode 150 feet before the intersection.

- At all controlled intersections, all vehicles will not proceed until all lanes of traffic have been accounted for and right-of-way granted.

Driver Training And Testing:

- A qualified driver of a vehicle may allow a non-qualified driver, who is a department member, to drive that vehicle for training purposes at any time other than responding to an incident. Driver training should include familiarization with the Varna Fire District, along

with exercises to practice vehicle maneuvering. Practice should be done within the Varna District.

- Driver testing shall be done by the Captain of the vehicle, or by a designee of the Chief. Since the Chief is the final judge of all driver tests, he should not be involved in the administering of the test. Upon successful completion, the test results will be submitted to the Chief for evaluation and approval. With the Chief's consent, the candidate will be added to the current driver operator list for that vehicle.

- Utility Call 1941, 1901
“Service call” -- Tree or Wires down
- Hazardous Condition 1941 1901 1943
- Explosion/no fire 1901 1943 1942
(includes outside spill)

Mutual Aid:

Mutual Aid to AIRPORT 1901 1943

- All personnel shall report to station to man trucks and await assignments.

Mutual Aid Request for engine to stand by in station

1901 1921

- All members respond to our station.
- Station OIC will detail members for response
MAOIC in POV

Mutual Aid (Other): Per request of host agency

General Order #3 Vehicle, Facility, and Equipment Maintenance

Purpose:

- To ensure that Varna vehicles, facilities, and equipment remain safe and functional.

Application:

- This policy applies to all members of the fire department, no exceptions.

Vehicles and Equipment:

- The Varna Volunteer Fire Company will make every effort to see that all vehicles comply with state motor vehicle laws to which they are not specifically exempted. All vehicles will receive an annual NYS vehicle inspection. All vehicles will have the LOF changed and filters replaced every 12 months. 1942 and 1941 will have the tires rotated ANNUALLY. ALL VEHICLES WILL HAVE NYS INSPECTION AND MAINTAINANCE DONE ANNUALLY.
- Each week members will complete a "truck check" for each vehicle and specific equipment. The results of that check will be recorded on a "truck check sheet, DEVELOPED BY THE TRUCK'S CAPTAIN." Every piece of equipment shall be tested at least once per month. SCBA monthly checks shall be logged in the SCBA logbook VERIFIED BY THE TRUCK CAPTAIN. All SCBA bottle fills shall be logged in the "bottle log" in 1943's cascade compartment.
- Should 1942 be found to be out of service due to problems associated with the vehicle or inadequacies in medical supplies, an out of service sticker will be placed on the vehicle and 1942 will be taken temporarily out of service. Dispatch will be notified if any vehicle is out of service.
- During the weekly truck check, medical kits will be checked for completeness and readiness. Manual defibrillators will be checked for charging and basic self-test function. All defibrillators will receive annual calibration / service checks. Suction units will be tested for charge and function. Oxygen bottles will be checked for pressure and regulator function monthly. Repairs and maintenance performed on equipment will be documented.

- After each call, it shall be the responsibility of the driver and crew to see that each vehicle is placed back in service. Captains shall see that their vehicle is back in proper service as soon as possible after a call. Any safety or maintenance problems with the vehicle or equipment must be immediately brought to the attention of the Truck Captain or a Chief Officer.

Facility

- The Varna Volunteer Fire Company will make every effort to maintain the fire station in compliance with local, state, and federal codes, as they apply to health, safety, and fire protection.
- Specific storage areas for EMS supplies and personal protective equipment shall be supplied separate from household or other chemicals. These specific areas shall minimize exposure to dust and other contaminants including, but not limited to, truck exhaust.
- A separate and specific storage area shall be supplied for biological waste (latex gloves, soiled linens, or other disposables) that minimizes exposure of personnel to these items. [See infection control policy for additional details.]

General Order # 4

Special EMS Patient Care Situations

Purpose:

- To provide direction to Varna personnel in special circumstances that may arise during EMS calls.

Application:

- This policy applies to all persons of the fire department. It is expected that good judgment and proper patient care protocols shall prevail at all times. This Order does not supersede state protocols.

Responsibilities of EMS Personnel When:

- Patient cannot be located:
 - a. Every effort shall be made to locate the patient. Search diligently.
 - b. Call dispatch and verify address or location.
 - c. Have dispatch use call-back number (if available) to re-call reporting person and get further instructions or information.
 - d. Request law enforcement assistance in locating patient.
 - e. Document inability to locate patient and steps taken to do so on PCR.

- Entry cannot be gained to patient/victim/scene:
 - a. Try all doors and windows. Look for spare keys.
 - b. Contact Dispatch to see if there is an emergency contact or key-holder living nearby.
 - c. Talk to neighbors about patient's presence or absence from the residence.
 - d. Request law enforcement response and request permission from them to gain access. It is best if a law enforcement officer is on-scene when we make entry, but do not delay patient access and care. Relay all actions taken to the responding officer via dispatch.
 - e. Survey residence for signs of victim's presence and medical status.
 - f. If survey or dispatch indicates a potential life threatening illness, permission to enter may be assumed. Use good judgment and make the decision to enter in "good faith."
 - g. The least intrusive, most repairable method of entry should be used. Usually this will be using the K-tool to OR HYDRO-RAM remove the lock; however, do not delay entry just to avoid breaking a window.
 - h. Document actions taken on the PCR (as this constitutes a delay in initiating patient care).

- i. Fires are immediately dangerous to life and health and highly destructive of property. Entry must be made in the most rapid, expedient method available. (That is the fire will do far more damage while you look for a key than you will do breaking a window or forcing a door).

Patient judged to be in need of medical assistance refused treatment and/or transport:

- Any competent adult has the right to refuse all or any part of treatment or transport offered. Such refusal must be documented on the PCR (see below).
- If a patient's situation is, or potentially will become, life threatening and he/she refuses treatment and/or transport, have law enforcement respond to the scene for possible use of protective custody law.
 - a. EMS personnel do not have the authority to deem a patient incompetent, even if the situation or the patient's behavior seems to suggest unhealthy decision-making.
 - b. Medical control should be contacted for advice. Medical control, EMS, and Law Enforcement together should decide the best course of action for the patient's health and well-being.
 - c. If the patient is taken into protective custody, document the decision and reasons on the PCR.
- If the patient refuses treatment or transport.
 - a. Explain in simple terms the potential injury or illness and the potential problems that may arise as a result. Give the patient a REMAC Universal Instruction Form. Be reasonably sure the patient understands this information.
 - b. Encourage the patient to seek further medical evaluation and treatment, especially if problems arise.
 - c. A full basic assessment (including vitals) should be done whenever possible, if the patient will consent to this.
 - d. Proper documentation includes all of the above items recorded on the PCR and the patient refusal form.
 - e. The patient shall be requested to sign the refusal consent on the back of the original copy of the PCR (white copy). Circle whether they are refusing treatment or transport. However, the patient has the right to refuse to sign. Note this refusal on the PCR. Whenever possible get a witness (of signature only), who is not a family member or EMS personnel, to counter-sign the PCR. The same information should be recorded on the patient refusal form.

Treatment of minors:

- Minors (under age 18) will be treated in emergency situations under the legal doctrine of implied consent if parents or guardians are absent or incapacitated. NOTE: Minors who are conscious and alert have the right to refuse treatment (See #4 below).

- An EMS person or EMS personnel will be assigned to locate the parent or guardian via dispatch, telephone, or door to door, as appropriate. Law Enforcement should be requested to assist the search. Verbal permission to treat the minor should be secured over the phone if possible.
- If a parent or guardian can not be found before the minor is transported, EMS personnel shall remain on scene with law enforcement until the parent or guardian is found.
 - a. The parent or guardian must be advised to proceed to the receiving hospital.
 - b. Medical control should be notified and advised of the minor's condition and absence of the parent.
- If the minor is refusing treatment or transport, Law Enforcement shall be called to the scene (for possible protective custody).
 - a. Medical control should be contacted for advice. Medical control, EMS, and Law Enforcement together should decide the best course of action for the patient's health and well-being.
 - b. If the patient is taken into protective custody, document the decision and reasons on the PCR.

Criminal Activity is suspected:

- The safety of EMS personnel is our collective and individual first priority. If the scene is not safe, leave the scene, and request law enforcement. If Dispatch has sent law enforcement with the initial response, wait for them to secure the scene before approaching.
- Have Dispatch request a Sheriff's Deputy or State Police Officer to the scene, if this has not already been done. Emphasize the urgency of the need as appropriate. Report your suspicions and observations to the arriving law enforcement officers.
- Carry out proper patient care if safe to do so. Treat the patient for injuries or illness and collect pertinent medical history. Do not "interrogate" the patient with regard to the suspected criminal activity.
- Do not attempt to restrain any patient. Law enforcement personnel may do so, and then turn them over to you for medical care. Restraints should not be removed from violent or combative patients even to treat injuries.
- EMS personnel are not authorized to "search" a patient for illegal substances or weapons. Law enforcement personnel should be requested to search patients for weapons if any are suspected. If unknown substances are noted, they should be noted on the PCR. Documentation on the PCR should include an objective description of the nature and

amount of the substance and its disposition. Do not identify the substance by name, you do not have the expertise to do so.

Rape or Sexual Assault Victim:

- The safety of EMS personnel is our collective and individual first priority. If the scene is not safe, leave the scene, and request law enforcement. If Dispatch has sent law enforcement with the initial response, wait for them to secure the scene before approaching.
- Save all clothing and any other article from the victim in a clean biohazard bag. One person should be in charge of the bag. The bag should be labeled with the date, time, patient's name, and the name of the person handling the bag. If possible a log should be kept of everything placed in the bag. After all items have been collected, the bag should be sealed with tape and handed directly to the investigating officer.
- Do not wash or "clean up" the victim, or permit them to do so themselves, other than what is necessary to treat injuries.
- Document any statements by the victim as "The patient states...." as well as any scene observations and all evidence turned over to law enforcement on the PCR or on Continuation form.

