

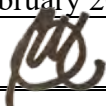
POLICY & PROCEDURE TABLE OF CONTENTS

NUMBER			TITLE	REV.	DATE	PAGES
OPERATIONAL						
2.01	OG		Interim Guide: COVID-19 Incident Response	8	16 Jun 23	1
2.01	OG	A	Interim Guide: COVID-19 Member Health & Safety	9	06 Feb 25	2
2.01	OG	B	Interim Guide: COVID-19 Safe Work Plan	5	16 Jun 22	1
2.01	PO		Emergency Operations Organization	1	15 Jun 05	1
2.01	PO		Resolution 05-04		15 Jun 05	1
2.01	PR	01	IR&R Staffing Guidelines	6	10 Dec 25	2
2.01	PR	03	Initial Fireground Operations & Standby Team	0	23 May 03	2
2.01	PR	04	Rapid Intervention Teams	0	23 May 03	2
2.01	PR	05	Emergency Fireground Signal	0	23 May 03	2
2.01	PR	06	Knox Boxes	1	09 Oct 17	1
2.01	PR	07	Personnel Rehabilitation	1	02 Jul 20	2
2.01	PR	08	MAYDAY Notification & Response	1	30 Jun 21	4
2.01	PR	09	Non-Secure Scene Staging	1	02 Jul 21	2
2.01	PR	10	Potentially Violent Incidents	0	01 Aug 19	3
2.01	PR	12	Rope Rescue	0	15 Dec 25	3
2.01	PR	14	Shore-based Water Rescue	0	15 Dec 25	2
2.01	PR	16	Powerlines/Trees Down	0	15 Dec 25	1
2.01	PR	17	Carbon Monoxide Response	0	15 Dec 25	2
2.03	PO		Hazardous Materials Incident Operations	2	09 Dec 25	1
2.03	PR	00	Hazardous Materials Incident Operations	0	09 Dec 25	1
2.05	PO		Mutual Aid & Automatic Response	3	09 Sep 25	1
2.06	PO		Newborn Infant Transfer	0	06 Aug 02	1
2.06	PR	01	Newborn Infant Transfer	0	06 Aug 02	2
2.10	PO		Fire Incident Documentation & Reporting	0	21 Jul 06	1
2.20	PO		District Safety & Health Program	2	14 Feb 17	3
2.20	PR	01	Personal Protective Equipment	0	03 May 17	3
2.20	PR	02	Accident Reporting, Investigation and Documentation	1	29 Oct 21	5
2.20	PR	03	Respiratory Protection Program	1	23 Aug 23	22
2.20	PR	04	Infectious Disease Exposure Control	0	01 Sep 22	11
2.20	PR	05	Member Safety Orientation & Training	0	15 Dec 19	3
2.20	PR	06	Facilities, Apparatus and Equipment Safety	0	15 Dec 19	3
2.20	PR	07	Chemical Hazard Communications	0	01 Sep 22	3
2.20	PR	09	Health & Safety Program Documentation	0	02 Jan 19	4
2.20	PR	10	Peer Support & CISD Programs	1	23 Jun 23	4
2.22	PO		Firefighter Accountability on the Fireground	4	23 May 03	1
2.22	PR	01	Firefighter Accountability on the Fireground	4	23 May 03	3
2.30	PO		Operations Support Program	1	09 Oct 18	1
2.30	PR	01	Operations Support Program -Water Supply Group	1	08 Sep 21	1
2.40	PO		Training Frequency, Standards and Documentation	2	09 Oct 18	1
2.50	PO		District Emergency Medical Services	0	09 Sep 25	1
2.50	PR	01	Ground EMS Transport	0	09 Sep 25	2
2.61	PO		Driving District Vehicles	11	13 Oct 20	3
2.61	PR	01	Use of District Utility Vehicles	2	01 Dec 06	1
2.61	PR	02	Safely Backing Apparatus	0	16 Mar 06	2
2.61	PR	03	Non-Members Riding on Apparatus	0	16 Jun 23	3

Thurston County Fire Protection District 8

HR/LF-NDT OPERATING GUIDELINE



PROCEDURE TITLE:	Interim Guide: COVID-19 Member Health & Safety
PROCEDURE NUMBER:	2-01A
REVISION:	9
DATE ISSUED/REVISED:	6 February 2025
FIRE CHIEF APPROVAL SIGNATURE:	

Objective for Interim Guide: The procedures outlined in this guideline are meant to protect the health and safety of our members by identifying COVID-19 symptoms early and preventing exposures to others. Further, procedures for establishing accountability and reporting of staff absences are set forth to support system data collection.

1--Crew Attendance Reporting

1. No COVID-19 related pre-shift attendance reporting is required.

2--Procedures for Pre-Shift Screening

1. No pre-shift screening of members is required.

3--Procedure for Positive Self-Screening or Exposure

1. If a member is found to be “positive” after COVID-19.

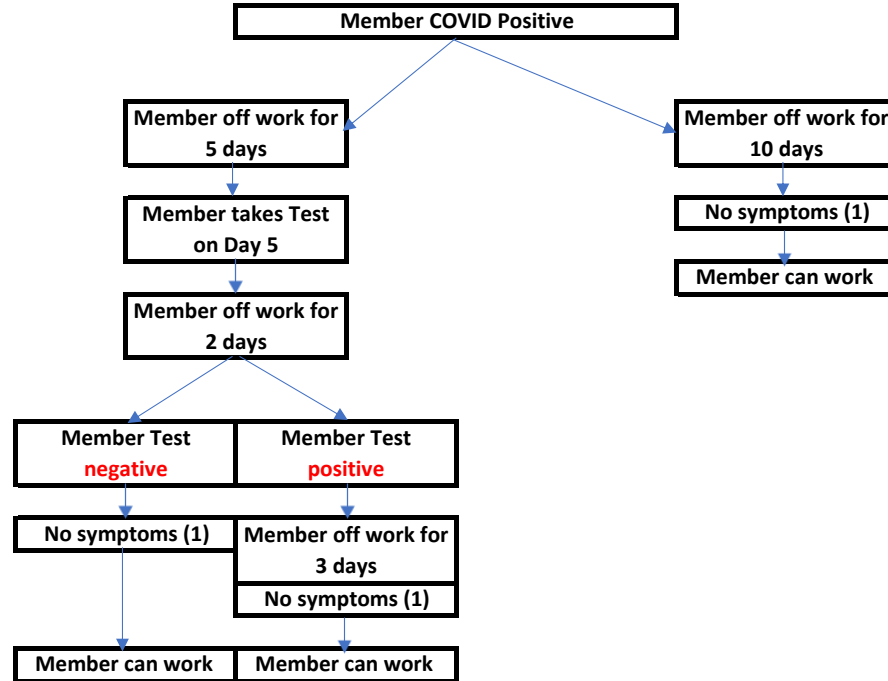
4--Member Quarantine

1. If a member is tested COVID-19 positive:
 - a. Career staff: the member is considered sick and eligible to take sick leave until they are cleared to return to work (see “Flowsheet A”); and
 - b. Volunteer staff: the member is considered sick and not permitted to work their assigned shift until they are cleared to return (see “Flowsheet A”).
2. The District Health & Safety Officer shall regularly brief the Fire Chief as to the status of any quarantined District members.

5--Member Isolation

1. Member isolation is no longer considered necessary.

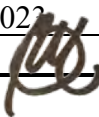
DISTRICT IG 2-01A MEMBER FLOWSHEET "A"



Thurston County Fire Protection District 8



HR/LF PROCEDURE

POLICY TITLE:	Interim Guide: COVID-19 Safe Work Plan
POLICY NUMBER:	2-01B
REVISION:	5
DATE ISSUED/REVISED:	16 June 2022
FIRE CHIEF APPROVAL:	

Objective for Safe Work Plan: This document outlines a plan to prevent the spread of COVID-19 in the District's workplace. It also is intended to address the measures established by the Governor's guidance, the Washington State Department of Labor & Industries (L&I) *Requirements and Guidance for Preventing COVID-19*, and the Washington State Department of Health (DOH) *Workplace and Employer Resources & Recommendations*.

1--Workplace Restrictions & Measures: Masks are not required while in the District workplace or health care setting (refer to *District Interim Guideline 2-01 "COVID-19 Incident Response"*). "Health care setting" is defined as anywhere a responder is providing patient care.

Under the current guidelines, some occupancies may require mask usage, therefore members shall comply with such requirements as appropriate while on District business (response or otherwise).

2--Visitors/Attendees in Firestations:

1. Access to firestation facilities by visitors (non-members, the public, vendors etc.) and attendees to open public meetings will be determined by the Fire Chief based current restrictions/precautions as promulgated by the Governor, County Board of Health, County Health Officer, the DOH and L&I. The Fire Chief may authorize non-member visits and open public meetings in firestation facilities with or without any restrictions.

3--Personal Protective Equipment (PPE):

1. All members will be provided, at no cost to them, PPE appropriate for their job function or the activity being performed.
2. Refer also to *District Interim Guide 2-01A COVID-19 Member Health & Safety*.

4--Hand Washing:

1. Members and visitors are required to wash hands frequently throughout their shift including before and after going to the bathroom, before and after eating and after coughing, sneezing or blowing their nose.
2. Hand sanitizer (greater than 60% ethanol or 70% isopropanol) is available at entry points and throughout all District facilities in high traffic areas.
3. Disposable gloves are provided for use where necessary.

5--Employee Training:

1. All members will be aware of measures to prevent transmission of COVID-19 and how to protect themselves from exposures.
2. Safety information, hygienic practices and policies/procedures are posted on-site at every firestation entry point, on District health & safety boards and available on the District's computer network.


6--Plan Monitoring:

1. The District Health & Safety Officer will report as needed the progress on member compliance and status of COVID-19 protective measures to the Fire Chief.

Thurston County Fire Protection District 8

HR/LF-NDT OPERATING GUIDELINE



PROCEDURE TITLE:	Interim Guide: COVID-19 Incident Response
PROCEDURE NUMBER:	2-01
REVISION:	8
DATE ISSUED/REVISED:	16 June 2023
FIRE CHIEF APPROVAL SIGNATURE:	

COVID-19 Patient Response Procedure for Pre-hospital EMS: The overarching goal of these response operating guidelines is to deliver the best possible patient care while reducing the contact and exposure potential to District members.

1--Definitions

PPE – personal protective equipment;

Exposure – prolonged close contact with a COVID-19 positive patient when not protected by PPE; and

Quarantine – restricting contact with others after having been exposed to a patient thought or known to meet the case definition for COVID-19 while remaining symptom free.

2--Procedures

No current COVID-19 specific procedures.

3--Standard Precautions: Standard precautions will be used for all patient care encounters and are based on risk assessment, use of common sense practices and proper use of PPE to protect health care personnel from exposure to infectious disease and prevent transmission between patients. Standard precautions are used whether or not an infectious disease has been identified and are the minimum level of precautions used when providing care.

1. It is the expectation of the Medical Program Director (MPD) that all requests for masking are respected; this includes but is not limited to:
 - a. Long term care facilities and adult family homes;
 - b. Patients; and
 - c. Providers in any facility.
2. It is the expectation of the MPD that risk to the patient is also considered:
 - a. Those patients over the age of 65;
 - b. Those patients with compromised immune systems; and
 - c. Those patients with chronic respiratory disease.



Thurston County Fire Protection District 8

DISTRICT POLICY MANUAL

POLICY TITLE:	Emergency Operations Organization
POLICY NUMBER:	2-01-PO-00
REVISION:	1
DATE ISSUED/REVISED:	15 June 2005
BOARD APPROVAL SIGNATURE:	<i>Pat Small</i>

Personnel of the District shall conduct all emergency operations with due care and caution; operating at all times within the scope and nature of capability and training. Safety shall be paramount in the conduct of all emergency operation functions. As such, significant risks at the scene must be analyzed, assessed and appropriate control measures identified and placed into action.

I. Incident Command System ("ICS"): Operations at the scene of an emergency shall be conducted in compliance with the National Incident Management System ("NIMS") command & management principles, as directed under Homeland Security Presidential Directive Five. In addition, complete personnel accountability shall be maintained as prescribed under *District P&P 2-33 "Firefighter Accountability on the Fireground"*.

1) All emergency operations scenes shall be organized under the ICS plan, with primary (minimal) establishment of the position of Incident Commander. Upon initial arrival at the scene of an emergency operation, incident command shall be assumed by one of the District emergency responders. Incident command may be passed to subsequently arriving officers if desired. Other ICS positions shall be established by the Incident Commander as needed.

2) Personnel staffing ICS positions shall be clearly identified to all operating personnel on the scene. Identification vests are carried on District apparatus for use in this function. Communications of information, both orally and by radio/telephone, shall be conducted in concert with ICS principles.

II. Incident Risk Management: While it is the responsibility of each emergency responder to be aware of and evaluate the risk they encounter in the course of their activity at an emergency scene, the Incident Commander shall integrate risk management with the other ICS functions in development & implementation of an incident strategy.

- 1) Risk assessment should be ongoing throughout the emergency operation period.
- 2) Emergency operations should be limited to functions that can be safely performed by the resources readily available at the incident scene.
- 3) Risk management principles can be summarized as follows:
 - a) *Risk a lot to save a lot* (life or in some cases property);
 - b) *Risk a little to save a little*; and
 - c) *Risk nothing to save nothing* (already gone).