Suspected Child Abuse:

- The safety of EMS personnel is our collective and individual first priority. If the scene is not safe, leave the scene, and request law enforcement. If Dispatch has sent law enforcement with the initial response, wait for them to secure the scene before approaching.
- Treat life-threatening injuries on scene. All other assessment and treatment should be carried out with the child isolated and protected in the ambulance.
- Refusal of child treatment and/or transport by a parent in situations of suspected child abuse must be referred immediately to the ranking law enforcement officer on scene. Law Enforcement may take the child into protective custody and have EMS treat and transport under that authority.
- All EMTs are required to report instances of suspected child abuse. Reporting of child abuse cannot be transferred with care. One EMT from Varna Volunteer Fire Company who was present on the call should be selected to report the incident.

- All incidents should be reported immediately, an oral report should be given to NYS Child Abuse and Maltreatment (contact number 1-800-653-1522). A written report, form DSS-2221-A, must also be filed with Child Protective Services within 48 hours of the incident.

Suspected Patient/Elder Abuse:

- The safety of EMS personnel is our collective and individual first priority. If the scene is not safe, leave the scene, and request law enforcement. If Dispatch has sent law enforcement with the initial response, wait for them to secure the scene before approaching.
- EMS personnel may not make any determination of mental incapacity, regardless of the statements of others. Dependent patients or the elderly may be at risk for neglect or abuse, either by caregivers or by their own inability to carry out activities of daily life. Such patients may exhibit many physical and mental symptoms of neglect, abuse, or simply age, including difficulty speaking clearly or loudly.
- The patient is the best source of information about the patient. All adults are assumed to be competent until declared otherwise by a court order. In the absence of such an order patients speak for themselves, whenever possible, regardless of apparent mental status, or difficulty understanding them.
- Be alert for statements or other indications of potential abuse or neglect, including excessively bad hygiene, unsanitary living conditions, lack of heat, food, water, etc. Record these as part of your objective description of the scene on the PCR or continuation form.
- If the patient or caregiver refuses treatment or transportation, law enforcement should be requested to the scene. The law enforcement officer may take the patient into protective custody and have EMS treat and transport under that authority.
- Decisions not to transport the patient will be reviewed by the EMS person in charge of the scene, the EMS Chief, and Medical Control. "Good Faith" suspicions of abuse may be called into Adult Protective Services by the EMS Chief or other officer in consultation with the responding members.
- Information about the patient's situation shall be reported to the Ambulance crew and the Emergency Room staff in factual and objective terms, pertinent to scene survey, patient statements, mechanism of injury, and patient assessment. At no time, either verbally or via documentation, shall EMS personnel make a "statement of fact" about patient or elder abuse.

Suspected Domestic Violence:

- The safety of EMS personnel is our collective and individual first priority. If the scene is not safe, leave the scene, and request law enforcement. If Dispatch has sent law enforcement with the initial response, wait for them to secure the scene before approaching.
- Treat life-threatening injuries on scene. All other assessment and treatment should be carried out with the patient isolated and protected in the ambulance. Do not "interrogate" the patient about the suspected abuse. Any information volunteered by the patient should be recorded on the PCR or Continuation form as objective statements ("The patient states _____")
- Taking the patient from the scene in situations of suspected domestic violence may not be possible; the other member(s) in the household may resist transport. Such situations must be referred immediately to the law enforcement officer on scene. Law Enforcement may take the patient into protective custody and have EMS treat and transport under that authority.
- Decisions not to transport the patient will be reviewed by the EMS person in charge of the scene, the EMS Chief, and Medical Control. Business cards for the Tompkins County Task Force for Battered Women can be found in the glove compartment of the rescue trucks. A card may be offered to a female patient if she seems receptive to such support. The Emergency Room staff is mandated to follow-up with information on support resources.
- Information about the patient's situation shall be reported to the Ambulance crew and the Emergency Room staff in factual and objective terms, pertinent to scene survey, patient statements, mechanism of injury, and patient assessment. At no time, either verbally or via documentation, shall EMS personnel make a "statement of fact" about Domestic Violence.

Patients with Behavioral and/or Psychiatric Problems (including overdoses):

- The safety of EMS personnel is our collective and individual first priority. If the scene is not safe, leave the scene, and request law enforcement. If Dispatch has sent law enforcement with the initial response, wait for them to secure the scene before approaching. Law enforcement must be present before patient contact for all voluntary and involuntary mental health transports.
- Do not attempt to restrain the patient unless it is safe to do so and you are ordered to by law enforcement or medical control. Law enforcement personnel may choose to restrain the patient, and then turn them over for medical care. Restraints should not be removed

from violent or combative patients even to treat injuries, unless absolutely necessary to treat life threatening conditions.

- EMS personnel are not authorized to "search" a patient for illegal substances or weapons. Law enforcement personnel should be requested to search patients for weapons if any are suspected. No violent or combative patients should be placed in the ambulance without assurance that no weapons are on the patient.
- EMS personnel are not therapists. Listen to the medical history and attend to the medical needs of the patient. Make no judgments or assumptions. Document any pertinent statements by the patient on the PCR as "The patient states _____."
- If the patient refuses treatment or transport (especially with [possible] overdoses) immediately consult medical control and law enforcement for assistance in handling the patient.

Situations of Unattended Death:

- Call for law enforcement immediately. Consider the scene as a potential crime scene until law enforcement and/or medical examiner deems otherwise.
- Limit access to one advanced level EMT and preserve the scene as found.
- If death seems obvious and non-resuscitative in nature, contact Medical Control for a secure order. Record an EKG of asystole in at least 2 different leads in an appropriate heart monitor.
 - a. All regulations regarding DNR orders, CPR, and State Protocol shall be followed in making the decision not to initiate resuscitation.
 - b. Document the time of the secure order and the physician ordering it on the PCR.
- The medical examiner must be notified by law enforcement or by EMS.
- Provide emotional support to the family if present. Remain with them, or arrange for a friend to remain with them until the funeral director removes the body. Do not leave them alone with the body.
- Place the rescue truck back in service even if it remains on scene. The truck will respond if another call is received.
- Document all pertinent observations, agencies involved, and actions taken by EMS personnel. The PCR with the secure order must be taken to the Emergency Room for the

ordering physician's signature. The EKG strips must be attached to the original PCR copy (white copy).

Situations of Required Reporting:

- The Chief Officer will report to the NYS Department of Health's Area Office via telephone by the next business day, and in writing within 5 business days any of the following occurrences:
 - a. a patient dies, is injured, or otherwise harmed due to actions of commission or omission by a member of the Company
 - b. An EMS response vehicle operated by the company is involved in a motor vehicle crash in which a patient or other person is killed or injured to the extent of requiring (additional) hospitalization or care by a physician
 - c. EMS personnel are killed, or injured while on duty to the extent of requiring hospitalization or care by a physician
 - d. Patient care equipment fails while in use, causing patient harm;
All vehicle and equipment failures that could have, but did not cause patient harm, and the corrective action taken, shall be recorded in a form approved by the DOH and submitted with the Company's biennial recertification application.
 - e. It is alleged that a member has responded to an incident or treated a patient while under the influence of alcohol or drugs.
 - f. Suspected child abuse (see suspected child abuse section). Child abuse should be reported to NYS Child Abuse and Maltreatment and Child Protective Services and must be reported by any EMT in the department as all NYS EMTs are now mandated reporters.

General Order # 5

Advanced Life Support First Response Policy

Purpose:

- To specifically state those policies required to conform to New York State Department of Health Policy Statement 95-03, Dated August 1, 1995.

Some specific policies are already well stated within the Company Bylaws, Rules and Regulations, and General Orders. For the sake of brevity, reference shall be made to these policies wherever possible.

Application:

- This policy applies to the rescue equipment and EMS personnel of the company. It shall also apply to firefighting personnel operating at an EMS call as drivers, fire police, etc.

Staffing Pattern and Level of Care:

- Qualified drivers of the ALSFR vehicle who must pass the station to get to the incident address are to respond to the station to drive the truck unless notified by dispatch or the vehicle driver that the truck is in route. Personnel who are not qualified drivers may respond to the station or the scene depending on proximity and good judgment. The ALS rescue vehicle will respond at the EMT-Critical Care level whenever possible and at the highest EMT level available at all other times. When ALS care is needed the highest certified advanced EMT available shall be attending the patient.
- If an advanced EMT is not available and the patient's situation warrants ALS care, the incident commander will determine that at least an advanced EMT is en route with Dryden Ambulance. If Dryden cannot supply this level of care, a fly car shall be requested from Bang's Ambulance.
- Dryden Ambulance, by contract with the Town of Dryden, is our primary transporting agency. Bang's ambulance is our secondary transporting agency through the county mutual aid agreement.
- Varna Personnel may provide ALS care only at a level and in a manner authorized by ALS protocols (REMAC) and medical control.

Vehicle Configuration, Type, and Use:

- The ALS rescue vehicle shall be a rescue or fire vehicle properly constructed according to applicable local, state, and national standards. Adequate compartment space shall be provided for all equipment listed later in this policy. It shall respond to all EMS calls for which the Company is alerted, unless it has been removed from service for repairs. If the vehicle is temporarily out of service, a suitable replacement vehicle shall be placed in temporary service as the ALSFR rescue.
- All vehicles designated as a principal ALSFR vehicle will be reported to the NYS Dept. Of Health.
- All principal ALSFR vehicles shall display a valid Dept. of Health certificate of inspection.
- All ALSFR vehicles shall be maintained in compliance with all applicable federal or state agencies (DMV, DOT, etc.) registration requirements.
- All ALSFR vehicles shall have an appropriate state or federal safety inspection certificate.
- When a principal ALSFR vehicle is permanently removed from service the Company will notify the NYS Dept. of Health in writing and will remove the DOH certificate of inspection.
- All ALSFR vehicles shall display on the exterior of both sides of the vehicle the name of the service in clearly readable letters not less than 3 inches in height.
- All ALSFR vehicles shall be equipped with the minimum equipment set forth in this policy.
- All ALSFR vehicles shall be operated by members holding valid driver's licenses who are older than 18 years of age, and who have passed a Company and vehicle specific training program and driver's exam. Members in training may respond the vehicle if ordered to do so by a responding officer.
- All ALSFR vehicles, materials, equipment, records, procedures, and facilities shall be open and available to inspection by NYS Dept. of Health personnel.

Access, Safeguarding, Security, and Secure Storage of ALS Equipment and Supplies:

- When not in use the ALSFR vehicle will be housed in a locked, heated station. All drugs, IV fluids, and needles shall be kept in a locked compartment on the ALSFR vehicle. Keys shall not be kept near the locked compartment, but shall either be issued to each EMS member authorized to use the ALS supplies (EMT-I, EMT-CC, or Paramedic) or shall be kept in the cab. Only those authorized to administer the drugs or IV fluids may access these ALS supplies, or may assign others access to them. If ALS supplies are removed from the locked compartment they will either be in the immediate presence of the Company personnel using them, or an individual will be assigned to safeguard them.
- The Company will maintain adequate, secure, and safe storage facilities for all equipment, supplies, and oxygen. All equipment and supplies will be maintained in a clean and sanitary condition. All equipment and supplies will be secured and protected from environmental extremes.
- The Company shall provide separate storage for soiled supplies and waste. The Company shall arrange for proper disposal of such waste in accordance with applicable requirements.

Dispatch, Ambulance, Ambulance and ALS (On-Line Medical Control) Communications:

- Communications with Tompkins County Emergency Dispatch, the ambulance or medical control shall be via mobile or portable radio over the county's UHF radio system using preassigned frequencies, or using frequencies assigned at the time of the incident. In addition the ALSFR vehicle shall be equipped with a cellular phone with which ALS personnel may contact either dispatch or medical control.
- ALS Protocols and On-Line Medical Control: ALS practices will conform to those protocols established by the Central New York EMS (REMAC). All ALS providers will receive on-line medical control by Cayuga Medical Center ("at Ithaca") On-Line Emergency Room Physician.

Record Keeping:

- The Company will maintain for all personnel current and accurate files showing qualifications, training, and certifications. The company will maintain a second, separate set of files containing current health and immunization records for all personnel. The infection control officer shall maintain health and immunization records. Information in these files shall be reviewed at least annually. Access to these files shall be limited to authorized personnel including the Infection Control Officer and the Chief.

- The Company shall maintain a record of each EMS call by filling out a Pre-Hospital Care Report to the fullest extent possible under the conditions of the call. Minimum acceptable information includes demographic information, Chief Complaint and one complete set of vital signs.

Operation within Primary Response district:

- The Company shall operate only within the boundaries of its primary response district, as assigned by our Articles of Incorporation, the Town of Dryden, and the Tompkins County Coordinator's Office, except if responding to a request for mutual aid in accordance with the Tompkins County Mutual Aid Plan or by approval of the NYS DOH and CNY Emergency Medical Services (REMAC) for up to 60 days if the expansion of territory is necessary to meet an emergency need.
- The Company also has access to additional ALSFR vehicles and personnel, and additional ambulances through the County Mutual Aid Plan. The Incident Commander at any scene has the authority to request mutual aid based on the level of care needed, number of patients, or any other circumstances which may require additional resources. The nearest available agency with the appropriate level of care should be requested.

Coverage when unable to respond:

- The Company subscribes to the County Plan for call receipt interval and automatic aid dispatch. If the Company receives 3 activations (approximately 8 minutes) after call receipt in Dispatch and an ALSFR vehicle has not yet responded, dispatch is authorized to automatically dispatch the next nearest ALS agency, or to pass the decision to Dryden Ambulance based on patient needs. Dispatch protocols are determined by the County Coordinator and are recorded in the Coordinator's Office.
- If a Varna Officer (or member) is available they will be Incident Commander and as such shall have the authority to request specific mutual aid at any time after initial activation based on the dispatch information and available staffing.
- If the Company is already at a call and receives a second EMS call in the district, the IC will either release the rescue unit to the second call, or will request appropriate mutual aid.

Minimum Qualifications and Job Descriptions:

The following statements are taken from our organizational documents:

- From our Bylaws: Article III, Section A: Emergency Medical Service: "Members participating in this category respond when called to situations requiring rescue, extrication and/or emergency medical care..."
- From our Rules and Regulations: Part B: Emergency Medical Service: " The activities of EMS membership include, but are not limited to:
 - a. Maintaining the rescue equipment and vehicle in a state of readiness.
 - b. Responding when called to situations requiring rescue, extrication and/or emergency medical care.
 - c. Driving an emergency vehicle safely to the emergency scene and setting up or making available the necessary equipment.
 - d. Assessing the patient(s) and providing the appropriate basic life support or other emergency care.
 - e. If indicated, calling for advanced life support or for helicopter transport to a trauma center or other specialized emergency medical facility.
 - f. Assisting to secure a helicopter landing zone, if required.
 - g. In cases of entrapment or entanglement, extricating the patient.
 - h. Stabilizing the patient for transport.
 - i. Transferring the patient to the ambulance for transport to the hospital.
 - j. If necessary, accompanying the ambulance to the hospital to provide the necessary care en route and to communicate patient information to the emergency room staff."
- From our Rules and Regulations: Part C: Competence Levels: "Requirements for Active EMS Membership
 - a. Must be a Certified First Responder, an Emergency Medical Technician, and/or a qualified driver/operator of the rescue vehicle and have first aid and CPR training.
 - b. Satisfactory performance on the VVFC EMS Membership Exam."
- All members are encouraged to have an annual physical either by their own physician or by one designated by the Company. This physical should indicate that the members are essentially healthy and suited for the rigors of Emergency Service. All members are encouraged to be properly vaccinated against Hepatitis B and common childhood diseases. The records shall be reviewed at least annually.
- Further information about health and immunization can be found in General Order #6 "Infection Control Policy."

Preventive Maintenance:

- Preventive maintenance for all vehicles and equipment is specified in General Order #3 "Vehicle, Facility, and Equipment Maintenance" and in the truck check sheets, which accompany each vehicle.

Cleaning and Decontamination:

- Procedures are described in General Order #6 "Infection Control Policy."

Required Reporting and Responsibilities:

- General Order #4 "Special EMS Patient Care Situations" delineates policies regarding the responsibilities of patient care providers when:
 - a. A patient cannot be located
 - b. Entry cannot be gained
 - c. Patient judged to need assistance refuses aid
 - d. Patient is a minor
 - e. Patients have reported psychiatric problems
 - f. Confronted with an unattended death
 - g. Criminal activity is suspected
 - h. Child abuse is suspected
 - i. Patient or elder abuse is suspected
 - j. Domestic violence is suspected
 - k. An incident occurs which caused patient harm while in the care of the ALSFR agency
 - l. Patient care equipment fails which could have resulted in patient harm
- A copy of this General Order is kept in the ALSFR vehicle for handy reference.

Infection Control:

- Procedures are detailed in General Order #6 "Infection Control Policy."

Hazardous Materials Incidents:

- Varna Personnel follow the "Varna Volunteer Fire Company Hazardous Material Response Plan." Specifically, personnel are not generally trained for remediation of hazardous materials incidents. They will provide "cold-zone" support in most cases. Varna EMS members shall render care ONLY to properly decontaminated patients, UNLESS they have and are trained to use personal protective equipment that will prevent exposure to the specific hazardous material during treatment.

Multiple Casualty Incidents:

- We do participate in the Tompkins County MCI plan and participate in their tri-annual airport disaster drill. In the event that we are first on the scene of an MCI, the first EMS member in will begin triage of patients and will serve as incident command until relieved. This "triage officer" will not initiate patient care unless immediate action is necessary to preserve life. Next arriving members will take over incident command, request appropriate mutual aid, and assign appropriate level caregivers to patients according to established medical protocol.

Mandatory Equipment:

- The ALSFR vehicle shall carry the following minimum equipment and supplies:
 - a. 12 sterile 4 x 4 gauze pads
 - b. 2 rolls of adhesive tape, assorted sizes
 - c. 6 rolls of conforming gauze
 - d. 2 universal dressings, minimum 10 x 30 inches
 - e. 6 sterile dressings 5 x 9 (minimum size)
 - f. 1 pair of bandage shears
 - g. 6 triangular bandages
 - h. 1 container of sterile saline (1/2 L minimum) within the manufacturer's expiration date
 - i. 1 air-occlusive dressing
 - j. 1 liquid glucose or equivalent
 - k. 1 disposable sterile burn sheet
 - l. 1 emergency childbirth kit, with sterile supplies
 - m. Blood pressure cuffs in adult and pediatric sizes
 - n. 1 stethoscope
 - o. Rigid extrication collars capable of limiting movement of the cervical spine in pediatric, small, medium and large adult sizes
 - p. 1 carrying case for essential equipment and supplies
 - q. 1 set or personal protective mask and goggles for each member of the crew
 - r. 4 pairs of disposable gloves in two sizes
 - s. 1 pen light or flashlight
 - t. 1 blanket

- u. Portable oxygen with a minimum 360 Liter capacity with pressure gauge, regulator and flow meter (medical "D" size or larger) and one spare cylinder. The oxygen cylinders must contain a minimum of 2,000 PSI between them and each must contain at least 500 PSI.
 - v. Manually operated self-refilling bag valve mask ventilation devices in pediatric and adult sizes, each with a system capable of operating with oxygen enrichment and, as appropriate, two sizes each of clear adult and pediatric masks with air cushion.
 - w. 6 oropharyngeal airways, one each in a range of sizes child through adult, packaged so as to be individually identifiable and maintained sanitary.
 - x. 2 each, disposable non-rebreather oxygen masks, and disposable nasal cannulae, individually wrapped.
 - y. 1 each, disposable pediatric non-rebreather mask and nasal cannula
 - z. Portable electric suction equipment capable, according to the manufacturers specifications, of producing a vacuum of over 300 mm Hg when the suction tube is clamped; and including one wrapped plastic Yankauer pharyngeal suction tip, one 8 French catheter, and one pediatric suction device.
 - aa. Two way voice communications by radio or equivalent device enabling direct, reliable communication with the ALSFR service dispatcher, the responding ambulance, and as required, on-line medical control throughout the duration of the call.
 - bb. 6 flares or 3 DOT cones
 - cc. 1 battery lantern in operable condition
 - dd. 1 fire extinguisher rated 10BC
- The following are provided subject to approval and definition of medical control:
 - a. Fluid administration equipment and supplies
 - b. Airway management equipment and supplies
 - c. A defibrillator and supplies
 - d. Medication administration equipment and supplies
 - e. Other equipment and supplies to provide ALS care as authorized by local, regional, and state authorities.