THURSTON COUNTY FIRE PROTECTION DISTRICT 8 RESOLUTION 05-04

WHEREAS, response to and recovery from major emergencies and disasters requires integrated professional management and coordination; and

WHEREAS, the President of the United States has directed the Secretary of the Department of Homeland Security to develop and administer a National Incident Management System ("NIMS") to standardize and enhance incident management procedures nationwide; and

WHEREAS, the National Incident Management System provides a structure and process to effectively coordinate responders from multiple disciplines and levels of government and to integrate them with resources from the private sector and non-governmental organizations; and

WHEREAS, use of the National Incident Management System, which has as a key component known as the Incident Command System ("ICS"), will continue to support the District's ability to manage major emergencies and disasters;

AND, WHEREAS, failure to adopt and use the National Incident Management System may preclude the District from receiving federal preparedness grants or reimbursement for costs expended during major emergency and disaster response and recovery operations.

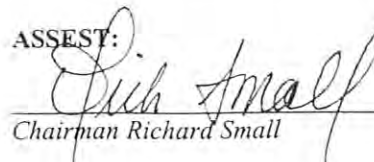
NOW, THEREFORE BE IT RESOLVED that the Board of Fire Commissioners of Thurston County Fire Protection District 8 hereby adopts the National Incident Management System as the foundation for incident command, coordination and support activities within its jurisdiction. It shall further be the policy of the District to provide appropriate training on the National Incident Management System and its core components to personnel responsible for managing and/or supporting emergency and disaster operations.

DATED & SIGNED at 3506 Shincke Rd NE, Olympia, State of Washington, this 15th day of June, 2005.

Secretary


Shawn T. Hansen

ASSEST:


Chairman Richard Small

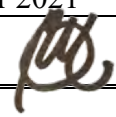
Commissioner Ken F. Parsons, Sr.


Commissioner Arthur Getchman



Thurston County Fire Protection District 8

DISTRICT PROCEDURE MANUAL

PROCEDURE TITLE:	Standard Response Guidelines
PROCEDURE NUMBER:	2-01-PR-01
	Readiness & Response Guidelines
REVISION:	5
DATE ISSUED/REVISED:	7 December 2021
FIRE CHIEF APPROVAL SIGNATURE:	

The following Procedure shall detail procedures as authorized under the current revision of *Policy 2-01 "Emergency Operations Organization"*:

I. Standard Response Guidelines:

- 1) Guidelines shall be provided to assist in planning and implementing an appropriate response for the various types of incidents the District responds to. These guidelines are in concert with the *District Target Levels of Service* for initial response times and staffing levels.
- 2) Attached to this Procedure is a matrix showing the following information:
 - a) Type (of incident);
 - b) Unit(s) (recommended for response): types include engine, aid unit, tender and command officer(s). Unless otherwise specified, the units are the closest District unit to the scene. The number in parenthesis indicates the recommended number of units;
 - c) Staffing: the recommended number of District staff for the safe and complete mitigation of the incident (as opposed to the initial number of staff indicated in the *District Target Levels of Service*). The actual number of responders needed at the scene will depend upon the circumstances present at the time. The Incident Commander should request additional staffing and resources if they feel it is necessary;
 - d) Command: the recommended tasks that the Incident Commander should address; this is not a complete listing of tasks necessary to mitigate the incident safely and completely;
 - e) Response Unit(s): the recommended tasks that the crew of the initial District unit on the scene performs in general order of priority. This is not a complete list of tasks necessary to mitigate the incident safely and completely; and
 - f) Comments: other information to consider during incident operations.

II. Staffing Priorities & Guidelines:

- 1) Deployment: The Battalion Chief (or delegated acting officer) on duty for the shift ("BC") shall use the following guidelines in actual deployment of IR&R staff for their shift (based on the staffing resources on hand at the time):
 - a) The *minimally acceptable District deployment* will be one (1) engine company located at Station 8-1; *in this case*, it must be staffed with a minimum of two (2) qualified responders, one of which shall be a certified apparatus driver-operator, and one of which shall be a qualified firefighter; an officer (or acting officer) can fill the role of the second position;
 - b) The optimum staffing for an engine company should be a certified apparatus driver-operator, an officer, and one (1) or two (2) qualified firefighters;
 - c) If the Station 8-1 engine company staffing noted in "b" above can be filled, then additional staffing resources should be deployed to 1) Station 8-3, then 2) additional companies at Station 8-1 (e.g., aid unit, brush unit, tender);
 - d) It is desirable to have the on-duty BC deployed in a separate vehicle for command purposes;
 - e) BLS readiness/response shall include a minimum of two (2) certified EMTs, which may be deployed within an engine company or a separate aid unit company;

- f) The minimum acceptable staffing at Station 8-3 is one aid unit company; and
 - g) The primary source for staffing of tenders should be with Operations Support Program qualified tender driver-operators, however, depending upon the incident at-hand, the BC or Lieutenant may choose to “cross-staff” the tender with a qualified on-duty responder.
- 2) Planning for and Assignment of Staffing: The BC shall hold their subordinates accountable for their assigned shift duties and schedule. When notified of an anticipated absence, the BC shall evaluate if the vacancy creates an operational hardship such as closing a firestation or having to shut-down Engine 81. If so, they should seek to appropriately fill that vacancy in advance of the beginning of the shift.

Career IR&R members shift attendance rules are covered under the current *District-IAFF Collective Bargaining Agreement*.

If an assigned shift member is not available, the BC should use the following process:

- a) When so notified, the BC should coordinate obtaining a replacement IR&R member;
 - b) The BC should contact qualified volunteer IR&R members to solicit their help in filling the vacancy, and schedule such qualified responder(s) to that shift as needed;
 - c) If the vacancy cannot be filled in the manner described in “b” above, then, the BC may request approval for overtime from the Fire Chief or designee for qualified career IR&R members to help fill the vacancy, and schedule such qualified responder(s) to that shift as needed;
 - d) Actions identified in “a” through “c” above should be conducted as far in advance of the actual shift time as possible; and
 - e) If the vacancy is unable to be filled, the BC shall work to deploy the available staff in as effective a manner as possible.
- 3) If an assigned volunteer IR&R member misses three (3) consecutive shifts without appropriate prior notice, the BC shall:
 - a) Work with/as the member’s supervisor to institute corrective action(s) for the member as provided for in *District Policy 3-07 “Disciplinary Process”*; and
 - b) Work with the Fire Chief or designee to evaluate impacted staffing needs to determine if a change to the staff deployment is necessary (new member assigned to the shift).
- 4) The Fire Chief or designee shall provide a report noting volunteer staffing deficiencies which will be reviewed by all chief officers monthly.

FIRE DISTRICT 8 STANDARD RESPONSE GUIDELINES

Type	Unit(s)	Staffing	Command	Response Unit(s)	Comments
Carbon-monoxide Alarm	Engine (1)	3-4 w/ Structural PPE & SCBA	<input type="checkbox"/> Size-up & advise if additional units are needed <input type="checkbox"/> Initiate Command <input type="checkbox"/> Contact RP & obtain info on problem	<input type="checkbox"/> May respond non-emergency <input type="checkbox"/> 2 personnel to take interior reading with detector device <input type="checkbox"/> Isolate or shut-off offending appliance <input type="checkbox"/> Ventilate interior if necessary	<ul style="list-style-type: none"> • If problem cannot be corrected & dangerous environment still present, advise occupants to have problem corrected prior to their re-entry
EMS-ALS	Aid Unit(s) Medic Unit MVA: Add Engine(s) CPR: Add BLS unit + BC	2-3 EMTs [BC] [Chaplain]	<input type="checkbox"/> Size-up & advise if additional units are needed	<input type="checkbox"/> Protect scene if MVA <input type="checkbox"/> Evaluate patient & notify Medic Unit ("short report") <input type="checkbox"/> Follow M1 Protocols	<ul style="list-style-type: none"> • Any potential threat to responders: Stage nearby until scene is cleared by LE • Park to allow access for Medic Unit & ambulance (if needed) • NOTE: See also "Marine Response" if on water
EMS-BLS	Aid Unit(s) Private Carrier MVA: Add Engine(s)	2-3 EMTs [BC] [Chaplain]	<input type="checkbox"/> Size-up & advise if additional units are needed	<input type="checkbox"/> May respond non-emergency (BLSY) <input type="checkbox"/> Protect scene if MVA <input type="checkbox"/> Evaluate patient & upgrade if needed <input type="checkbox"/> Follow M1 Protocols	<ul style="list-style-type: none"> • Any potential threat to responders: Stage nearby until scene is cleared by LE • Park to allow access for ambulance • Death confirmations to include "DNR" order confirmation & notification of Coroner; Chaplain if needed/indicated • Coordinate response on psychological problems with LE • NOTE: See also "Marine Response" if on water
EMS-Industrial Accident (BLS or ALS)	Aid Unit(s) Engine [Medic Unit] [Truck Co]	7-10 w/Structural PPE BC [Chaplain] [Medic Unit]	<input type="checkbox"/> Size-up & safety survey <input type="checkbox"/> Initiate Command <input type="checkbox"/> Advise if additional unit(s) are needed (special rescue and/or technical support units) <input type="checkbox"/> Consider assigning a Safety Officer	<input type="checkbox"/> Evaluate patient(s) <input type="checkbox"/> If ALS, advise Medic Unit of patient(s) status <input type="checkbox"/> Establish plan for patient extrication & packaging <input type="checkbox"/> Follow M1 Protocols <input type="checkbox"/> Extrication & treatment	<ul style="list-style-type: none"> • Park with due regard to access for Medic Unit or other rescue equipment (crane, backhoe, etc.) • NOTE: See also "Rescue Confined Space or Technical" • Consider need for Chaplain and/or CISD (available thru T-Comm)

FIRE DISTRICT 8 STANDARD RESPONSE GUIDELINES

Type	Unit(s)	Staffing	Command	Response Unit(s)	Comments
EMS-Mass Casualty Incident (MCI) (First Alarm)	Engines (3) BLS Units (3) ALS Units (2) MCI Trailer Private Carriers BC (Programmed Mutual-aid) * *See "Mutual Aid EMS" for response outside of District.	15-20 FF/EMS (all with Structural or EMS PPE as indicated) Chief Officer [Chaplain]	<input type="checkbox"/> Size-up & safety survey; communicate with T-Comm <input type="checkbox"/> Establish Command <input type="checkbox"/> Advise if additional unit(s) are needed (special units) <input type="checkbox"/> Establish & identify Staging Area & Manager <input type="checkbox"/> Assign Medical Branch Director <input type="checkbox"/> Assign Triage (1 st), Treatment (ALS) & Transport Group Supervisors <input type="checkbox"/> Consider assigning a Safety Officer	<input type="checkbox"/> Scene survey & triage (# of Pts) <input type="checkbox"/> Assignment to IMS roles; report to assigned unit for instructions <input type="checkbox"/> Determine "walking wounded" & group into area <input type="checkbox"/> Initial triage using START system <input type="checkbox"/> Establish Treatment Area, Choke-point, Loading Area & Staging Area	<ul style="list-style-type: none"> Goal to initiate START system within 5 minutes of arrival Consider need for Chaplain and/or CISD (available thru T-Comm)
EMS-Mass Casualty Incident (MCI) (2nd & 3rd Alarms)	<u>Add/Alarm:</u> Engines (3) BLS Units (3) ALS Units (2) Support & Command Units (Programmed Mutual-aid)*	20-25 FF/EMS (all with Structural or EMS PPE as indicated)	<input type="checkbox"/> Coordinate with additional alarms response units <input type="checkbox"/> Evaluate on-scene command structure for expansion (e.g. PIO, Liaison, Branches or Groups)	<input type="checkbox"/> Report to assigned unit or function	<ul style="list-style-type: none"> (See Above)
EMS-MVA or Aircraft w/ Entrapment and/or Fire Threat (BLS or ALS)	Aid Unit(s) Engine(s) Medic Unit(s) Battalion [Truck Co]	4-5 EMTs or FRs; 4-5 FFs; (all with Structural PPE, exposure crew w/ SCBA) BC [Chaplain]	<input type="checkbox"/> Size-up & safety survey <input type="checkbox"/> Park to protect scene (traffic) <input type="checkbox"/> Initiate Command <input type="checkbox"/> Advise if additional unit(s) are needed (special units) <input type="checkbox"/> Consider assigning a Safety Officer	<input type="checkbox"/> Scene survey & triage (# of Pts) <input type="checkbox"/> [If ALS] Advise Medic Unit of patient(s) status <input type="checkbox"/> Stabilize vehicle(s) <input type="checkbox"/> Evaluate patient(s) & follow M1 Protocols <input type="checkbox"/> Plan extrication <u>Engine:</u> <input type="checkbox"/> Assemble extrication tools near scene <input type="checkbox"/> Charge 1¾ PC line <input type="checkbox"/> Perform extrication <u>Engine/Rescue:</u> <input type="checkbox"/> Check with Command for assignment(s)	<ul style="list-style-type: none"> Goal to extricate patient(s) within 20 minutes after arrival Goal to package patient within 10 minutes of arrival at scene <u>Tools:</u> small tarp, combi-cutter & power unit, halligan, cribbing, pry bar(s), pick-head axe & bolt cutters Consider need for Chaplain and/or CISD (available thru CapCom) <u>Aircraft:</u> contact T-Comm for LE & FAA
EMS-Walk-in Patient		2-3 EMTs or FRs		<input type="checkbox"/> Evaluate patient <input type="checkbox"/> Notify T-Comm <input type="checkbox"/> Advise if additional unit(s) or ALS needed <input type="checkbox"/> Follow M1 Protocols	

FIRE DISTRICT 8 STANDARD RESPONSE GUIDELINES

Type	Unit(s)	Staffing	Command	Response Unit(s)	Comments
Earthquake (High Incident Response Level or "HIRL") <i>*Refer also to District Disaster Plan Procedure 2-01-02</i>	As determined by Chief Officer	All available personnel w/Structural PPE	<input type="checkbox"/> Establish Emergency Command Center (ECC) @ Station 8-1 <input type="checkbox"/> Notify all District personnel via <i>Active 911</i> of storm response protocols <input type="checkbox"/> Track all District responses @ ECC (using IMS) <input type="checkbox"/> Submit call information after cancellation of HIRL to T-Comm	<input type="checkbox"/> Follow protocols in <i>District Disaster Plan</i> for initial and secondary damage assessments & triage of services	<ul style="list-style-type: none"> Obtain information on media sources if available of extent & scope of problem Secure food & support items for responders Check operation of emergency generator (& fuel level for extended periods) Establish shifts for personnel if in extended time periods Provide support for family of responders
Fire, Alarm Activation	Engine (1) Commercial: BC	3-4 w/Struct PPE & SCBA [BC]	<input type="checkbox"/> Size-up <input type="checkbox"/> Initiate Command <input type="checkbox"/> Investigate alarm panel & scene (contact RP) <input type="checkbox"/> Advise all units of status @ scene, upgrade if needed	<input type="checkbox"/> May respond non-emergency <input type="checkbox"/> Stand-by or as directed by Command	<ul style="list-style-type: none"> All other units stand-by until directed by Command
Fire, Brush	Engine Brush (1) Tenders (1) Threatening: BC	4-6 equipped w/ Wildland PPE [BC]	<input type="checkbox"/> Size-up <input type="checkbox"/> Initiate Command <input type="checkbox"/> Determine if DNR or additional units needed <input type="checkbox"/> Walk-around scene <input type="checkbox"/> Consider upgrade if needed (after consultation with DNR)	<input type="checkbox"/> <i>Initial attack</i> fire operations for duration up to 1 hour <input type="checkbox"/> All heavy vehicles to remain on improved roads only	<ul style="list-style-type: none"> If fire suppression operations will exceed one-hour in duration, command will be turned over to DNR Consider rehab and additional staffing
Fire, Chimney	Engine (1) Tender (1)	4-6 w/ Struct PPE & SCBA Duty Officer	<input type="checkbox"/> Size-up <input type="checkbox"/> Initiate Command <input type="checkbox"/> Contact RP & investigate situation <input type="checkbox"/> Advise responding units of status <input type="checkbox"/> Consider assigning a Safety Officer	<input type="checkbox"/> Check for extension <input type="checkbox"/> Upgrade if necessary <input type="checkbox"/> Extinguish fire <input type="checkbox"/> Overhaul	<ul style="list-style-type: none"> If extension of fire is found, upgrade to Full Structure alarm assignment
Fire, Miscellaneous	Engine (1) Tender (1)	4-6 w/ Struct PPE & SCBA [BC]	<input type="checkbox"/> Size-up <input type="checkbox"/> Initiate Command <input type="checkbox"/> Determine if additional units are needed @ scene <input type="checkbox"/> Walk-around scene <input type="checkbox"/> Preliminary determination of origin	<input type="checkbox"/> Extinguish fire <input type="checkbox"/> Overhaul <input type="checkbox"/> Consider need for foam application <u>Tender:</u> <input type="checkbox"/> Water supply	<ul style="list-style-type: none"> <u>Boat fires:</u> See also "<i>Marine Response</i>" <u>Aircraft fires:</u> contact T-Comm for law enforcement, FAA or special need for foam

FIRE DISTRICT 8 STANDARD RESPONSE GUIDELINES

Type	Unit(s)	Staffing	Command	Response Unit(s)	Comments
Fire, Structure <i>(Primary or General Alarm with or without Auto-Aid)</i>	Engines (2) Tenders (2)	All available personnel w/Structural PPE & SCBA BC Chief Officer [Chaplain]	<input type="checkbox"/> Size-up <input type="checkbox"/> Initiate Command <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Incident plan (offensive-defensive) <input type="checkbox"/> Walk-around scene <input type="checkbox"/> Upgrade for mutual-aid if needed <input type="checkbox"/> Establish Safety Officer	Engine: <input type="checkbox"/> Stage & await assignment by Command <input type="checkbox"/> Forward supply lay to 1 st engine Tender: <input type="checkbox"/> Establish water supply operation <input type="checkbox"/> Extinguish fire <input type="checkbox"/> Overhaul	<ul style="list-style-type: none"> • <u>Additional considerations:</u> PSE for power disconnect, LE, EMS support (rehab), additional tenders or personnel, PIO, and customer assistance (e.g. Chaplain, Red Cross, housing) • Do not cut electrical power drip loop or remove meter base
Fire, Structure, Explosion & Gas Leak >5 gallon <i>(First Alarm, including Auto-Aid)</i> * 5-gal or less, see <i>Gas Leak</i>	Engines (4) Tenders (4) BC PSE	All available personnel w/Structural PPE & SCBA BC [Chaplain]	<input type="checkbox"/> Size-up <input type="checkbox"/> Initiate Command <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Incident plan (offensive-defensive) <input type="checkbox"/> Walk-around scene <input type="checkbox"/> Upgrade if needed <input type="checkbox"/> Develop IMS command structure <input type="checkbox"/> Establish Safety Officer	Engine: <input type="checkbox"/> Stage & await assignment by Command <input type="checkbox"/> Forward supply lay to 1 st engine Tender: <input type="checkbox"/> Establish water supply operation <input type="checkbox"/> Extinguish fire <input type="checkbox"/> Overhaul	<ul style="list-style-type: none"> • <u>Additional considerations:</u> LE, EMS support (rehab), additional tenders or personnel, PIO, and customer assistance (e.g. Chaplain, Red Cross, housing), PSE and/or LPG vendor • Do not cut electrical power drip loop or remove meter base
Fire, Structure <i>(2nd & 3rd Alarms)</i>	<u>Add/Alarm:</u> Engines (3) Tenders (2) Air-6 ISU-3 Red Cross <i>(Programmed Mutual-aid)</i>	All available personnel w/Structural PPE & SCBA	<input type="checkbox"/> Coordinate with greater alarm response units <input type="checkbox"/> Evaluate on-scene IMS structure; expand if necessary (consider adding staff assignments)	<input type="checkbox"/> Operations as directed by IMS staff	<ul style="list-style-type: none"> • (See above)
Fire, Vehicle <i>(Land-based)</i>	Engine (1) Tender (1)	4-6 w/Struct PPE & SCBA BC	<input type="checkbox"/> Size-up <input type="checkbox"/> Park in manner to protect scene (traffic) <input type="checkbox"/> Initiate Command <input type="checkbox"/> Consider assigning a Safety Officer	<input type="checkbox"/> Park in manner to protect scene (traffic) <input type="checkbox"/> Remove any hazards that may be present <input type="checkbox"/> Extinguish fire Tender: <input type="checkbox"/> Supply water to Engine if needed	<ul style="list-style-type: none"> • T-Comm to notify LE • Consider HazMat or other hazardous exposures (run-off) • Traffic control & safety considerations
Fuel Spill: < 5 Gallon (e.g. gasoline) * 5-gal or more, see <i>HazMat</i>	Engine (1)	4 w/ Struct PPE & SCBA	<input type="checkbox"/> Size-up: 1-product(s) spilled 2-amount spilled 3-cause of spill 4-area effected <input type="checkbox"/> Call for assistance as needed	<input type="checkbox"/> Attempt to stop or limit spill or dike pooling if possible <input type="checkbox"/> Establish perimeter if necessary <input type="checkbox"/> Fire protection	<ul style="list-style-type: none"> • Thurston County Roads & Transportation • Dept of Ecology Emergency Response Team (lead agency) • WSP, LE for traffic control & report
Gas Leak: LPG or Natural Gas, < 5 Gallon (e.g. BBQ) * Interior or 5-gal or more, see <i>Fire, Structure</i>	Engines (1) Tender (1)	4-6 w/ Struct PPE & SCBA	<input type="checkbox"/> Size-up <input type="checkbox"/> Initiate Command <input type="checkbox"/> Check DOT ERG <input type="checkbox"/> Contact RP, determine scope of problem <input type="checkbox"/> Request PSE or LPG company response (if needed)	<input type="checkbox"/> Determine if leak can be mitigated by first responders <input type="checkbox"/> Establish & control perimeter <input type="checkbox"/> Stage away from scene if possible <input type="checkbox"/> Ventilate area if needed (interior)	<ul style="list-style-type: none"> • Park all apparatus away from gas area (uphill and/or up-wind)

FIRE DISTRICT 8 STANDARD RESPONSE GUIDELINES

Type	Unit(s)	Staffing	Command	Response Unit(s)	Comments
Hazardous Materials Incident <i>(May also be as a result of a terrorist action)</i>	Engines (2) BC	All available personnel w/Structural PPE & SCBA Chief Officer WSP (IC)	<input type="checkbox"/> Size-up, safety survey <input type="checkbox"/> Initiate Command (until WSP arrives) <input type="checkbox"/> Contact RP & obtain information on problem: ascertain product(s) involved <input type="checkbox"/> Advise WSP & other responding units of status @ scene <input type="checkbox"/> Consider evacuation & hard perimeter if indicated (consult DOT ERG) <input type="checkbox"/> Assist WSP in scene perimeter control and support as needed	<input type="checkbox"/> All responding units contact Command for instructions <input type="checkbox"/> Stage away from scene if possible <input type="checkbox"/> Establish & control perimeter around "hot-zone" <input type="checkbox"/> Remain <i>outside</i> of "hot-zone"	<ul style="list-style-type: none"> • Consider possible terrorist activity; beware of secondary traps or ambush • Chief Officer to initiate interim command until WSP arrives, then will act as liaison for District response units.
Marine Response (EMS, Fire or Other Service) <i>(Formalized response plan pending)</i>	As indicated by incident type (EMS or fire)	As indicated by incident type (EMS or fire)	<input type="checkbox"/> Determine nature of incident; request and assign appropriate resources <input type="checkbox"/> Coordinate with marine response units <input type="checkbox"/> Notify Chief Officer if necessary <input type="checkbox"/> Coordinate land-based operations	As indicated by incident type (EMS or fire)	<ul style="list-style-type: none"> • T-Comm to dispatch Port of Olympia & OFD; backup w/ West Pierce & Anderson Island • FD3 has jet-ski & fresh-water response • PFDs used in lieu of full firefighting PPE
Mobilization	As identified & approved by Fire Chief in current <i>Mob Plan</i>	<u>Aid Unit:</u> <input type="checkbox"/> 2 EMTs or FRs <u>Engine:</u> <input type="checkbox"/> Operator <input type="checkbox"/> Officer <input type="checkbox"/> 1-2 FFs <u>Tender:</u> <input type="checkbox"/> Operator	<input type="checkbox"/> Notification/request to on-duty BC <input type="checkbox"/> Consult <i>Mobilization Check-list</i> for specific directions <input type="checkbox"/> Advise Fire Chief or other District Chief Officer of response	Procedures & protocols indicated by incident type	<ul style="list-style-type: none"> • <i>Mobilization Check-list</i> and District staffing roster will be updated for each season & distributed to all District Officers
Mutual Aid, Auto-Aid (to FD3, OFD)	<u>EMS:</u> Rescue (1) or Engine (1) <u>Fire:</u> Engine (1) Tender (1) <u>Tender:</u> Tender (1)	<u>Aid Unit:</u> <input type="checkbox"/> EMT (2) <u>Engine:</u> <input type="checkbox"/> Operator <input type="checkbox"/> Officer <input type="checkbox"/> 1-2 FFs <u>Tender:</u> <input type="checkbox"/> Operator	<input type="checkbox"/> Size-up <input type="checkbox"/> Initiate command if not established <input type="checkbox"/> Conduct operations based on current procedures & protocols	<input type="checkbox"/> All responding units contact Command for instructions	<ul style="list-style-type: none"> • All EMS operations per M1 Protocols • All fire operations per District fire operations protocols (including personal accountability)
Mutual Aid, Other	As appropriate	<u>Aid Unit:</u> <input type="checkbox"/> EMT (2) <u>Engine:</u> <input type="checkbox"/> Operator <input type="checkbox"/> Officer <input type="checkbox"/> 1-2 FFs <u>Tender:</u> <input type="checkbox"/> Operator	<input type="checkbox"/> On-duty BC to authorize response outside of Auto-Aid zones <input type="checkbox"/> Coordinate with IC for scene assignment	<input type="checkbox"/> All responding units contact Command for instructions	<ul style="list-style-type: none"> • All operations per District fire operations protocols (including <i>PASSPORT</i> accountability)