General Order #6

Health Safety and Infection Control Policy

Purpose:

- The purpose of this policy is to provide a comprehensive infection control system that maximizes protection against communicable diseases for all VVFC members and for the public that they serve.
- This order restates our OSHA/PESH infection control procedures in (somewhat) simplified form.

Application:

- This policy applies to the rescue equipment and EMS personnel of the company. It shall also apply to firefighting personnel operating at an EMS call as drivers, fire police, etc.

Training:

- All members shall be offered annual training on both blood borne pathogens and airborne pathogens at least annually.

Vaccinations and testing:

- Since a number of studies have shown that prehospital care workers are at increased risk for acquiring hepatitis B infection, OSHA/PESH has mandated all personnel who are reasonably anticipated to have contact with blood or other potentially infectious materials be immunized against the hepatitis B virus (HBV). The Varna Volunteer Fire Company shall provide all members the opportunity to participate in such an immunization program, free of charge to the member, through the Tompkins County Health Department (TCHD) and Company sponsored clinics. Hepatitis B titers will also be performed annually through Company sponsored clinics. Reimbursement up to the TCHD or Company cost will be provided for hepatitis B vaccine series and hepatitis B titers.
- In addition, it is the policy of the Company to provide requested specific immunizations through the TCHD and Company sponsored clinics. They are tetanus every 7 years and influenza (flu shot) every year. The Company will also pay for annual requested PPD testing for all EMTs and EMS personnel. Reimbursement up to the TCHD cost will be provided for above vaccines and PPD testing obtained recently through other sources, after bill has been provided to the Treasurer and vaccine /test record given to the

Infection Control Officer. The NYS Department of Health and the NFPA recommend that each member have adequate immunity to, diphtheria, rubella, measles, polio, and mumps. Since these vaccines should have been obtained during childhood, it is not the policy of this company to provide for them for its members. Rabies vaccination is also not a required vaccine, but is useful in our profession. If a member needs these vaccines he/she may request payment for them from the Board or use his/her incentive money for such.

Physicals (added 9/28/04):

- It is the policy of the Company to provide physicals for all members responding to calls.
- There are two types of physicals, exterior and interior.
 - a. The exterior physical is required of all personnel responding to fire, EMS and fire police calls. The exterior physical shall provide a cardio-pulmonary exam, neurological exam, blood pressure, pulse rate with mini-stress and cardiac recovery, vision for distance and color acuity, urine screen for blood-protein-sugar, height and weight, hearing test and MAST fit test. The MAST fit test may not be available at most doctors' offices and can be done by the Chief or other MAST fit tester.
 - b. The interior physical is required of all interior fire fighters and passing of such is a requirement to become an interior fire fighter. The interior physical includes all of the above and in addition a pulmonary function test to OSHA/NIOSH standards.
- Physicals should be obtained within one year of a member joining the Company. Company sponsored clinics should be provided twice a year. Reimbursement up to the Company cost (as determined by the actual cost for the company sponsored clinics) will be provided for exterior physicals meeting above requirements obtained recently though other sources when an invoice is provided to the Treasurer and the physical record to Infection Control Officer.

Fit Testing:

- All responding personnel should be fit tested for a HEPA mask and a SCBA mask face piece. Only trained personnel may do fit testing and their qualifications should be on record. Personnel must be fit tested annually, and within a year of last testing. Interior fire fighters will be given their own facemasks.

Infection Control Officer:

- The primary responsibility of the Infection Control Officer is to coordinate efforts surrounding the investigation of an exposure. Refer to the post-exposure section for

further details. The Chief will appoint this individual. The Infection Control Officer shall also organize and administer pathogen awareness trainings, and assist members in obtaining recommended vaccinations and physicals. The Chief will assume the duties of the Infection Control officer in his or her absence.

Body Substance Isolation:

- In the emergency care setting, the infectious disease status of patients is frequently unknown by emergency care providers. All patients must be considered potentially infectious. Blood and body fluid precautions shall be taken with all patients. Body Substance Isolation (BSI) is an infection control strategy in which all body substances are considered potentially infectious. BSI procedures shall be used for all patient contact.

Personal Protective Equipment:

- Personal Protective Equipment (PPE) include such items as disposable gloves, face masks, eye shields, and gowns used to isolate skin and mucous membranes from contact with potentially infectious agents. In general, members shall select the appropriate PPE for each situation, depending on the potential for a spill, splash, or exposure to body fluids. When in doubt, select maximal rather than minimal PPE.
 - a. Gloves:

Disposable gloves shall be worn during any patient contact. Nitrile gloves will be provided to members with latex allergies and Nitrile gloves must be worn when contact is made with any patient who has a latex allergy. The heavy-duty latex disposable "blue P2" gloves should be selected when contact with blood, body fluids, non-intact skin, or other infectious material is expected, (i.e., airway management during CPR or a trauma patient with obvious external bleeding). The wearing of gloves, particularly P2s under turnout gloves, is encouraged during patient contact, since blood and other bodily fluids can soak through the leather turnout gloves. Don't wear torn gloves or reuse them. Multiple sizes of gloves are provided; wear the correct size for you. Replace gloves as soon as possible when soiled, torn, or punctured. Where possible, gloves must be changed between patients in multiple casualty situations. All members who request it shall be issued a glove pouch.
 - b. Face Masks

Facial protection will be used in any situation where splash contact with the face is possible, (i.e., airway management, emergency childbirth or major arterial bleeding). Facial protection can be accomplished by using both a facemask and eye protection, or by using a disposable face shield. When treating a patient with a suspected or known airborne transmissible disease, such as tuberculosis (TB), a

face mask or Non-rebreather mask at 10-15 LPM, if supplemental oxygen required, should be applied to the patient. If this is not feasible, members treating the patient will don facemasks. Face shields on structural firefighting helmets are not adequate for infection control purposes. A disposable face shield shall be issued to any member who requests it.

c. Gowns

Fluid-resistant gowns are designed to protect clothing from splashes. Gowns should be worn if large splashes or quantities of blood are present or anticipated (i.e., arterial bleeding, projectile vomit and emergency childbirth). Structural firefighting gear also protects personal clothing from splashes and is required in fire, rescue, or vehicle extrication activities. EMS jumpsuits provide some measure of protection to clothing from splashes and will be provided to all EMS members who request them. The decision to use barrier protection to protect clothing, and the type of barrier protection used, will be left to the member.

d. Respiratory protection

Pocket masks are to be used for CPR only when a bag-valve mask (BVM) is unavailable. Direct mouth-to-mouth resuscitation will be performed only as a last resort in the absence of other equipment. Any member of the department who successfully completes a CPR class will be given a pocket mask upon his or her request.

On-Scene Operations:

- Do not respond to any rescue call if you have an airborne or surface contact communicable disease (i.e., cold, flu, or pink eye). Members with open wounds or cuts should cover these prior to response.
- The minimum number of members required to complete the task safely will be used for all on-scene operations. Members not immediately needed are to remain a safe distance from operations where a communicable disease exposure is possible or anticipated.
- Only those members who have been immunized against HBV may do any "hands-on" treatment of patients. Non-immunized members may assist with procedures, which require limited contact with a patient, for example loading a patient on a backboard, only after a CFR or EMT has determined that there is no blood or other bodily fluid present.
- At any time a member is exposed to the patient's bodily fluids, the member should suspend activity as soon as possible and clean off contaminate using a germicide if to the surface of the skin or normal saline or eye wash station if to the eyes. Contaminated clothing should be removed as soon as possible and placed in a closed, leak-proof bag to be transported back to the station. If contamination is extensive, the member shall be removed from the scene with the help of other members. Remember, the safety of those we serve is very important, but our safety is paramount. All patient bodily fluid

contamination should be reported to the Incident Commander or Infection Control Officer before the end of the call.

Waste Disposal:

- Contaminated disposable personal protective equipment and other contaminated disposable (non-sharp) medical supplies and equipment should be placed in a leak-proof biohazard bag in the back of 1942 as soon as possible. Non-contaminated disposable items, such as gloves that never touch a patient or medical supply packaging, will be taken back to the station in a separate bag and disposed of in the regular trash. Used needles, catheters, blood glucose pricks and other sharp items are to be disposed of in approved sharp containers. Needles will not be recapped, re-sheathed, bent, broken, or separated from disposable syringes. Please note that the most common occupational blood exposure occurs when needles are recapped.
- Potentially contaminated reusable equipment, backboards, bag-valve masks, wool blankets, MAST, suction equipment, etc., should be transported to the hospital with the patient for cleaning whenever feasible. If that is not possible, such equipment should be placed in or covered with plastic bags and transported back to the station for decontamination.
- Clothing that is contaminated with large amounts of body fluids shall be placed in leak-proof bags, sealed, and transported back to the station for proper cleaning and/or disposal.

Public Relations:

- The use of gloves, gowns, and masks by members may frighten or anger patients or bystanders. It is important to convey the fact that PPE is used on all calls to protect both the members and the patients that they treat.

Post-Response:

- Members shall wash hands with a detergent or germicidal as soon as possible after removing PPE. A waterless hand wash may be used at the scene, provided that a soap and water wash is performed immediately when available. A kitchen sink, at the Varna Fire Station or anywhere else, should never be used to wash hands following patient contact.

- Equipment cleaning and decontamination should be undertaken as soon as possible. All cleaning will take place in a designated decontamination area using the large blue plastic tubs designated for EMS cleaning. Do not clean equipment in the kitchen or bathroom sinks. Gloves must be worn for all contact with potentially contaminated equipment or materials. Use heavy-duty utility gloves provided for this purpose. Other PPE (face shield, apron, etc.) will be used depending on splash or spill potential.
- Unless otherwise specified by manufacturer's guidelines, cleaning and decontamination is as follows:
 - a. Durable equipment, such as backboards, splints, MAST, XP-1 shall be washed with hot soapy water, rinsed with clean water and then disinfected with a 1:64 bleach solution (approximately 1/3 cup bleach per gallon of water). Equipment should be allowed to air dry. SCBA masks should also be cleaned in this method, but in the red bucket designated for SCBA mask cleaning.
 - b. Delicate equipment, such as radios and cardiac monitor will be wiped clean of any debris using hot soapy water, then wiped with clean water, and finally wiped with 1:100 bleach solutions. Equipment will be allowed to dry.
 - c. Reusable instruments that have come into contact with mucous membranes, such as laryngoscopes blades and airway maintenance equipment require high-level disinfections. First wash the equipment in hot soapy water and then immerse in a chemical sterilizing agent such as LpHse at a concentration of 1/2 cup per gallon of water for 10 minutes. Rinse with fresh water and allow to air dry.
 - d. Contaminated clothing should be pre-soaked in a disinfectant/detergent solution with hot water, than laundered at a commercial laundry in a normal manner. Note: never use chlorine bleach on turnout gear. A small area of contamination on turnout gear can be cleaned using gloves and one of the germicidal hand wipes, and allowed to air dry.
- Contaminated infectious waste generated during cleaning and decontamination operations will be properly bagged and placed in the biohazard disposal box. Hands shall be washed with soap and water in the Scrub room of the station after cleaning and disinfecting emergency medical equipment.

Post-Exposure:

- An exposure is defined as any contact with a potentially infectious agent (body fluids or vomit). Inhalation, percutaneous (through the skin) inoculation, and mucosal contact (such as eyes and mouth) are particularly important.
- Any exposed member shall immediately wash exposed skin with a disinfectant and use saline eyewash if the eyes are involved.

- Members shall notify the Incident Commander immediately at a scene if any of the following exposures occur:
 - a. Needle stick injury
 - b. Break in the skin caused by a potentially contaminated object
 - c. Contact of blood or other potentially infectious material with eyes, mucous membranes, or non-intact skin
 - d. Mouth-to mouth resuscitation without pocket mask/ one-way valve
 - e. Any other exposure that the member feels is significant.

- Upon return to the station, the member will fill out a communicable disease exposure report. The report will include details of the task being performed, the means of transmission, the site of entry, and the type of personal protective equipment in use at the time. The Incident Commander will ensure that the report is given to the Infection Control Officer as soon as possible. Within 48 hours of the exposure, if deemed necessary by the Infection Control Officer, the member will receive a medical evaluation at Cayuga Medical Center at Ithaca. All tests and treatments are free of charge to the member, and will remain confidential.

- The Infection Control Officer will also be notified by the hospital if our members treated a patient with TB or other airborne diseases. The Infection Control Officer will notify the members involved separately and work with them and the hospital to ensure the health of that individual.

Record Keeping:

- All records of exposure, immunizations, and health will be kept in a lockable file cabinet for the life of the member. Access to this cabinet will be restricted to the infection control officer, the Chief, and officials of the NYS Department of Health and NYS Public Employee Safety and Health (PESH/OSHA).

Disposal of Hazardous Waste Box Contents:

- The contents of the Hazardous Waste box shall be emptied as needed by the EMS Chief or an ALS provider at Cayuga Medical Center. Prior arrangements for disposal shall be made with the ER charge nurse or other staff at CMC. CMC is the only facility where our Hazardous Waste can be taken to due to DOG regulations.

General Order #7

Response of Personnel to Incidents

Purpose:

- To establish procedures determining who may respond to emergency calls, where personnel should respond, and under what circumstances they may not respond.

Application:

- This policy shall apply to all members of the Company.

All Calls:

- Do not respond to any call if your ability is impaired by alcohol, drugs, medications, or a medical condition. Do not respond if you are suffering from a communicable disease that would put your fellow Company members or any victims at risk. Do not respond with blue light flashing within the Ithaca City Limits.

Fire Calls and Motor Vehicle Accidents:

- All Fire Chief approved responding members of the Company are needed at fire and MVC calls. Unless a member feels unprepared to serve, he or she should respond to the station or scene at his or her discretion. Members who do not have the required protective equipment (see Section 1.2.4) shall respond to the station to pick a set of spare gear.

Rescue Squad Calls:

- The following is the Company policy regarding the response to rescue squad calls involving MVCs and medical emergencies. The intent of this policy is to minimize the confusion that may result from the presence of too many untrained people at the scene of an emergency, to avoid the false expectations on the part of the patient, family members, or the general public with the arrival of VVFC personnel who are not trained to handle the situation, and to avoid any problems of liability to the Company and its members.
- Respond to EMS calls that do not require special rescue techniques, extrication, crowd/traffic control, or control of hazardous situations only if:
 - a. You are currently an Active EMS Member as defined in the Varna Fire Company Rules and Regulations and you hold a current American Red Cross or American Heart Association CPR certificate.
 - b. You have been given permission by the Fire Chief to respond.

- c. You have been given special permission by Incident Command or the senior responding Varna Officer (call by call basis).
- Fire members, Fire Police, and Sustaining Members should not respond to EMS calls unless requested by the Officer in Charge.

Hazardous Materials Calls:

- All members are to respond to the Station. No member except Incident Command Officer may respond directly to the scene. No member is to respond to the scene except at the request of the Incident Command officer.
- Response to emergencies involving the release or potential release of hazardous materials represents a special hazard to member safety. While firefighters, EMS members, and Fire Police members are all needed to help contain the emergency, no member who has not completed the new member Varna Fire Company OSHA course and hazardous materials AWARENESS training course shall respond.
- Each member responding to and working at potential hazardous materials incidents must continually evaluate his or her personal safety. If possible, approach the scene from an upwind and uphill direction. Monitor radio traffic from TCEC by leaving pagers in the "open" position, and follow any special instructions relayed by dispatch. If any safety questions or concerns arise during a member's personal response, report to the Varna Fire Station and request orders from the IC or senior responding officer.
- All VVFC members who respond to hazardous materials incidents must be familiar with the Varna V.V.F.C. Hazardous Materials Emergency Response Plan. A copy of the plan is IN THE CHIEFS OFFICE.
- It is expected that the majority of the VVFC's actions at these scenes will be "cold zone" support; we will maintain the security of the scene and try to limit public access to the materials. We may also try to contain the hazardous material and minimize the adverse effects of the material on the environment.
- The "hot zone" of the incident is the area where special protective equipment is required for safety. This equipment may include SCBA, special suits, On occasion, members of the VVFC may enter the "hot zone"

Mutual Aid Calls:

- It is the purpose of this General Order to establish VVFC policy in regard to response to requests for mutual aid. This policy supports the Tompkins County Mutual Aid

Agreement. It also seeks to provide an adequate, timely response to requests for mutual aid without overwhelming the requesting company with unnecessary personnel.

- All other General Orders shall apply to mutual aid calls, just as they do for Varna Calls.
- For Calls where 1901, 1921, 1941, or 1942 are requested, and calls for manpower for a search (excluding Tompkins County Search and Rescue):
 - a. All personnel shall report to the Varna Fire Station. No member shall proceed directly to the scene, unless he or she is an officer who will assume command as Mutual Aid Officer in Charge (MAOIC).
 - b. One officer should respond to the station to serve as station Officer in Charge (OIC). Upon arrival at the station, members shall respond the requested piece of apparatus and report to the OIC. The OIC shall be responsible for requesting other apparatus, if needed, for the Varna Station and assigning duties to arriving Varna personnel. The OIC shall remain in charge of the station's operations and standby until he or she is relieved by another officer, the Company is dispatched to another call, the mutual aid response returns, or the OIC is relieved by the MAOIC or a chief officer. Until a fire officer arrives at the station a senior firefighter shall serve as OIC, pursuant to the Incident Command system.
 - c. If possible, responding fire apparatus (1901, 1921, and 1941) shall be staffed with an interior or active firefighter in addition to the Driver/Operator. 1942 should be staffed with 2 EMTs if possible. If 1943 is being requested for its heavy rescue or extrication equipment, it should be staffed with experienced extrication personnel.
 - d. The D/O of the requested piece of apparatus should not unduly delay response to wait for a crew. If a crew is not responding with the truck, the D/O shall contact the OIC or MAOIC and inform him or her, so that he or she can dispatch or request a crew to the scene. If possible, the MAOIC shall not respond with the fire apparatus.
 - e. Any member who does not respond with the apparatus must get permission from the OIC before responding to the scene. All members must report to the MAOIC upon arrival at the scene. Upon arrival at the scene, personnel shall report to the MAOIC and present him or her with their accountability tags. Do not report to the host Incident Command.
 - f. One fire officer shall be responsible for the mutual aid response, the MAOIC. If possible, this officer shall respond in his or her personal vehicle, not in the apparatus. The MAOIC shall act as a liaison between the Varna response and the requesting Department IC. This will keep radio traffic to a minimum. Until a fire officer arrives on scene a senior firefighter shall serve as MAOIC, pursuant to the Incident Command system.
- For calls requesting Manpower for fire or EMS emergencies:
 - a. Personnel not already at the station may respond directly to the scene of the emergency. Members at the station will follow the direction of the OIC, just as if the mutual aid call was for a vehicle. Members arriving on the scene of the emergency shall report to the Varna OIC.

Personnel response pattern:

- The District is divided into two geographical sections by a line running from Forest Home Drive, along Dryden Road, then up Mt. Pleasant Rd. Personnel responding to an emergency within his or her section may respond directly to the scene or to the station to staff or drive vehicles at the member's discretion
- Personnel responding to an emergency that will cross from one section to the other during the response shall verify that the following two conditions are met prior to responding to the scene:
 - a. The first vehicle from Varna is responding.
 - b. All vehicles for which the member is a qualified driver/operator and which should be responding are already enroute to the scene. This includes 1943 on all fire calls
- If a member is not certain that all required vehicles are responding, he or she should report to the station prior to continuing to the scene.