FIRE DISTRICT 8 STANDARD RESPONSE GUIDELINES

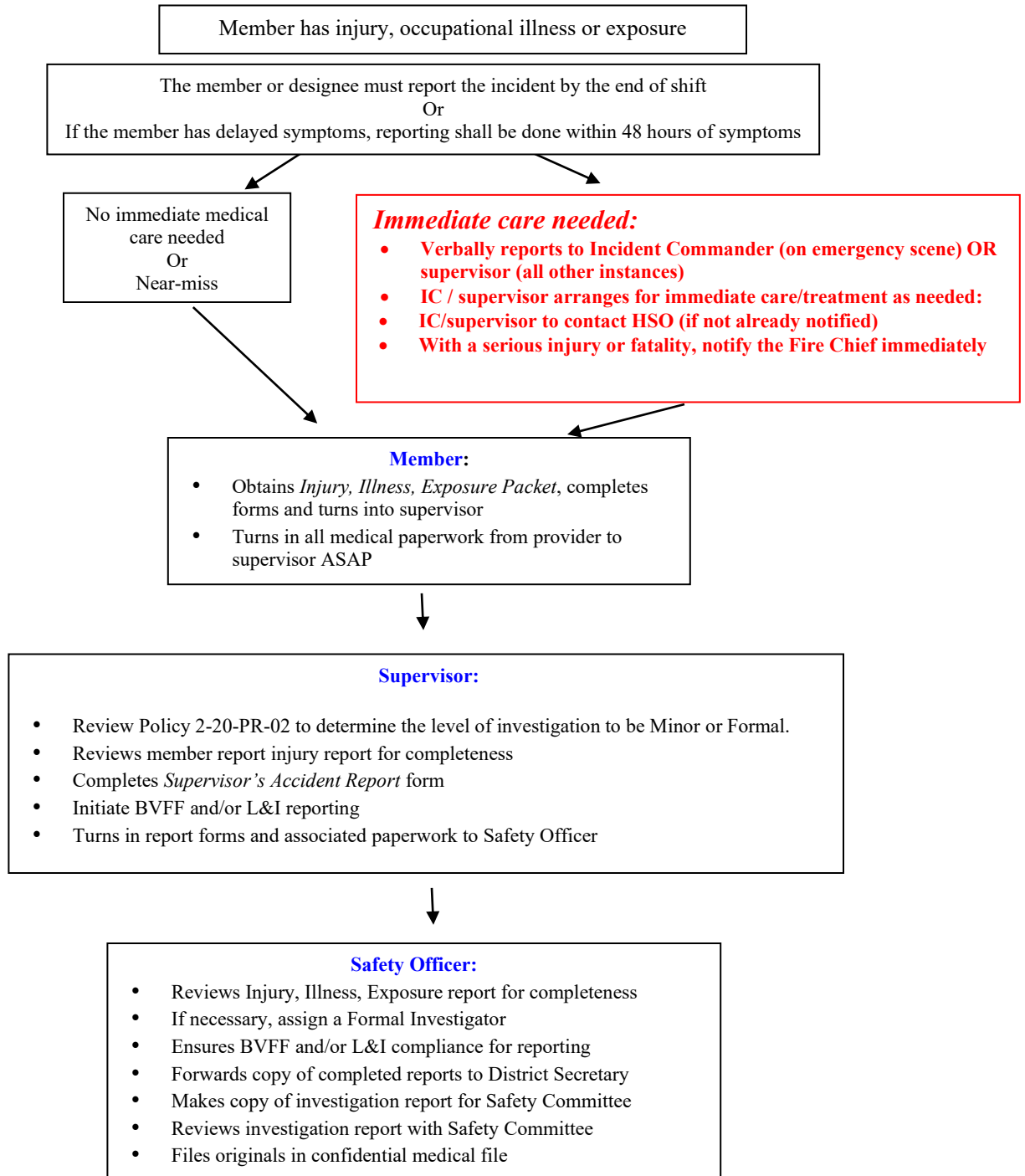
Type	Unit(s)	Staffing	Command	Response Unit(s)	Comments
Open Burning, Violations, Illegal Burns & Smoke Complaints <i>*Refer also to Policy 1-80 Open Burning Permits</i>	Engine (1)	BC or Company Officer with/without 2-3FFs with Structural PPE	<input type="checkbox"/> Contact complainant <input type="checkbox"/> Ascertain if fire is permitted & meeting permit requirements <input type="checkbox"/> If fire is hostile, extinguish <input type="checkbox"/> Forward copy of FIR form to Fire Chief	<input type="checkbox"/> Respond non-emergency	<ul style="list-style-type: none"> ORCAA duty person available through T-Comm or direct at 360-539-7610 DNR Central Region: 800-527-3305
Rescue, Confined Space or Trench	Engines (2) Aid Unit (1) SORT [Medic Unit]	7-10 w/Structural PPE & SCBA (available) BC Chief Officer [Chaplain]	<input type="checkbox"/> Size-up <input type="checkbox"/> Establish Command <input type="checkbox"/> Contact RP & det scope of problem <input type="checkbox"/> Request resources necessary to effect rescue (CapCom) <input type="checkbox"/> Advise units of status @ scene <input type="checkbox"/> Establish perimeter around scene <input type="checkbox"/> Establish Safety Officer	<input type="checkbox"/> Establish liaison with technical rescue team(s) <input type="checkbox"/> Provide support to technical rescue team(s) as needed	<ul style="list-style-type: none"> <u>District personnel shall not enter danger area of scene (trench or confined space)</u> Notify SORT (via T-Comm) Consider need for Chaplain and/or CISD (available thru T-Comm)
Storm Response (High Incident Response Level or "HIRL") <i>*Refer also to District Disaster Plan Procedure 2-01-02</i>	As determined by Chief Officer	All available personnel w/Structural PPE	<input type="checkbox"/> Establish Emergency Command Center (ECC) @ Station 8-1 <input type="checkbox"/> Notify all District personnel via pager of storm response protocols <input type="checkbox"/> Track all District responses @ ECC (using IMS) <input type="checkbox"/> Submit call information after cancellation of HIRL to T-Comm	<input type="checkbox"/> Evaluate hazards <u>PSE line priorities:</u> 1: rescue/life safety 2: structure fire 3: fire threat 4: blocked vital roadway 5: blocked arterial roadway 6: blocked roadway/drive 7: wires on structure 8: low hanging wire 9: non-priority <input type="checkbox"/> Triage hazards, mark with barrier tape if unable to remain at scene <input type="checkbox"/> Be cautious of falling hazards	<ul style="list-style-type: none"> Obtain information on storm forecasts Secure food & support items for responders Check operation of emergency generator (& fuel level for extended periods) Establish shifts for personnel if in extended time periods Provide support for family of responders
Violent Action, Civil Unrest & Miscellaneous Disturbances	As determined by Chief Officer	As determined by Chief Officer	<input type="checkbox"/> Determine nature of event & hold District deployment until such time as scene of emergency is stabilized <input type="checkbox"/> Follow regular ICS procedures	<input type="checkbox"/> Follow regular ICS and operational procedures as needs dictate	<ul style="list-style-type: none"> <u>District personnel shall not be deployed into affected area until violent actions have been mitigated by law enforcement</u>
Wires Down (Non-storm)	Engine (1)	3-4 w/Structural PPE	<input type="checkbox"/> Size-up <input type="checkbox"/> Secure minimum of 50-ft perimeter around downed line <input type="checkbox"/> Request PSE response <input type="checkbox"/> Flag scene & re-deploy if necessary	<input type="checkbox"/> May respond non-emergency <input type="checkbox"/> Park to help protect area from traffic hazards <input type="checkbox"/> Check with Command for assignment(s) <input type="checkbox"/> (See PSE Priorities above)	<ul style="list-style-type: none"> Park all apparatus away from hazardous area <u>All down lines to be treated as energized power line until ruled out by PSE personnel</u>

FIRE DISTRICT 8 STANDARD RESPONSE GUIDELINES: CRITICAL INCIDENT MEMBER ASSISTANCE: FIRST 24-HRS

References: *District Policy Manual, Policy 2-01 "Emergency Operations Organization"*
 District Standard Response Guidelines (Procedure 2-01-PR-01)
 NET Safety & Accident Prevention Manual, Section 15 "Health & Wellness"

- 1) **Incident occurs** that:
 - a) Is unexpected, sudden and powerful in nature with loss-of-life (e.g. mechanism of death, numbers of victims), trauma (e.g. particularly gruesome, patient or bystander suffering) or damage to property, or
 - b) Involves a person or persons known to District responders, or
 - c) Is a reminder of or similar to previous traumatic event for District and/or responders, or
 - d) Causes any readily observable emotionally traumatic impact on any District responder.
- 2) **Incident Commander** to take action if they **become aware**, directly or indirectly, of any District responder that is emotionally/traumatically impacted by incident.
- 3) **Incident Commander** will immediately:
 - a) Pass Command to another qualified responder if they are personally effected by the incident
 - b) **Request Chaplain & Chief Officer** (if not enroute or on-scene) to respond to the incident
 - c) **Reassign effected responder(s)** to Chaplain:
 - i) Responder is temporarily relieved of response duties
 - ii) Allow responder (s) to maintain suitable visual contact with the scene based upon desire to "stay attached"
 - iii) Allow responder(s) to assume role of family member or friend of patient (requires assigned monitoring)
 - d) **Request additional response resources** if needed to backfill reassigned responder(s), and
 - e) **Continue to manage the incident.**
- 4) **Chaplain** will respond to scene:
 - a) **Confer with IC on situation:**
 - i) Determine immediate effect on responder(s)
 - ii) Supervise effected responder(s) as appropriate to monitor behavior and obtain assistance
 - iii) Determine need to address situation with other responders on-scene not displaying immediate effects or impacts, and/or
 - iv) Determine need to address other members or their families that may not be on the scene of the incident but have potential traumatic impact(s).
 - b) **Activate CISD** (CapCom radio) and **member crisis defusing** (EAP @ 1-866-704-6364) resources
 - c) Arrange to have effected responder(s) relocated off-scene if necessary
- 5) **Chaplain** will coordinate follow-up actions ("same day"):
 - a) Confer with Fire Chief or designee on situation regarding member support logistical needs
 - b) Coordinate CISD and/or defusing session for effected responders & members as appropriate
- 6) **Fire Chief** or designee will activate notification process per District Policy 1-50 "Management of Legal Risk"


FIRE DISTRICT 8 STANDARD RESPONSE GUIDELINES 2-01: INJURY, ILLNESS, EXPOSURE DOCUMENTATION FLOWSHEET



Thurston County Fire Protection District 8

DISTRICT PROCEDURE MANUAL



PROCEDURE TITLE:	IR&R Staffing Guidelines
PROCEDURE NUMBER:	2-01-PR-01
REVISION:	6
DATE ISSUED/REVISED:	15 December 2025
FIRE CHIEF APPROVAL SIGNATURE:	

- I. Purpose:** This Procedure provides guidance for a standardized approach to staffing planning for incident readiness & response (IR&R) in accordance with District Policy 2-01 “*Emergency Operations Organization*” and achievement of *District Target Levels of Service*. The Fire Chief or designee shall retain full authority to determine staffing needs and assignments.

This Procedure replaces *District Procedure 2-01-01 “Standard Response Guidelines”* (revision 5 dated 7 December 2021) and the attendant *Standard Response Guidelines* table (revision August 2018) and *Standard Evolution* guidelines (revision January 2019).

- II. Definition:** the following definitions shall apply for this Procedure:

- **Aid Unit (AU):** a fire-based basic life support (BLS) level unit assigned to EMS incidents, staffed with at least two (2) certified EMTs;
- **Apparatus Operator (AO):** the qualified apparatus operator of an engine or tender, all career IR&R staff are expected to be AOs;
- **Battalion Chief (BC):** the senior on-duty platoon/shift supervisor; position may be filled by a qualified acting officer (reference current Collective Bargaining Agreement [CBA] Section 11.7);
- **Duty Officer (DO):** the on-duty BC or (if not available) the senior on-duty LT;
- **Emergency Medical Technician (EMT):** a Thurston County qualified BLS level technician, all career IR&R staff are expected to be EMTs;
- **Engine Company (EC):** a Type-1 engine apparatus staffed by at least two (2) qualified firefighting personnel, one of which is an AO;
- **Firefighter (FF):** a structural firefighting qualified responder, all career IR&R staff are expected to be FFs;
- **Lieutenant (LT):** the company-level supervisor; position may be filled by a qualified acting responder (reference CBA Section 11.7);
- **Operations Support Program (OSP):** A staffing resource consisting of qualified IR&R staff designated for specific apparatus operation; and
- **Tender:** a water supply apparatus staffed by at least one (1) qualified AO.

III. Staffing Priorities & Guidelines

- 1. Priority Staffing (Tier 1):** While it is the overall goal for the District to provide sufficient staffing for two ECs, one each at Station 8-1 and 8-3 both with fire protection and EMS capability, it is recognized that for various reasons planned IR&R staffing levels may not be possible. In the event that such levels cannot be achieved in either a “planned” (e.g. scheduled leave or assignment) or “unplanned” (e.g. unanticipated leave or assignment) manner, ***the first priority is to provide for both fire and EMS EC-based incident responses from Station 8-1*** (the most centrally located firestation in the District). The on-duty DO, located at Station 8-1, will be assigned to supervise the on-duty IR&R staff.

EXAMPLE: If to fulfill staffing levels set forth in Section II above for EC fire-and-EMS incident response capability, the AO might not be an EMT, but the second EMS requirement could be covered by another non-firefighting EMT; in this case there would be three IR&R staff on the EC.