General Order #8

Personal Protective Equipment

Purpose:

- To establish Company policy with regard to the proper protective clothing to be worn at all types of incidents to which the company responds. This policy is part of a larger commitment to the health and safety of Company personnel. This policy is designed to reduce fire fighter injuries and reduce delays at a scene caused by confusion over what equipment shall be worn.

Issuance of Turnout Clothing and Equipment:

- Upon being accepted into the Company, probationary Fire and EMS members will be issued the following protective clothing: boots, turnout pants, turnout coat, hood, helmet, gloves, ear plugs, and goggles or safety glasses. Whether the gear must stay at station is up to the Fire Chief.
- Additional equipment may be issued to any member depending upon their training and type of membership. Such equipment may include, but is not limited to, latex gloves, CPR masks, face masks, SCBA face pieces, radios, vehicle warning lights, traffic flags, and fire extinguishers.

Equipment and Turnout Gear Use:

- Fire Calls
 - a. Members responding to any fire call (including investigations, gas flushes, etc.) shall report to Command in full turnout gear including boots, turnout pants, turnout coat, hood, helmet, and gloves. Ear and eye protection shall be carried in the member's turnout gear.
 - b. No one shall engage in any firefighting activity (including initial investigation, pump operation, and cause and origin determination) without wearing all protective clothing.
 - c. All members engaged in interior operations (including investigations, and overhaul) shall wear full protective envelope including full turnout gear and SCBA, until the atmosphere has been checked and they have been authorized by Command to remove SCBA.
 - d. All members engaging in attacking a vehicle fire shall wear full protective envelope including full turnout gear and SCBA.
 - e. Ear plugs shall be worn when operating any of the small engines, such as found on the blower, portable pumps, or generators. They shall also be worn by personnel operating in the immediate vicinity of the engine. Pump operators

engaged in pump operation may substitute the radio head set for the ear plugs carried in their turnout gear.

- f. Eye protection, in the form of goggles, safety glasses, or SCBA face piece, shall be worn when members are engaged in any activity which may expose them to airborne particles. Such activities include, but are not limited to, vertical ventilation with the chainsaw, horizontal ventilation by breaking a window, removal of ashes from a fire place or stove during chimney fire operations, and use of dry chemical fire extinguishers.
 - g. DURING ALL SALVAGE AND OVERHAUL, A CO MONITOR SHALL BE ON THE PREMISES AND IN USE AT ALL TIMES. ONE PERSON SHALL BE DESIGNATED AND TRAINED IN THE USE OF THE COMPANY'S CO METER FOR THIS PURPOSE.
- Brush Fires:
 - a. Members responding to any Brush fire call shall report to Command in full turnout gear including boots, turnout pants, turnout coat, hood, helmet, gloves, and goggles or safety glasses. Ear protection shall be carried in the member's turnout gear. Brush Fires may present a health and safety hazard to firefighters due to strenuous activity and hot weather. Therefore, when such conditions exist and the condition of the fire permits, Incident Command may authorize firefighters to dress down to minimal protective gear. Minimal protective gear is defined as long pants, long sleeved shirt, helmet, gloves, boots, and goggles or safety glasses.
 - MVCs
 - a. Members responding to any MVC shall report to Command in full turnout gear including: boots, turnout pants, turnout coat, hood, helmet, and gloves. Ear and eye protection shall be carried in the member's turnout gear.
 - b. Ear plugs shall be worn when operating any of the small engines, such as found on the blower, portable pumps, or generators. They shall also be worn by personnel operating in the immediate vicinity of the attack engine. Pump operators engaged in pump operation may substitute the radio head set for the ear plugs carried in their turnout gear.
 - c. Eye protection shall be worn when members are engaged in any activity which may expose them to airborne particles. Such activities include, but are not limited to, glass removal, operation of the extrication tools, and use of dry chemical fire extinguishers.
 - d. EMS members involved in patient care at MVCs shall wear as much of their turnout gear as possible, giving due consideration to the special needs of patient care. At a minimum, the EMS member shall be wearing boots, turnout pants, turnout coat, eye protection, and latex gloves.
 - e. EMS or Fire members involved in Victim Extrication activities shall wear full protective turnout gear, including ear and eye protection, as described above.

- EMS
 - a. Members responding to any EMS call shall report to Command with latex gloves and eye protection ready for use.
 - b. No one shall engage in any EMS activity (patient care and handling) without wearing personal protective equipment appropriate to proper infection control procedures (see Section 3 for the comprehensive Infection Control Policy). At the very least, all personnel shall wear latex gloves while in contact with the patient, or when likely to come in contact with the patient (for example, carrying a stretcher).
 - c. Eye protection shall be worn when members are engaged in any activity which may expose them to airborne particles or splashes from fluids (for example, breaking a window to effect entry; working in proximity to a patient who is coughing, sneezing, severely bleeding, or vomiting).
 - d. Ear plugs shall be worn when operating any of the small engines, such as found on the blower, portable pumps, or generators. They shall also be worn by personnel operating in the immediate vicinity of the attack engine. Pump operators engaged in pump operation may substitute the radio head set for the ear plugs carried in their turnout gear.

- Hazardous Materials
 - a. Members shall report to station, except for Incident Command. Members responding from the Station to any hazardous materials call shall report to Command in full turnout gear including: boots, turnout pants, turnout coat, hood, helmet, and gloves. Ear and eye protection shall be carried in the member's turnout gear.
 - b. It is expected that members will provide only supportive ("cold zone") functions at hazardous materials incidents. In the event that members should need to enter the "hot zone" of a hazardous materials incident to search for and rescue trapped victims, or to suppress fire, members shall wear full protective envelope, including all turnout gear and SCBA.

- Fire Police
 - a. All personnel acting as fire police shall be dressed in at least a helmet, and either a turnout coat, or fire police vest as their outermost garment. It has been the finding of the Varna Fire Company, in numerous trainings, that the visibility of turnout gear far exceeds that of vests, particularly at night. Therefore, the member shall wear turnout gear.

- Wild land Search and Rescue
 - a. Members responding to a wild land search and rescue call, whether in Varna or as mutual aid, shall respond with stout hiking boots, durable long pants, long sleeved shirt, and outerwear appropriate to the weather conditions.

Work Details and Non-Emergency Activities:

- Work details shall include placing trucks back in service after a call, hose testing, weekly truck checks, and other tasks deemed necessary by the Chief Officers.

Members reporting for a work detail shall respond with helmet or construction type hard hat, issued turnout gloves or other leather work gloves, ear and eye protection, suitable footwear, and clothing appropriate to the season and the tasks to be performed.

- All members loading hose shall wear gloves. This will help prevent cuts from small particles of glass often picked up by the hose jacket. Members shall wear gloves and helmets when testing ladders or when doing any other task that offers a similar risk of head or hand injury. Members shall wear ear protection when testing the small engines, including portable pumps, generators, or hydraulics.

General Order #9 Training and Testing

Purpose:

- To establish Company procedure for equipment and driver training, and competence level and D/O training. Any exception to this policy must be written and approved by the Fire Chief.

Vehicle:

- Personnel may drive apparatus that they are not qualified on for the purposes of training only when a qualified driver is seated in the cab also.
- No one under the age of eighteen may drive any VVFC apparatus.
- All drivers and passengers in all apparatus will wear seat belts whenever the vehicle is moving. The ONLY exception to this is where hose loading is taking place.
- Any member who is checked out on a VVFC vehicle may help to train others as driver/operators. The person giving the training should notify the captain of the vehicle before the training session.
- The captain of the vehicle should administer a driver/ operator test, unless the Chief makes an exception.

Member Competence level:

- All active members are encouraged to help new members learn the skills required to complete Sustaining, Firefighter, EMS, and Fire Police tests.
- Before beginning testing for Sustaining, Firefighter, EMS, Fire Police membership and Interior Firefighter status both the candidate and potential tester should speak with the Chief or Training Officer. Only active members with experience in the level being tested and approved by the Fire Chief or Training Officer may administer the exams. A list of approved testers will be provided by the Training Officer. Reasonable efforts should be made to have members administer the tests who were not involved in training the candidate.

Emergency Medical Technicians Must Be Trained To Provide:

- An EMT who is serving as an EMS member with the VVFC will provide medical care on EMS and rescue calls. As a EMS provider, this person must be able to function in uncommon situations, have a basic understanding of stress response to ensure personal well being, understand body substance isolation, understands basic medical-legal issues, function within the scope of care as defined by the state, regional and local authorities, comply with regulations on the handling of the deceased, notify authorities and arrange for protection of property and evidence at the scene. At the scene, the EMS provider must be able to perform the following skills:
 - a. Opening and maintaining an airway to the provider's level of care.
 - b. Ventilating patients
 - c. Administering CPR / use of an AED
 - d. Controlling hemorrhaging
 - e. Treatment of shock
 - f. Bandaging of wounds
 - g. Immobilization of painful swollen deformed extremities
 - h. Immobilization of painful swollen head, neck or spine
 - i. Assist in emergency child birth
 - j. Manage a wide variety of medical complaints
 - k. Be able to locate medical identification
 - l. Assist patients with medication as allowed by NYS DOH policies
 - m. Administer oxygen, oral glucose and activated charcoal
 - n. Administration of any other drugs as per training and CNYEMS policies
 - o. Reassure patients
- All EMS providers must also be able to perform proper PCR documentation. All of the abovementioned skills are obtained through successful completion of a NYS EMT-D course.

Interior Firefighter Certification:

- Interior firefighting certification is at the sole discretion of the Fire Chief. All Interior Firefighters shall undergo a physical exam, including Spiro meter testing and pass a VVFC Interior Fire Fighter test before they can be certified.
- Candidates for interior certification shall have completed NYS Basic Firefighter and NYS Intermediate Firefighter courses OR NYS EQUIVELENTS, and shall have passed the Varna Firefighter test, in accordance with NFPA standards. The Fire Chief shall have the final approval on all certifications and de-certifications. It is strongly suggest the interior firefighter take the Firefighter Survival course as offered at the Fire academy in Montour Falls OR THE OUTREACH PROGRAM.

General Order #10 Cold Weather Operations

Purpose:

- To establish Company policy with regard to truck and equipment maintenance and operations during periods when a significant risk of freezing exists.
- Cold weather operations shall be grouped into two classifications: "cold weather" and "severe cold weather" operations. Cold weather operations shall be initiated for weather with anticipated temperatures ranging from 15 to 35 degrees Fahrenheit. Severe cold weather operations shall be initiated for weather with anticipated temperatures below 15 degrees Fahrenheit. Wind chill shall be taken into account. When in doubt, severe cold weather precautions will be taken.
- The Driver/Operator shall perform the following operations, after each truck check and following all calls to which the apparatus responds. Truck Captains shall see that these precautions have been taken.

Cold Weather:

- Drain all discharges and suctions by opening drains and removing blind caps.
- Clear water from couplings after draining to prevent freezing.
- Drain deck gun on 1901 by removing it completely from its base.
- Make sure deck gun on 1921 drained completely.
- Add non-toxic antifreeze to the water can extinguishers on all trucks. (Foam solution will provide some protection).

Severe Cold Weather:

- Completely drain the pumps on all fire apparatus.
- Circulate water through any pump with water in it while the apparatus is sitting idle (i.e., while 1901 is standing by at an MVC).
- Drain all portable pumps.

- Crack hand lines when laid and charged to prevent freezing into a 100 foot rod.
- Protect saline and other freezable fluids and drugs on all EMS vehicles by moving these fluids to a heated space.

People:

- Take extra time getting dressed (put on an extra shirt and extra socks).
- Wear Turnout Gear.
- Watch each other - Know and observe others for signs of frostbite and hypothermia.
- Pale areas on skin, indicating restricted blood flow due to freezing.
- Sluggish behavior, violent shivering (followed by no shivering), combativeness, Grogginess, vacant stare.

General Order #11 Standing Orders for On-Scene Operations

Purpose:

- To establish Company Policy for On Scene operations by specifying certain procedures and protocols.

All personnel shall wear proper protective clothing (see GO #8):

- Those that do not have it shall be excluded from emergency operations.

All personnel shall adhere to a general accountability system:

- This system is designed to facilitate incident command and control. All responding members shall report to Incident Command and receive instructions.
- All Company personnel shall be issued nametags with the necessary hardware to clip them to their issued turnout coats.
- EMS members will be issued EMS ID tags. All others will be issued green tags, regardless of their status as EMS members. The purpose of this is to assist the Incident Commander in identifying and counting the medical personnel on scene. Interior certified firefighters will be issued red tags in addition to green (and EMS) tags.
- On arrival at an incident scene, all personnel shall report to the Incident Commander or his or her designee (Staging Officer, operations command). Members shall hand the officer their accountability tag and stand by for an assignment.
- Personnel responding to a mutual aid call shall tag in with the Mutual Aid Officer in Charge (MAOIC), which may be the most senior Varna member present.
- Upon completion of the call and /or departure from the scene, members will report to Command and retrieve their tags.

All members will adhere to an Incident Command System:

- One person shall be in charge of each incident. However, the specific person serving as Command may change during the incident as Command is transferred among arriving personnel. (See "Recommendations for Incident Commanders").
- Usually, Command will be a Chief Officer. However, in the event that members arrive on scene without an Incident Commander present, the most senior of those members shall step forward as Incident Command, collect the accountability tags from the others, and issue assignments appropriate to the incident and personnel available. When an officer arrives to assume command, the member (IC) may transfer command and the tags to the arriving officer, in accordance with Company policy, as described in "Recommendations for Incident Commanders and Vehicle Operators for Scene Management and Initial Incident Procedures."

All members operating in IDLH atmospheres (fires, overhaul, smoke conditions, haz-mat, etc.) shall wear proper SCBA in addition to other protective clothing:

- All personnel expected to or likely to respond to and operate in areas of atmospheric contamination shall be trained in the proper use and basic maintenance of self-contained breathing apparatus (SCBA). Personnel, who are not trained in the proper use of SCBA or, for whatever reason is not comfortable using SCBA, should not be in places where SCBA should be used.
- In order to comply with OSHA standard 1910. 134 (e)(5)(i), no firefighter may use SCBA in a hazardous atmosphere if he has a beard or sideburns that project under the facepiece, or if he or she has eyeglasses with temples, or missing dentures. Eyeglasses with rubber retaining straps may be used, provided an adequate seal with the face piece can be demonstrated and maintained. The company will provide proper frames for interior firefighters wearing glasses upon request.
- All interior firefighters shall be in full protective envelope, including full turnout gear and an operating SCBA, when entering a hazardous or potentially hazardous atmosphere. This will include investigations (for example, of smoke or gas odors), firefighting, search and rescue (fire), overhaul, or cause and origin determination, hazardous materials incidents, silos or other confined space rescues, and vehicle fires.
- No firefighter shall remove his or her SCBA while in a suspected hazardous atmosphere until the atmosphere has been determined to be safe, and the Incident Commander has issued an order stating that SCBAs may be removed. Any member operating in a formerly hazardous atmosphere which has been cleared, shall either be in a room with immediate access to the exterior, or have SCBA donned and be ready to breathe from it should the member encounter a contaminated atmosphere.

- It shall ultimately be the responsibility of the Incident Commander to determine if SCBA shall be used in a particular location or operation. Responsibility for determining when SCBA may be removed shall also rest with the Incident Commander or his designees.
- It shall be Company policy to err on the side of caution for four reasons:
 - a. Atmospheric and heat conditions can change very quickly. It is better to be prepared than to be injured or lose valuable time.
 - b. Carbon monoxide levels generally increase during the overhaul process due to incomplete combustion of smoldering materials. Carbon monoxide, and many other toxic gasses, cannot be detected by human senses. It is better to assume that they are present.
 - c. When many modern materials (for example, plastics) are burned, they release gases that may be fatal even with minimal exposure.
 - d. Practice with donning and using SCBA builds proficiency in those personnel using them.

Special Accountability for Interior or "Hot Zone" Personnel:

- Varna firefighters who have met the necessary training and physical requirements to be certified as interior firefighters will be issued red tags listing their name, department, and an identifying number to be used in addition to their blue or green tag. The red tag shall be surrendered only when the interior firefighter is about to enter a hazardous atmosphere such as a structure fire, gas leak, or hazardous materials incident "hot zone."
- Upon arrival on a scene, the interior firefighter shall tag in with their blue or green tag with IC and receive his/her assignment. Upon donning SCBA and reaching the entry point to the hazardous atmosphere, the interior firefighters will present their red tag to the Entry Officer. If an Entry Officer has not been appointed yet, the interior firefighters shall leave their tags in a visible location on the ground at the point of entry.
- Upon exiting the building (even if only to fetch an axe), the firefighters shall immediately retrieve their interior tag from the Entry point, and must check in again if they reenter.
- The Varna Volunteer Fire Company follows a "buddy system" of "2 in/2 out" for all hazardous atmosphere operations. Interior firefighters shall not enter or exit a hazardous atmosphere without a partner or team. As interior firefighters complete their initial assignments, the Incident or Sector Commander may issue new assignments and reassign partners, without having firefighters exit the hazardous atmosphere. The Entry Officer(s) shall be informed of these reassignments.

Entry Officer(s):

- As soon as sufficient personnel are available, the IC shall appoint a responsible person to serve as Entry Officer. For large incidents where points of entry are far removed from each other, one Entry Officer shall be appointed for each point of entry used. The Entry Officer(s) will collect the red tags and record the following data (on one of the control boards carried on all trucks) from all Varna and Mutual Aid interior personnel entering the hazardous atmosphere through their point of entry:
 - a. Name and Department
 - b. SCBA okay?
 - c. PASS armed?
 - d. Air Pressure in SCBA cylinder
 - e. Number of times the firefighter has entered with a new cylinder -- rehab and EMS checkout after 2 bottles
 - f. Assignment (for example, "1st floor search")
 - g. Time in
 - h. Expected time out (10-15 minutes after time in) -- Allow less time for each successive entry by an individual firefighter

- Whenever possible the Entry Officer(s) will be equipped with a portable radio to monitor interior operations and to advise Incident Command of possible safety problems (for example, an overdue team). The Entry Officer(s) shall know at all times who is in the hazardous atmosphere operating from the Entry Officer's point of entry.

Firefighter Assist Teams:

- In accordance with OSHA regulations, Incident Command will assure that an outside intervention team is positioned in a safe place outside the building before sending any other teams into the building. This policy specifically excludes the situation of trapped or potentially trapped people inside a structure, when search for and rescue of these potential victims is imperative. (See respiratory protection policy for further details.).

General Order #12

Public Education

(Revised 7/01/03 – Reviewed 9/28/04)

Purpose:

- To ensure that the incident commander (IC) at all incidents to which the VVFC responds understands his or her responsibilities regarding public education efforts at those incidents.
- It is the responsibility of the IC, at any incident at which the VVFC is the lead agency, to ensure that an appropriate level of public education is offered to the citizen(s) involved. It shall be the responsibility of the IC to see that any follow-up questions, inspections, or other assistance is handled in an appropriate manner. This does not mean that the IC must personally answer all questions, or do all follow-up assistance, but they must make sure that it is done.
- At a minimum, the IC should leave his or her name and the VVFC phone number with the resident(s) when it is likely that questions might come up regarding fire safety, EMS, or the actions of the VVFC.
- It is the responsibility of the IC to issue and explain the "Notice of Fire" form to the resident. The IC shall also notify the Town of Dryden Code Enforcement Officer as soon as possible after a chimney or structure fire and ensure that the "Notice of Fire" form is sent immediately to that office.