Unplanned vacancy occurrence(s): in the event of the inability to provide the desired IR&R staffing for both fire and EMS EC-based incident responses from Station 8-1 (*only*), without any pre-shift notice, the DO has the delegated authority to bring on such off-duty qualified IR&R staff as is necessary to obtain the desired staffing level articulated above in this Procedure (Section 1). Off-duty career IR&R staff will be paid overtime. The DO's delegated authority may be revoked at any time by the Fire Chief or designee (as determined appropriate in their discretion).

Supervision: It is also optimum for the BC to be able to respond in a separate command vehicle if sufficient IR&R staffing is available to the on-duty shift. Likewise, it is optimum for the EC to have a LT assigned and aboard the apparatus. In some cases, the DO (BC and/or LT) role may have to be handled by the officer aboard the EC.

2. **Deployment Tier 2:** if the desired staffing level can be provided for in Section 1 above (one fire and EMS capable EC and a DO), then additional qualified IR&R staff may be assigned to **Station 8-3**, first as a minimum to cover EMS incident response (AU), then fire incident response only (EC), or optimally, both EMS and fire incident responses (EC).
3. **Deployment Tier 3:** if the desired staffing can be provided for in Sections 1 and 2 above (two fire and EMS capable ECs and DO), then additional qualified IR&R staff may be assigned to **Station 8-2**, first to cover EMS incident response (AU), then fire incident response only (EC), or optimally, both EMS and fire incident responses (EC).

NOTE: The DO has the discretion of enhancing IR&R staffing on units at Stations 8-1 and 8-3 prior to assigning IR&R staff at Station 8-2.

4. **Tender Staffing:** The preference is to have scheduled OSP AOs provide staffing for tenders, however it may be cross-staffed by on-duty AOs if necessary or available.

Thurston County Fire Protection District 8



HR/LF PROCEDURE

PROCEDURE TITLE:	Disaster Response Plan
PROCEDURE NUMBER:	2-01-PR-02
REVISION:	3
DATE ISSUED/REVISED:	8 March 2019
FIRE CHIEF APPROVAL SIGNATURE:	

Disaster Response Plan: the following Procedure is authorized under the current revision of *Policy 2-01 "Emergency Operations Organization"*. The Procedure outlines the steps necessary for the District to provide an organized response in disaster conditions. By definition, a *disaster* is any event (natural or human-caused) that causes, or has the potential to cause, significant and/or widespread harm that may over-extend the normal day-to-day emergency services resources available in the community. A disaster may potentially affect District members as well, consequently impacting the ability of the District to respond.

I. Personnel Response: if adequate notice is available, T-Comm will page all affected departments with a warning. This may allow District personnel to prepare for potential response activity. If no prior notice is given and the disaster is self-evident (e.g. earthquake), personnel should respond as reasonably possible.

- 1) On-Duty Chief Officer: shall respond to Station 8-1; their role shall be of Incident Commander of the disaster operations. If the scheduled Chief Officer is not available, the first arriving chief officer shall assume the role of Incident Commander (IC).
- 2) On-duty personnel: follow instructions of the IC.
 - a) Personnel should be allowed to check on family as soon as possible.
- 3) Off-duty personnel (at home, work or other):
 - a) Check on status of family as necessary prior to reporting.
 - b) Report to assigned station.
 - c) Follow instructions of the IC.

II. High Incident Response Load (HIRL) and District Emergency Coordination Center (ECC): when T-Comm activates the HIRL process due to being overwhelmed by 9-1-1 traffic, the District will establish an ECC in the Watch Office at Station 8-1. The IC shall initiate the ECC:

- 1) The IC shall appoint a manager for the ECC as quickly as possible; this may be any on-duty member able to perform the duties as listed below.
- 2) The ECC Manager shall conduct a quick assessment of the facility for safe operations:
 - a) Structural and access in & out of building.
 - b) Safety & security of personnel and apparatus in building.
 - c) Electrical power supply (emergency or commercial).
- 3) The ECC Manager shall check base radio communications on F1 (dispatch), F5 (tactical) and F13 (FD8):
 - a) Check cache of portable radio batteries & chargers.
 - b) Primary frequencies to be monitored are F1 dispatch and any assigned tactical frequencies.
- 4) The ECC Manager shall check telephone dial tone (landline, alphanumeric paging & FAX capability, cellular) and wire-less internet connection(s).

- 5) The ECC Manager shall assist the IC in coordinating personnel contacting or arriving for assignment:
 - a) All readiness & response operations will be conducted under the appropriate level of the *Incident Management System*, and PASSPORT accountability.
 - b) Personnel available & deployed shall be tracked by the IC in a suitable manner ("white-board", computer, charting, etc.).
 - c) Contact to Stations 8-2 & 8-3 should be established when those stations are staffed; radio F13 (via the base-station radio at each station) should be used as the primary means.
- 6) Generally, in a HIRL situation, T-Comm will route all District priority 3 and 4 calls through the District ECC for assignment; this will be the responsibility of the IC. Priority 1 and 2 calls will be relayed directly by T-Comm.
- 7) The IC shall instruct responding units on which radio channel they will communicate; radio traffic should be kept to a minimum.

III. Incident Readiness & Response Operations: depending upon the type of disaster, it may be best to have personnel operate from stations as assigned by the IC in the ECC where/when response assignments should be made within each station zone.

- 1) Depending upon the volume of responses dispatched and the type of disaster, the IC may direct units to conduct *windshield surveys* of their zones to learn the extent of damage.
- 2) Earthquake procedures at fire station:
 - a) Drop, cover and hold during earthquake tremors.
 - b) Check on other personnel to determine their safety and account for everyone.
 - c) Check building for any obvious structural damage; evacuate if necessary.
 - d) If possible, removal all apparatus, PPE and accessible equipment to a safe area outside the station (away from overhead powerlines, potential collapse zones, etc.).
 - e) Contact ECC with status report and maintain radio contact.
- 3) The IC shall coordinate all response activity for the District. Requests for mutual aid (outside the District) shall be coordinated by the IC to ensure continued adequate coverage within the District.
- 4) Recommended staffing levels (*Procedure 2-01-PR-01*) should be attempted as far as possible for all assignments. Limited resources may require less than optimum staffing at incident scenes. *It is very important that responder safety be held as the first priority at all times.* Continuous contact with the ECC by all field units is imperative.

IV. Sustained Operations: when the disaster entails a period of time greater than 8 to 12 hours, special operational and support activities should be taken into consideration. The IC shall establish a shift plan if incident readiness & response operations extend beyond the 12-hour period. The IC should appoint a Logistics Section Chief for all sustained disaster operations. The Logistics Section will ensure adequate support for incident readiness & response operations.

- 1) The Logistics Section Chief shall coordinate food acquisition, preparation, distribution and clean up as appropriate. Priority for feeding shall be for i) responders, ii) their immediate families and iii) displaced citizens.
- 2) If necessary, determine if rationing of food, water and other supplies will be necessary. The Logistics Section Chief shall coordinate distribution with the IC.
- 3) The Logistics Section Chief shall ensure that propane supplies for facility heat (and emergency electrical power at Station 8-1) should be checked after 24-hours of operation. Likewise, supplies of diesel fuel for apparatus and emergency electrical power at Stations 8-2 & 8-3 should be closely monitored. Stocks for sanitary supplies (paper products, soap) should be monitored for replenishment by the Logistics Section Chief.
- 1) The District has provisions for rehabilitation and sleeping for its members. If the disaster affects District members, their immediate families and in some cases citizens displaced from their home, District facilities may act as shelter for them during the duration of disaster operations.

Reasonable accommodation may be provided within the limitations of available resources and with minimal impact on readiness & response operations. Initiating a shelter shall be the decision of IC.

- a) The Logistics Section Chief shall coordinate all shelter functions and determine shelter requirements and supply needs prior to opening the shelter.
 - b) Safe District facilities shall be identified for shelter operations. Consideration must be given for safety, accessibility, utilities (heat, lights and water) and readiness & response operational requirements. At Station 8-1, the ECC, Library-Meeting Room and Administrative Offices shall be secured from shelter access.
 - c) Station 8-1 has bedding for six persons. It may be necessary to provide additional sleeping space at Station 8-1 or the other stations.
 - d) ADA compliant showers are available at each station; priority for showers shall be for i) responders for decontamination purposes, ii) responders for hygiene purposes, iii) their immediate families and iv) displaced citizens.
 - e) Accountability for family members shall be the responsibility of the member.
 - f) Family pets are not encouraged, however, if brought to District facilities, shall be the sole responsibility of the member and family. If the pet becomes a nuisance, corrective measures will be taken.
- 2) Communications may be provided for shelter occupants if resources are available and do not interfere with disaster operations:
- a) One outside landline (if available) may be provided for shelter *outgoing-only* communications.
 - b) A central bulletin board should be established for messages. Staff in the ECC could maintain this board.

DISASTER RESPONSE GUIDELINES: INITIAL OPERATIONS

HIGH INCIDENT RESPONSE LOAD CONDITIONS

FROM PROCEDURE 2-01 "DISASTER RESPONSE GUIDELINES"

Earthquake procedures at firestation:

- o Drop, cover and hold during earthquake tremors.
- o Check on other personnel to determine their safety and account for everyone.
- o Check building for any obvious structural damage; evacuate if necessary.
- o If possible, removal all apparatus, PPE and accessible equipment to a safe area outside the station (away from overhead powerlines, potential collapse zones, etc.).

I. Personnel Response:

- 1) **Duty Officer/Battalion Chief:** respond to Station 8-1. The Duty Officer's role shall be of **Incident Commander** of the disaster operations.
- 2) **On-duty personnel:** follow instructions of the IC.
 - a) Personnel should be allowed to check on family as soon as possible.
- 3) **Off-duty personnel** (at home, work or other):
 - a) Check on status of family as necessary prior to reporting.
 - b) Report to assigned station.
 - c) Follow instructions of the IC.

II. District Emergency Coordination Center (ECC): Watch Office at Station 8-1.

- 1) **Conduct quick assessment of facility** (if during or after event) for safe operations:
 - a) Structural and access in & out of building.
 - b) Safety & security of personnel and apparatus in building.
 - c) Electrical power supply (emergency or commercial).
- 2) **Check base radio communications** on F1 (dispatch), F5 (tactical), F6 (tactical) and **F13 (FD8)**:
 - a) Check cache of portable radio batteries & chargers.
 - b) Primary frequencies to be monitored are F1 dispatch and any assigned tactical frequencies.
- 3) **Check telephone dial tone** (landline, alphanumeric paging & FAX capability, cellular):
 - a) FAX line: 360-493-1403 (Watch Office)
 - b) FAX line: 360-438-0523 (Admin Area)
- 4) **Coordinate personnel** contacting or arriving for assignment:
 - a) All readiness & response operations will be conducted under the appropriate level of the *Incident Management System*, and PASSPORT accountability.
 - b) Personnel available & deployed shall be tracked on the white-board in the ECC.
 - c) Contact to Stations 8-2 & 8-3 should be established when those stations are staffed.
 - d) **Radio F13** should be used as the primary means of communications; IC will monitor radio F1 for Priority 1 dispatches.
- 5) **Contact T-Comm** by radio F1 and notify them "Fire District 8 ECC staffed".


III. Readiness & Response Operations: (consider assignment of personnel at nearest station/zone).

- 1) Consider conducting **windshield surveys** by assigning units in zones:
 - a) Note damaged **utilities** (powerlines, water supplies, streets & bridges) that will create response routing problems.
 - b) Note **buildings** damaged (and not yet dispatched for help) if applicable.
 - c) Note potential **rescue or medical help situations** (IC must coordinate/approve operations).
 - d) **Coordinate** info in ECC and **triage** units as necessary.
- 2) The IC shall coordinate all response activity for the District: under HIRL conditions, dispatching from T-Comm will be prioritized:
 - a) Priority 1/2 (emergency): will be dispatched to District via radio F1.
 - b) Priority 3/4 (non-emergency): will be dispatched on CAD printer.
- 3) **Responder safety is the first priority at all times.** Continuous contact with the ECC by all field units is imperative.
- 4) Consider needs for **sustained operations** at District facilities (refer to *Disaster Response Guidelines*).



Thurston County Fire Protection District 8

HR/LF-NDT PROCEDURE

PROCEDURE TITLE:	Initial Fireground Operations & Standby Teams
PROCEDURE NUMBER:	2-01-PR-03
REVISION:	0
DATE ISSUED/REVISED:	23 May 2003
FIRE CHIEF APPROVAL SIGNATURE:	

Procedure: Members shall not make an interior entry in a fire situation in the absence of a designated standby firefighter(s). It is the responsibility of the Incident Commander to provide a Standby Team for the rescue of other firefighters operating at emergency incidents that expose firefighters to atmospheres that are imminently dangerous to life & health (IDLH).

During the initial stage of an incident, the initial stage standby firefighter shall be responsible for maintaining awareness of the status of those firefighters working inside the IDLH area.

I. Definitions:

- 1) **Initial Stage:** Encompasses the control efforts taken by resources that are first to arrive at an incident. In an initial stage scenario, only one team is operating in the IDLH area, additional resources can be reasonably expected, and may involve a known rescue function. If a known rescue function is indicated, a minimum of one firefighter in the stand-by mode must remain outside the IDLH area.
- 2) **Initial Stage Standby Firefighter:** One firefighter in stand-by mode in order to provide rescue of initial stage firefighters.
- 3) **Known Rescue:** Exceptional circumstance indicating that immediate action by the first arriving resources may be necessary to mitigate the loss of life or serious injury to a citizen. This generally means a rescue involving a visible or audible trapped victim, or a confirmed report of a trapped victim.
- 4) **Positive Communication:** Contact maintained by visual, verbal, physical or electronic means.
- 5) **Rapid Intervention Team:** A designated and dedicated team of two or more fully trained and equipped members, present outside of the IDLH area, immediately available to rescue firefighters working inside the IDLH area.
- 6) **Standby Mode:** A firefighter in full protective equipment (PPE) including self-contained breathing apparatus (SCBA) with face-piece in the ready and able to provide emergency rescue of firefighters during the initial stage of the incident.