General Order #13

Ambulance

- At all medical, MVC, and working fire calls one ambulance will be automatically requested from Dryden Ambulance. If additional ambulances are needed, VVFC's Incident Command (IC) will call Dryden's second and third ambulances. If necessary, VVFC's EMS command and/or the IC may request an ambulance from Bangs after the second activation of Dryden. IC should consider the need for one ambulance for Fire Fighting personnel and another ambulance for civilian fire victims.
- When the VVFC is unable to respond to rescue calls for whatever reason, or if the maximum call receipt (12 minutes) is exceeded, the closest EMS and rescue agency will be automatically dispatched to cover the call.
- When ALS care is indicated, the VVFC is mandated by the NYS-DOH to provide care at EMT-I (EMT-2) level or better. If Tompkins County Emergency Control has been advised that Dryden Ambulance is not staffed with at least an AEMT/CC, an officer from VVFC may request a fly car from Bangs Ambulance. Unless it is clear that another ALS unit will arrive on scene prior to Bangs, only the IC can cancel the fly car. Similarly, once a helicopter is placed on standby, only the IC can cancel the response request.
- Responding ambulances are expected to report to the incident commander or the EMS sector command for a medical update and staging instructions using Tompkins County's Med 10, the Varna Repeater frequency or incident frequencies. All personnel arriving on scene will report to IC prior to taking any action. At MVCs or fire calls, IC should be wearing a command vest or should have a white helmet.
- Extrication will be performed by rescue personnel wearing full turnout gear. During the extrication, EMS command will apprise ambulance personnel of the patient's condition. Once the patient has been fully packaged and removed from the vehicle, patient care will be formally transferred.
- Under no circumstances shall a responding ambulance be cancelled by other than an EMT-D or above. If IC is not a qualified EMT-D or above, allow the responding ambulance to respond and complete any CNY Refusal of Treatment form.

General Order #14

Orders for Special Hazard Incidents

(AKA: Policies to meet OSHA/PESH Standards)

Purpose:

- To clarify actions to be taken during incidents of unusual hazard or which have specific requirements to meet OSHA standards.

Hazardous Materials Calls:

- Response to emergencies involving the release or potential release of hazardous materials represents a special hazard to member safety. While firefighters, EMS members, and Fire Police members are all needed to help contain the emergency, no member who has not completed the new member Varna Fire Company OSHA course and a hazardous materials operations level training course shall respond to the scene. Those who lack these qualifications shall respond to the station and standby for further instructions.

Laddering:

- Do not raise ladders closer than 10 feet to any electrical lines.
- Use sufficient people to maintain control of the ladder at all times and lower or raise it safely.

Electrical Safety:

- Keep tools 10 feet away from electrical lines and exposed energized appliances.
- Protect cords and equipment from damage. Inspect before use.
- Use ground fault interrupters where appropriate.
- CAUTION! Member turnout gear is not considered insulating with regard to electricity and may be highly conductive when wet.
- Assume any downed wire to be electrified.

Confined Space Rescues:

- The Varna Fire Co. does not train for or possess the equipment to perform confined space rescues. For some spaces we may have the means to eliminate the hazard (pump water out of a well), or remove the confinement (open the wall of a silo), or simply provide ventilation. CAUTION: Attempts to remove contents or alter access to a space may destabilize the contents and endanger the victim(s).

Ice/Cold Water Rescue:

- Wait for individuals trained in ice/cold water rescue with appropriate equipment. Prevent other untrained or ill-equipped persons from attempting a rescue. Call for an ambulance with ALS capabilities. Wear ice rescue suits. Do not attempt a rescue without appropriate PFD. Use ladders to spread weight on the ice if a skid sled or backboard is not available.

Dumpster/Storage area fires:

- These fires are unique for the special hazard presented. Both areas are notorious for having unknown, dangerous, or even explosive chemicals in them.
- Wait for the engine. Use full turnouts, including SCBA. Create access without exposing personnel to the 'blast zone.' Keep head below lip of the dumpster while you open the lid with a pike pole. Open doors to storage areas without standing in front of them. Use a hand line or deck gun to drown fire from outside. Do not enter room until ordered to do so by IC.

Overturned Tank Truck (or other large transport):

- Treat these as a hazardous materials incident until you can positively identify the contents. Establish a perimeter; prevent other bystanders from entering the area.
- Transmit a clear size-up to TCEC and responding officers.

Bomb Threat (or upon finding a suspected bomb):

- Turn your radio off. Do not permit others to use their radios. Use FACE to FACE for all communications. Evacuate the area of all personnel. Do not touch the 'bomb' package or attempt to move it in any way. Report to command and describe what you have found.

Structure Fires:

- Do not break any window unless specifically ordered to do so by Incident Command or by Sector Command. No one will be told to break ALL windows. Breaking all windows creates an extreme hazard by accelerating growth and spread of the fire and may endanger interior teams. It also hinders positive pressure ventilation efforts.
- The Incident Commander should assure that a minimum of four interior firefighters are assembled prior to implementing operations inside the structure involved unless, in the IC's judgment, immediate action must be taken to prevent loss of life or serious injury.
- The following guidelines have been developed to assist the Incident Commander in making a decision to enter and rescue.
 - a. A victim in need of immediate assistance is visible, or is heard calling from, inside the structure, or space involved.
 - b. Citizens on scene advise you that they know or are reasonably certain that an occupant is still in the structure, or space involved, and you have a high degree of confidence in this information.
 - c. There is some other evidence to give you a high degree of certainty that someone is in the structure or the involved space that needs immediate assistance.
 - d. You have some method, excluding your "buddy", to notify incoming units of your intentions and whereabouts
 - e. You believe that you may make an entry, reach the victim, and remove the victim to a safe area with the available PPE and before the fire develops to a stage that will prevent your escape. Keep in mind that incoming units will attempt to rescue you should you become incapable of self-rescue, probably eliminating any chance of rescue the victim may have had.
- Note: Primary searches or property conservation is not adequate justification for entering prior to assembling four interior firefighters. The personal safety of all VVFC personnel is paramount at any scene.
- Individuals who attempt rescues without the proper safeguards in place will have their actions reviewed by the Chief and the Company Safety Officer. This review will be for educational purposes and to make recommendations for modifications to this procedure.

Returning SCBA to Service:

- After any call at which SCBA were used, all SCBA used shall be inspected to insure that all straps, hoses, regulators, seals and pass alarms remain functional and have not been damaged during the call. These inspections will be logged into the SCBA record for that

pack. The bottles will be refilled with clean, SCBA grade air and the bottle number logged on the SCBA bottle log.

General Order #15
Transportation of Patients
(7/22/03 – Reviewed 9/28/04)

Purpose:

- While the Varna Fire Department is not able to transport patients in any of the emergency response vehicles, it is our procedure to continue ALS care of a patient should an ALS provider not be present on the responding ambulance. This order has been established to provide operating procedures for Varna members placed in the above situation. For the purposes of this order, Cayuga Medical Center (CMC) is the closest receiving hospital.

Transportation to Cayuga Medical Center and Cortland Memorial Hospital:

- Patients should be transported to medical center per patient request. Patients unable to request a hospital to be transported to, or who do not have a preference, will be transported to CMC as is it the closer hospital in to all areas in the VVFC district. Should CMC request that the patient be transferred to another hospital, comply.
- Exception: Should the patient's injuries warrant immediate transport to a trauma center air medical service should be called; the patient may need to be transported to a more convenient landing site (i.e., the airport runway). Should air medical services not be available, the EMT in charge may decide to transport the patient to the closest trauma center. This decision should be based entirely on the patient's condition and medical needs. However, if the patient's condition is unstable, the patient should be transported to the closest receiving hospital.

Transportation to Hospital Other than CMC or CMH as per Patient's Request:

- If the patient's condition is considered immediately life-threatening or unstable, or has the potential to become so, the patient will be immediately transported to the closest receiving hospital. The patient and/or family shall be informed that once stabilized at that hospital, the arrangement can be made by ED staff to transport the patient to his/her hospital of choice.
- If the patient is deemed medically stable by the EMT in charge he/she shall inform the patient and / or family that a transport to the hospital of choice will be arranged with another EMS transporting agency of the same level of care. The patient shall also be informed that the transporting agency will be a commercial service and fee will be charged. The EMS crew shall remain on scene and continue to provide care until the transporting agency arrives and care is turned over to them. The patient's request for

transport to a particular hospital shall be honored whenever possible, dependent on the patient's medical condition.

General Order #16 SCBA Face Masks

- The VVFC provides an adequate number of SCBA Face Masks to ensure all people who may have the need to use an SCBA may do so. The first priority is to have an adequate supply of all size face masks on any apparatus carrying SCBA's. After all trucks have been deemed adequately stocked (by the appropriate Captains) with all needed sizes of Face Masks, individuals may request a Face Mask by making such request directly to the Chief. The Chief will consider the inventory and individual need and act on the request for a personal Face Mask.
- FACE MASKS MUST BE IN THE PROPER COLORED COORDINATED BY SIZE BAG.

General Order #17
Mutual Aid Members
[7/20/2005]

Mutual Aid members are defined as members of other departments who are in good standing and find themselves within or adjacent to the Varna fire coverage area who have skills in EMS and Firefighting and who desire to assist the VVFC during calls, trainings and meetings. The VVFC encourages the concept of mutual aid and welcomes additional help from mutual aid members. These members do not have any voting rights but are encouraged to attend meetings of the VVFC and required to attend trainings throughout the year. Additionally, any mutual aid member (MAM) must meet the VVFC OSHA hours requirements annually or provide to the Chief documentation attesting to the completion of those hours signed by the home department Chief. Members of the VVFC are encouraged to provide mutual aid service to other departments if possible too.

A MAM can be authorized by the Chief at the Chief's pleasure only upon receipt from the home department a letter stating the candidate MAM is indeed a member in good standing. All certificates issued by the State or county attesting to levels of competence must also be presented to the Chief. These documents will include any EMS documentation such as a State issued EMT Basic card, a certificate of completion of Firefighter I, Scene Awareness, or any related skill set.

No MAM member will be considered by the Chief who cannot meet the existing VVFC standards for Firefighting (Scene Awareness or Essentials of Firefighting/Firefighting I) or above. For EMS MAM a minimum of EMT Basic must have been attained. For Fire Police, completion of the State sponsored course is the minimum requirement.

A MAM may be dropped from the roles by directive of the Chief or by 2/3 voting majority of the general membership during a regularly scheduled monthly meeting. A MAM will be issued VVFC scene tags identifying the MAM in the standard VVFC format. Turnout gear will not be issued as the MAM is expected to provide and use the home department gear at all calls. If the home department issued gear does not meet OSHA, NFPA or VVFC standards, gear may be considered for an active MAM solely at the discretion of the Chief.