- 7) **Standby Team:** A team of two or more fully trained and equipped firefighters present outside the IDLH area, immediately available to rescue firefighters inside the IDLH area.


II. Initial Stage & Life Hazard Exception:

- 1) If a known rescue condition exists during the initial stage of an incident when only one team is operating in the IDLH area, a minimum of one firefighter in "ready" mode shall be assigned to remain outside the IDLH area in positive communications with the team inside the IDLH area. **This is the only exception where less than a minimum of two personnel deployed outside the IDLH area, in stand-by mode, are allowed.**
- 2) The initial stage stand-by firefighter (or standby team) shall be permitted to perform other duties outside the IDLH area, provided positive communications area maintained with the team working inside the IDLH area.
- 3) The initial stage standby firefighter may be the pump operator. This presumes the standby firefighter is properly attired in personal protective equipment with an SCBA in the "ready" mode. The standby firefighter must maintain an awareness of personnel operating within the interior is alert to conditions and is in positive communication with the entry team.
- 4) Once additional resources arrive at the scene and are assigned, the incident shall no longer be considered in the initial stage. At this point, the Incident Commander shall re-evaluate the situation and risks to operating crews. First and primary consideration shall be given to providing for a Rapid Intervention Team commensurate with the needs of the situation.
- 5) Nothing in this policy prevents activities, which may be taken by members first on the scene to determine the nature and extent of fire involvement including potential life safety hazards. Actions taken preceding initial stage include extinguishment of incipient fire, opening doors, windows for natural ventilation and escorting occupants outside



Thurston County Fire Protection District 8

HR/LF-NDT PROCEDURE

PROCEDURE TITLE:	Rapid Intervention Teams
PROCEDURE NUMBER:	2-01-PR-04
REVISION:	0
DATE ISSUED/REVISED:	23 May 2003
FIRE CHIEF APPROVAL SIGNATURE:	

Procedure: A Rapid Intervention Team (RIT) shall be established during interior structural fire operations and at other emergency scenes that expose firefighters to atmospheres that are imminently dangerous to life & health (IDLH). It is the responsibility of the Incident Commander to provide a RIT Team for the rescue of other firefighters operating at emergency incidents that expose firefighters to atmospheres that are IDLH.

A RIT Team should be considered when personnel are operating in positions or performing functions that would subject them to immediate danger of injury in the event of equipment failure or other sudden event.

I. Definitions:

- 1) **Positive Communication:** Contact maintained by visual, verbal, physical or electronic means.
- 2) **Rapid Intervention Team:** A designated and dedicated team of two or more fully trained and equipped members, present outside of the IDLH area, immediately available to rescue firefighters working inside the IDLH area.

II. Guidelines: A RIT Team shall consist of at least two members and shall be available for rescue of a firefighter or at team if the need arises. RIT Teams shall be fully equipped with the appropriate PPE, SCBA and any specialized rescue equipment that might be needed.

- 1) **Incident Briefing:** When assigned, a RIT Team shall report to the Incident Commander (or their designee based upon the organization of the IMS structure) for a briefing on the incident. This briefing should include such information as location and assignment of crews and occupancy information. At their assigned location, the RIT Team must closely monitor the tactical radio communications and be able to react immediately to a sudden emergency event involving firefighters in the IDLH area.
- 2) **Conducting a Size-up:** The RIT should conduct a size-up of the building or other incident scene features. Particular attention should be made of the following items: entrances and exits, access stairs, water supply sources, and location of specialized equipment (hose, ladders, air bags, extrication equipment, cribbing, jacks, ropes, lighting, power saws etc.).

- 3) **Required Equipment:** Crewmembers shall be in a ready state wearing full protective clothing and SCBA donned in the “ready state”. Additional required equipment may include:

- Portable radios (including 1 for the victim)
- Flathead axe & Halligan Tool (“Irons”)
- Portable hand lamps
- 150’ guide rope
- Hose line (evaluate availability, secure own line)
- Spare SCBA bottle with Mask/Hose.
- Green tarp for equipment staging
- Defibrillation Unit.

For incidents other than structure fires, the protective clothing and equipment will be appropriate for the hazards. Additional equipment might include any combination of the following: ladders, hand and power saws, luminescent lights, utility straps or webbing, and hydraulic or rescue tool with attachments.


III. Missing or Trapped Firefighters: RIT Teams should be reserved for immediate life-threatening situations, such as a firefighter trapped, injured, unaccounted for, or other critical situation(s). An absent member of any crew will automatically be assumed lost or trapped until otherwise determined to be safe.

- 1) **Report:** The Company officers and/or team leaders must immediately report any absent members to their leader/supervisor, who in turn must immediately report to the Incident Commander. Company Officers and/or team leaders should consider loss of radio contact as a crew in trouble.
- 2) **Activation of RIT Team:** Upon notification of a lost or trapped firefighter, the Incident Commander shall:
 - Immediately initiate a Personal Accountability Report (PAR) of companies assigned to duty in the immediate danger zone;
 - Send the RIT Team to the last reported working area of the lost firefighter(s) to begin a search;
 - Designate a Rescue Group Supervisor to supervise the rescue effort;
 - Immediately replace the RIT Team with another company; and
 - Adjust on-scene strategies to prioritize search and rescue efforts.
- 3) **Radio Designation:** Companies assigned to the RIT function shall continue to use their current company designator.



Thurston County Fire Protection District 8

HR/LF-NDT PROCEDURE

PROCEDURE TITLE:	Emergency Fireground Signal
PROCEDURE NUMBER:	2-01-PR-05
REVISION:	0
DATE ISSUED/REVISED:	23 May 2003
FIRE CHIEF APPROVAL SIGNATURE:	

Procedure: The District shall maintain a system by which to notify personnel of the need to immediately abandon a structure or area for protection of their personal safety. The system shall have the ability to quickly communicate this need under any emergency scene condition and also provides for the secondary or back-up means of emergency notification.

All personnel shall be aware of such a system and the need for immediate action on their part to abandon any structure or hazardous area and quickly account for all personnel operating in the structure or hazardous area.

I. Definitions:

- 1) **Abandon:** To immediately exit the structure or hazardous area due to safety concerns for emergency personnel, without regard for removing hoselines or any other equipment.
- 2) **Evacuate:** To remove occupants of a structure or hazardous area in an organized and usually pre-planned manner.
- 3) **Withdraw:** To exit the structure or hazardous area, removing hoselines and emergency equipment due to a change in strategy (e.g. offensive to defensive).
- 4) **Emergency Traffic Tone:** A high/low tone generated over the primary operational radio frequency which indicates emergency radio traffic to follow.

II. Abandonment Process: When in the opinion of any personnel operating on the scene, the abandonment of the structure or hazardous area become necessary, they shall immediately notify the Incident Commander or Incident Safety Officer of the need for abandonment. When in the opinion of the Incident Commander or Incident Safety Officer a structure or hazardous area must be abandoned, the following process shall occur:

- 1) **Radio Notification:** The Incident Commander shall:
 - a. announce over the primary operational radio frequency “*all units operating at (name) Command, ABANDON the building/area*”,
 - b. activate the Emergency Traffic Tone (if so equipped) and then repeat the message, and
 - c. notify CapCom of the abandonment process and request the radio frequency be restricted to “emergency traffic only”.

- 2) **Sounding Air Horns:** All emergency apparatus operators at the scene shall respond by sounding the apparatus air horn for a continuous ten (10) second blast.
- 3) **Abandonment:** Personnel shall immediately abandon the structure or hazardous area. Hoselines and emergency equipment shall be left behind, unless it is needed to facilitate a safe retreat. All crews will report to their Division/Group (immediate) supervisor upon leaving the structure or hazardous area.
- 4) **Personal Accountability Report:** Following the abandonment process, the Incident Commander shall:
 - a. Institute a Personal Accountability Report (“PAR”) of all Divisions, Groups or Teams to ensure abandonment of the structure or hazardous area is complete and all emergency personnel are accounted for.
 - b. When satisfied that abandonment is complete and all personnel are accounted for, will notify CapCom “*abandonment is complete, we have a PAR, normal radio traffic may be resumed*”.

III. General Information:

- 1) **Specific Terminology:** “Abandon” should not be confused with either of the terms “withdraw” or “evacuate”. The term “abandon” shall be used specifically to order this emergency fireground procedure.
- 2) **Unique & Standardized Signal:** The abandonment signal (continuous sounding of air horns) shall only be used when the abandonment of a structure or hazardous area is deemed necessary. To ensure that the abandonment signal is recognizable, on-scene use of short bursts of the air horns (for any other purpose) should be minimized. This is a standard signal in Thurston County.
- 3) **Emergency Radio Traffic:** If abandonment is not complete, or, all personnel are not accounted for during the PAR, the Incident Commander will retain the exclusive use of primary operational radio frequency to repeat this process and initiate search & rescue operations if indicated.

Thurston County Fire Protection District 8

DISTRICT PROCEDURE MANUAL



PROCEDURE TITLE:	Knox Boxes
PROCEDURE NUMBER:	2-01-PR-06
REVISION:	1
DATE ISSUED/REVISED:	9 October 2017
FIRE CHIEF APPROVAL SIGNATURE:	

Procedure: The Knox Box Rapid Entry System has been implemented to minimize damage to property and reduce time loss & risk to premises occupants. The purpose of the locked key box system is to make the keys available to District responders and provide security for the premises owner & occupants. The system is entirely voluntary for any occupancy in the District. Owners are responsible for their purchase, installation and use, however, they must be coordinate the same with the District. The District Key Control Officer shall manage the District Knox Box program (refer to *District Procedure 1-25-PR-02 "Key Accountability"*).

I. Definitions:

- 1) **Knox Box:** Security product of the Knox Corporation; a locked on-premises box containing keys necessary to enter the premises by District responders with a secured key.
- 2) **Secured key:** A coded key used to enter Knox Boxes in the District stored in a special device ("secured key access system") in District apparatus. Only authorized District members have access to Knox Boxes in the District.
- 3) **Secured key access system:** A lockable storage device for the secured key accessible only by authorized District members.


II. System Management: The individual occupancy owner is responsible for the purchase, installation and use of the Knox Box. All Knox Boxes in the District must be keyed for the District standard secured key. This information will be provided to owners when & if they purchase Knox Boxes.

- 1) **Knox Box installation:** The District shall work with the occupancy owner to purchase & install the Knox Box at an appropriate location for access by emergency responders:
 - a. Knox Box order forms for residential and commercial occupancies will be made available upon request to the District Key Control Officer;
 - b. The proper proprietary code for District Knox Boxes is "PS-10-0257-09-05", used in the ordering process;
 - c. After the Knox Box is installed by the owner, they shall contact the District to provide their occupancy key(s) for locking into the Knox Box with the secured key; and
 - d. If the owner changes or modifies occupancy keys, they shall notify the District to arrange for replacing the old keys with the new ones.
- 2) **Access to the secured key:** Provisions for the issuance, control, and auditing of secured keys is covered under *District Procedure 1-25-PR-02 "Key Accountability"*. Authorized members can enter their personal identification code into the keypad of the secured key access system device and the key will "unlock". A blue warning light will flash while the secured key is absent from the device, and will stop flashing when the secured key is replaced. It is the responsibility of the authorized District member using the secured key to ensure that all occupancy keys are returned to the Knox Box, locking it and returning the secured key to the secured key access system device.
- 3) **Lost secured key:** The authorized District member using the secured key shall notify the chief officer on call if a secured key is lost or damaged. The process outlined in *District Procedure 1-25-PR-02 "Key Accountability"* Section 2(f) shall be followed.

Thurston County Fire Protection District 8

HR/LF PROCEDURE



PROCEDURE TITLE:	Personnel Rehabilitation
PROCEDURE NUMBER:	2-01-PR-07
REVISION:	1
DATE ISSUED/REVISED:	2 July 2020
FIRE CHIEF APPROVAL SIGNATURE:	

Rehabilitation activities shall be conducted when members are involved in incidents, training and/or other activities where they are exposed to strenuous or stressful activities, adverse environmental conditions and/or long duration events. Primary during **May through September**, ready access to drinking water or other acceptable beverages shall be provided for members working outdoors when outdoor temperature action levels are reached.

I. Definitions:

- 1) **Other acceptable beverages:** sports-type drinks that do not contain caffeine.
- 2) **Outdoor Temperature Action Levels:** Per Washington State Dept of Labor Industries regulations, the heat levels at which actions must be taken to prevent outdoor heat related illness when members are working outside for more than 15 minutes in a 60 minute period. The outdoor temperature action levels are:

When wearing:	Temp (°F)
Non-breathing clothes including vapor barrier clothing or PPE such as chemical resistant suits. This includes bunker gear.	52
Double-layer woven clothing including coveralls, jackets and sweatshirts.	77
All other clothing. This includes open mesh traffic vests.	89

- 3) **Rehabilitation:** activities that facilitate members' ability to rest, rehydrate, receive relief from exposure to environmental conditions, and be medically assessed to ensure their ongoing safety and ability to participate in and recover from activities.
- 4) **REHAB Group/Branch:** Functional area within the ICS where formalized rehabilitation is implemented and monitored.
- 5) **Recycling:** A timely and efficient means of air replacement and re-hydration of companies while maintaining their assignment; during recycle, members should not remove PPE. After recycling, the member should report back to their original assignment.

II. Responsibilities:

- 1) **Incident Commander:** The IC shall consider the circumstances of each situation and make a determination for the need for rehab and/or ready access to drinking water or other acceptable beverages, including activation of a REHAB Group/Branch.
- 2) **Supervisors:** All supervisors shall maintain an awareness of the condition of each member operating within their span of control and ensure that adequate steps are taken to provide for each members safety and health.
- 3) **REHAB Supervisor/Manager:** The REHAB Officer shall ensure all necessary resources required to adequately staff and supply the REHAB Group/Branch are available and that the location(s) utilized provides adequate protection and/or isolation from environmental elements that could hinder the rehabilitation process.
- 4) **Members:** shall
 - a. **Advise their supervisor when they believe their level of fatigue or exposure to heat or cold is approaching a level that could affect themselves, their crew, or the operation in which they are involved;**
 - b. **Remain aware of the condition of other team members; and**
 - c. **Be responsible for monitoring their own personal factors for heat-related illness including consumption of water or other acceptable beverages to ensure hydration.**

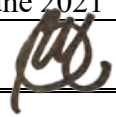
III. Procedures:

- 1) A REHAB Group or Branch should be considered by command staff during the initial planning stages of an emergency response and is **required for any event lasting longer than 2 hours**:
 - a. The climatic or environmental conditions, especially hot and/or humid conditions, as well as cold and/or inclement conditions, must be considered.
 - b. Expected duration of the event must be considered. Any incident that is large in scope, long in duration and/or labor intensive rapidly depletes the energy and strength of members and therefore merits consideration for rehabilitation.
- 2) **Responders will be assigned to REHAB for at least 20 minutes following the use of two 45 or 30 minute SCBA(s) or 40 minutes of strenuous activity without an SCBA.**
 - a. Use of 45 minute SCBAs: member work periods should not consume more than 1/3 to 1/2 capacity of the cylinder, and should be prepared to leave the IDLH environment prior to activation of the SCBA low-air alarm.
- 3) REHAB shall include accountability, an initial assessment, fluid replacement, rest and active cooling/heating. Medical evaluation and treatment shall be provided as necessary:
 - a. Accountability: Members shall use the **PASSPORT** accountability system;
 - b. Initial assessment: Visual assessment and basic vital signs to include blood pressure, pulse and temperature. Members with initial assessment results outside of established parameters shall be referred for **medical evaluation**:
 - i. **Blood pressure greater than 90 diastolic, greater than 150 systolic or less than 100 systolic;**
 - ii. **Heart rate greater than 110.**
 - c. Fluid and food replacement:
 - i. Fluids: Members in rehab need to consume a minimum of 16 ounces of water or other acceptable beverages.
 - ii. Food: Sandwiches, energy bars, fruit, cookies and other simple carbohydrate/protein foods can be served.
 - d. Rest: The member shall not perform any strenuous activity while in REHAB.
 - e. Active cooling (or heating): When appropriate, members shall remove bunker coat and open closures on pants.
- 4) Medical evaluation: Members referred from initial assessment and who do not appear to be ready to return after a 20-minute rehabilitation period shall be medically evaluated by a minimum of an EMT-Basic certified medical provider.
- 5) Individual Health and Wellness: Members should maintain good physical condition, be properly hydrated, well fed and rested prior to duty:
 - a. Avoid excessive amounts of caffeinated beverages while on duty and before training;
 - b. Limit alcohol consumption 24 hours prior to duty; and
 - c. Increase fluid intake if performing strenuous activities.

Thurston County Fire Protection District 8

HR/LF-NDT PROCEDURE



PROCEDURE TITLE:	MAYDAY Notification & Response
PROCEDURE NUMBER:	2-01-PR-08
REVISION:	1
DATE ISSUED/REVISED:	30 June 2021
FIRE CHIEF APPROVAL SIGNATURE:	

Procedure: The District shall maintain a system that will allow personnel to immediately and reliably notify the incident commander that they are in distress and need help. This system should also be consistent with the practice of other fire departments in Thurston County.

1. Definitions:

a) Help Order Model- The *Help Order Model* supports the “inside out” rescue concept. Self-rescue being the most immediate option followed by the member’s crew, adjacent crews and lastly the On-Deck crew fulfilling the RIT function.

b) Mayday – The internationally adopted - call for help - term used anytime a firefighter cannot safely exit an Immediate Danger to Life and Health (IDLH) Hazard Zone.

c) On-Deck Crew- On scene team of at least two members located just outside the IDLH who’s first and foremost responsibility is as a Rapid Intervention Team (RIT) until they are assigned to relieve, reinforce or cover a new crew position. Once an On-Deck company is assigned to a new function, this position will immediately be backfilled with another On-Deck Crew.

2. Responsibilities:

a) Incident Commander – Is responsible for the overall safety of members at the scene and shall manage the incident to ensure adequate personnel are available to effectively address a Mayday incident if the need arises (*WAC 296-305-05000*).

b) Supervisors – Are responsible for the safety of members and to operate within the incident management system. During a Mayday, the Help Order Model shall serve as a guide for rescue-efforts.

c) Personnel – All personnel are responsible for operating safely, within the incident management system. During a Mayday, the Help Order Model shall serve as a guide for rescue efforts.

3. Procedures:

a) Help Order - Maydays are resolved by:

1. The firefighter having the Mayday performs self-rescue;
2. The firefighter’s own crew members perform the rescue;
3. Another company already working in the hazard zone performs the rescue;
4. The On-Deck company serving as RIT from outside the IDLH performs the rescue; and
5. Or a combination of all four of the above.

b) Task Level- Firefighter or interior Unit having the Mayday must:

1. Call a Mayday as soon as the member realizes they cannot safely exit or resolve the issue;
2. Give a Condition, Actions and Needs (CAN) report that includes:
 - Who: Your identity – Unit, Unit riding position, or entire name;
 - What: Caused the condition(s) of the Mayday;
 - Where: Identify your current location/surroundings or your last know location;
 - Needs: The needs that will help resolve the Mayday (critical).
3. Maintain composure and begin self-help/self-rescue techniques;
4. Conserve your air;
5. Activate your PASS unit if appropriate, turn off PASS when communicating on radio; and
6. Maintain radio contact with either the IC or the Division Supervisor, if assigned.

c) Task Level-Other Companies operating in the hazard zone during a Mayday must:

1. Maintain radio discipline. Radio communication must be limited to Mayday announcements, priority traffic and status changes only;
2. Be prepared to assist with the rescue if able to do so; and
3. Interior crews that are actively addressing fire control when a Mayday occurs should continue with their fire control efforts.

d) Divisions and Groups – *Tactical level (if in place)*: A Division Supervisor that is in place at the entry point when a Mayday occurs in their Division must perform the following:

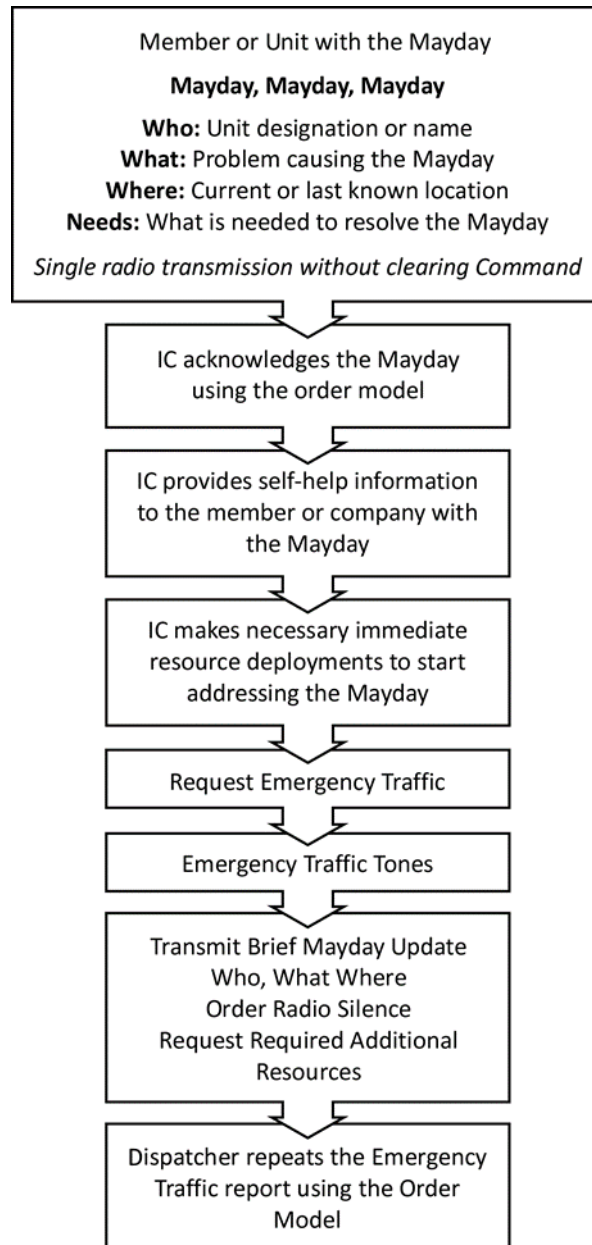
1. Take strong control of entry point;
2. Evaluate and request any needed resources for the Division;
3. Support the fire fight when necessary;
4. Consider the critical factors in the Division;
5. Develop the Division's rescue Incident Action Plan (IAP);
6. Utilize the Help Order Model;
7. Organize, properly equip, and brief On-Deck Units before deployment;
8. Provide clear, realistic objectives to the rescue teams; and
9. Implement, assess, and reinforce the rescue efforts as required in the Division.

e) Incident Commander – Strategic Level: When a Mayday is declared on the fireground, the IC must:

1. Confirm the critical factors – the risk management plan – and the overall strategy;
2. Take strong control of the communications process;
3. Follow the Mayday communication algorithm;
4. Adjust the IAP to address the needs of the Mayday;
5. If the Mayday occurs in an area without a Division Supervisor, the Incident Commander should assign a Division Supervisor to address the Mayday;
6. Coordinate and support the rescue efforts with the Division(s) as required;
7. Expand the incident management system to meet the needs of the incident;
8. Support firefighting operations when necessary; and
9. Consider the medical and technical requirements for the rescue.

NOTE: refer to Appendix “A” on page 3 of 4 and Appendix “B” page 4 of 4.

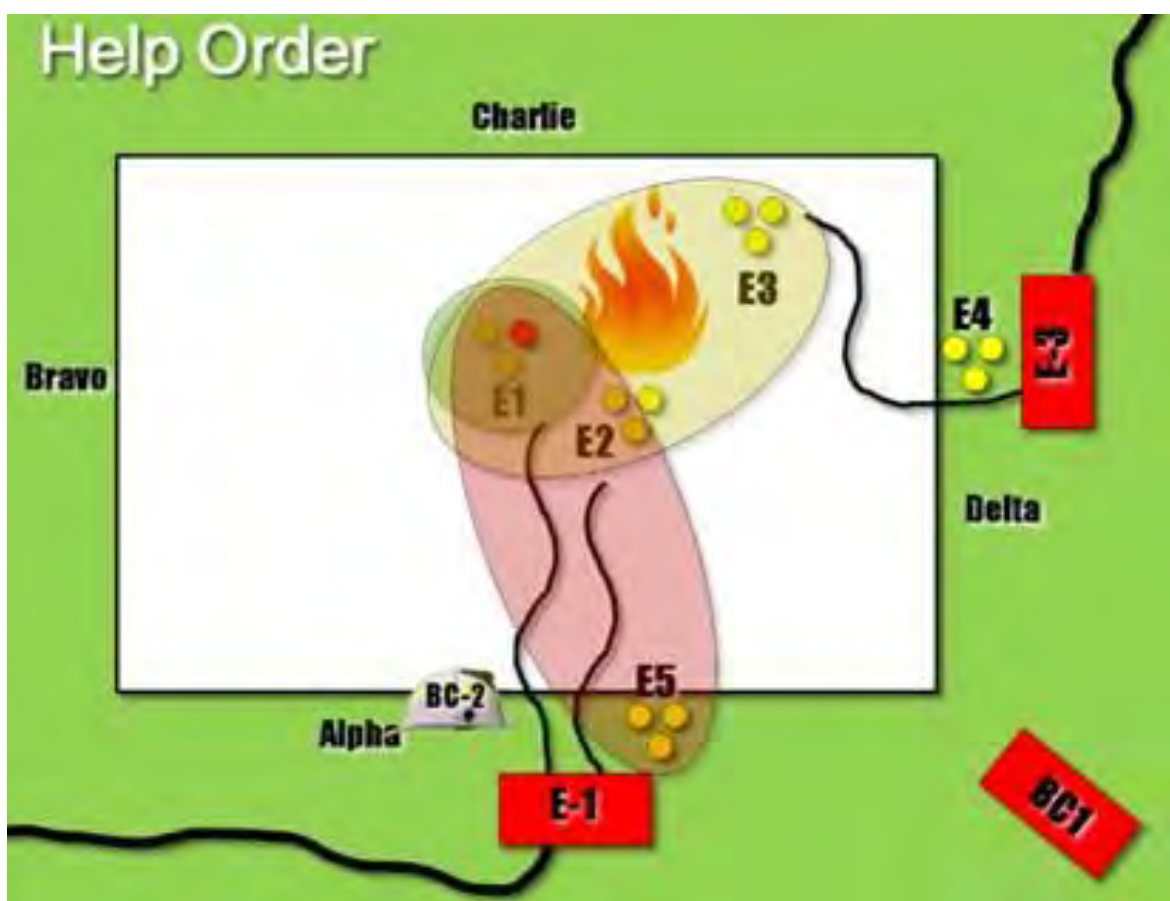
Appendix A - Communication Algorithm



Appendix B: Help Order Model Illustration

Rescue efforts utilizing a concentric approach:

1. Red Dot = Mayday Firefighter on Engine 1 (self-rescue)
2. Green concentric = Engine 1 crew members (Firefighter's crew members rescue)
3. Yellow concentric = Other companies in the hazard zone (other interior crews rescue)
4. Red concentric = RIT or "On-Deck" companies outside the Hazard Zone (exterior crew rescue)



Thurston County Fire Protection District 8

HR/LF-NDT PROCEDURE



PROCEDURE TITLE:	Non-Secure Scene Staging
PROCEDURE NUMBER:	2-01-PR-09
REVISION:	1
DATE ISSUED/REVISED:	2 July 2021
FIRE CHIEF APPROVAL SIGNATURE:	

- 1. Background:** staging should be considered and used in any incident where there may be a situation that can present an imminent threat to responders. District members shall respond to incidents involving known or suspected violence, potential harm or other threats to members with a cautious and defensive manner.

Refer also to *District Procedure 2-01-10 "Potentially Violent Incidents"*.

New law enforcement ("LE") regulations as a result of the 2020-2021 Washington State Legislative Session have changed the rules by which LE will respond to certain events they may have responded to in the past. Circumstances when EMS responders would normally stage and wait for LE to clear the scene for their entry will most likely cease, unless dispatch has determined that a crime has been committed. Responders in this situation will need to be diligent in acquiring as much information as possible in order to make a decision on how to proceed with the incident.

RESPONDER SAFETY IS THE TOP PRIORITY.


- 2. Procedure (LE is not responding):** during the incident response and/or while staged at a location outside of range of vision of the incident scene, the following shall be considered:
 - a) The responding unit officer-in-charge shall determine if LE is responding or not;
 - b) If the on-duty Battalion Chief is not responding, the unit officer-in-charge will request that they do so;
 - c) The officer-in-charge shall designate an appropriate staging location out of the visual range of the incident and communicate the same to all other responding units;
 - d) The officer in charge shall check the CAD mobile data terminal report on the incident for any "safety flags" or pertinent history of the premises;
 - e) The officer-in -charge will telephone (cellular) T-Comm to determine if there has been any past LE incidents at the premises;
 - f) If possible, the officer in charge contact the complainant/caller by telephone (cellular) and attempt to gain additional insight on the incident circumstances; if the patient is able to come outside and meet responders ask them to do so;
 - g) The officer-in-charge should consider if additional EMS staffing is necessary to respond to the scene;
 - h) The officer-in-charge should consider if body-armor PPE is appropriate for donning by responders, and if so, provide that direction;

- i) The officer-in -charge may contact Medical Control and advise of the incident situation if appropriate;
 - j) If after determining that the response crew cannot safely engage in patient treatment and scene mitigation, the officer-in-charge will notify T-Comm by radio that "...we will be terminating our response because we cannot secure the safety of our personnel on scene...";
 - k) Upon return to quarters, the officer-in-charge will complete a full report on the circumstances of the event, including a request for to T-Comm for transcript/record of the radio transmissions;
 - l) As soon as possible after the event, the officer-in-charge shall notify the Fire Chief of the circumstances of the incident.
3. **Procedure (LE is responding):** the responding officer-in-charge will consider all necessary actions as noted in Section 2 above, and, in addition, ensure all units remain in staging until so cleared by LE to enter. The officer-in-charge shall also coordinate with the LE officer-in-charge to ensure continued crew security and safety during the duration of the incident.

Thurston County Fire Protection District 8

HR/LF-NDT PROCEDURE



PROCEDURE TITLE:	Potentially Violent Incidents
PROCEDURE NUMBER:	2-01-PR-10
REVISION:	0
DATE ISSUED/REVISED:	1 August 2019
FIRE CHIEF APPROVAL SIGNATURE:	

I. Overview/Purpose/Scope:

District members have the potential to respond to violent incidents. This procedure outlines expectations and actions our members will follow to ensure their safety, while providing essential emergency service to our citizens.

Our District strives to maintain a safe work environment for our members and will provide essential emergency services in coordination with law enforcement to the public as long as the safety of the responders is not endangered by the incident.

Crews will maintain situational awareness at all times and be constantly assessing our exposure to risk. The following procedure will provide direction to our Members when responding to violent or potentially violent incidents.

II. Definitions:

Non-Secure Scene Staging – A safe location where crews standby at the ready, while law enforcement secures the potentially violent scene (refer to *District Procedure 2-01-09 “Non-Secure Scene Staging”*).

Body Armor/PPE – Tactical vests, fire helmet, and safety glasses used to supplement protection for our members. This equipment is deployed at the discretion of the Incident Commander, or ranking officer. In the absence of an officer, the decision to don this equipment will be left to the crew. Refer to *District Procedure 3-03-04 “Ballistic PPE Procedure”*.

Cold Zone – The area that is presumed to be safe. Responders working in this area typically do not require additional protective measures.

Warm Zone – Law enforcement has isolated the threat, set up a perimeter and is in control of ingress and egress to the area. To operate in a violent warm zone, members must be under the protection of law enforcement and operate under the authority and approval of the Fire/EMS Incident Commander.

Hot Zone – There is a known or suspected active threat in this area. Law enforcement tactical actions are ongoing and this area is not safe for Fire/EMS to operate in.

Violent Incidents – Include, but not limited to:

- Any situation, in which violence has occurred, is occurring or is likely to occur.
- Gang related or criminal activity.
- Any time a member is challenged or threatened with violence or harm.
- Any scene where members are attacked in any way, this includes attacks on apparatus.
- Domestic Violence scenes.
- Any event involving civil disturbance, large scale demonstrations or protests.

Tactical – Actions designed or implemented whereas to gain a temporary advantage in a specific situation.

III. Awareness:

The District is committed to the safety of its members. It is the policy of the District to allow its members to withdraw from the scene or general location of an incident scene when they are confronted by violent individuals, violent or potentially violent situations or any other circumstance presenting a real or perceived imminent threat to member safety. This includes staging for potentially violent situations as directed by Thurston County Medical Protocol and/or direction from TCOMM.

Threat assessment – Any member who believes that there is a threat of violence to personnel at any incident should promptly contact Law Enforcement, evacuate the area and contact their supervisor as quickly as possible. The Incident Commander, scene supervisor or senior ranking member has the authority to initiate a tactical withdrawal and the responsibility to ensure that all members on-scene or at risk due to the threat are notified of the action. Authority for the decision resides primarily with on-scene personnel and should not be delayed while seeking approval or confirmation from a higher authority, who may not be at the incident scene.

All members of the District are expected to continually evaluate their surroundings while responding to incidents or participating in the mitigation of emergency or non-emergency events. The actions and conduct of persons at an event should be a primary element of the ongoing scene safety evaluation. Certain types of events, certain actions taken by individuals involved in events and a variety of other circumstances should trigger a heightened awareness and consideration of personnel safety.

IV. Conducting Tactical Withdrawal:

During the response to an incident – If a tactical withdrawal occurs during the response phase of an incident, the member responsible for initiating the withdrawal is responsible for notifying all responding units, TCOMM and law enforcement of the withdrawal action. The relay of the withdrawal decision to individual units may be conducted by the member, or he/she may choose to have TCOMM notify all responding units to cancel their response or to respond to a defined staging area.

After arrival at an incident – when units are on-scene at an incident and a decision is made to initiate a tactical withdrawal, the Incident Commander or ranking supervisor is responsible for notifying all involved units (including those assigned to the incident but that have not yet arrived) of the withdrawal action. The Incident Commander should also notify TCOMM and law enforcement of the tactical withdrawal and, if time and circumstances allow, the situation and reason for the withdrawal. Individual unit supervisors are responsible for notifying all of their assigned personnel of the withdrawal.

At any time, law enforcement may order a tactical withdrawal of Fire and EMS personnel due to safety concerns.

Notification – Whenever a tactical withdrawal is initiated, the circumstances of the incident will be relayed to the on-duty District chief officer and Fire Chief. The on-duty chief officer should ensure that all on-duty Incident Readiness & Response personnel are immediately notified of the location and circumstances of the incident.

V. Patient Care Considerations:


Special consideration should be taken when a tactical withdrawal is initiated after members have begun providing medical assessment or medical care at an incident scene. If a tactical withdrawal is initiated at a time that members are providing medical services to sick or injured patients, those members should, whenever practicable, attempt to maintain their care of medical patients and evacuate those patients as part of the withdrawal process. In the event that violence or the threat of violence forces members to abandon any patient under their care, the involved member should immediately notify the appropriate law enforcement agency of the location of the patient and request immediate assistance in securing the scene to allow for safe and timely medical treatment and evacuation of the patient.

The members should remain on the call and wait for law enforcement clearance or other information indicating that it is safe to enter the incident scene. Once it is safe to do so, the members should attempt to locate the patient and resume medical evaluation, treatment and transport per protocol. In the event that law enforcement personnel and department members are unable to relocate the patient, the patient may be deemed to have left the scene and the appropriate documentation should be prepared.

Thurston County Fire Protection District 8

HR/LF-NDT PROCEDURE



PROCEDURE TITLE:	Rope Rescue
PROCEDURE NUMBER:	2-01-PR-12
REVISION:	0
DATE ISSUED/REVISED:	15 December 2025
FIRE CHIEF APPROVAL SIGNATURE:	

I. Purpose: To establish standardized procedures for conducting rope rescue operations safely and ensuring the protection of both rescuers and patients in rescue scenarios. This Procedure is in compliance with NFPA Standards 2500, 1006, 1670, & 1983 as well as WAC 296-305, and recognized best practices for Operations Level actions identified in CMC - *Rope Rescue Technician Field Guide*.

II. Scope: Applicable to all rope rescue operations conducted in Level, Low Angle, and Steep Angle terrain types:

- **Level Terrain:** Easy walking terrain with minimal obstacles; rope systems may assist but are only utilized as a fall safety - not intended to maintain a load or lift. 0–15-degree sloped terrain.
- **Low Angle Terrain:** Two Rope system required. Involves simple scrambling with occasional use of hands; rope aids stability and access and will likely need mechanical advantage to assist with raising. 15–40-degree sloped terrain.
- **Steep Angle Terrain:** Two Rope system required. More rugged terrain requiring regular use of hands; rope provides essential support, but system failure would likely result in moderate—not catastrophic—injuries. 40–60-degree sloped terrain.

This framework excludes Steep Angle Terrain rescues and confines the District’s scope to terrain where operation-level personnel can safely function. The Thurston County Special Operations Rescue Team (SORT) must be utilized to operate in Steep Angle Terrains.

III. Definitions:

- **Rope Rescue:** Any rescue operation requiring rope and associated equipment to safely access and remove individuals from hazardous geographic areas with limited access in up to 60-degree sloped terrain.
- **Low-Angle Rescue:** Rescue where the load is partially supported by the rope system; falls or system failures are unlikely to result in serious injury or death—typical of Level or Low Angle Terrain types.
- **Basket/Litter/Stokes:** A patient transport device that consists of a metal frame, a surface for the patient and a protective mesh attached to the frame.
- **Rescuer:** Often referred to as a “litter tender” can be used interchangeably. For the purposes of this Procedure, District personnel operating in this role will be limited to operate under the Rope Rescue Operations definitions herein.

IV. Operational Guidelines:

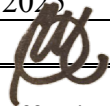
A. Incident Command: First Arriving Units:

- 1) Establish Command immediately upon arrival.
- 2) Complete a size up that includes:
 - Number and location of victims;
 - Victim condition (injured/non-injury);
 - Terrain identification (level, low or steep) and condition (wet/dusty, heavy/light brush, dirt path, loose rock face, etc.);
 - Determine if the victim be reached by other than a rope rescue system; and
 - Determine if the victim self-rescue with coaching;
- 3) Once it is determined that utilizing a rope rescue system is the appropriate rescue tactic:
 - Request a SORT rescue response through dispatch if a rope system will be needed for patient movement and extraction. Establish a staging area for incoming resources.



Thurston County Fire Protection District 8

HR/LF PROCEDURE

POLICY TITLE:	Shore-based Water Rescue
PROCEDURE NUMBER:	2-01-PR-14
REVISION:	0
DATE ISSUED/REVISED:	15 December 2025
FIRE CHIEF APPROVAL:	

1. PURPOSE: To establish procedures for safe, efficient, and effective shore-based water rescue operations by District personnel. This Procedure is designed to guide actions where District responders operate from shore or docks with throw/rescue devices without entering the water.

2. SCOPE: This Procedure applies to all District personnel involved in shore-based water rescue operations including responses to incidents inside and outside of the District involving rivers, lakes, flood waters, and other open and navigable water scenarios.

3. DEFINITIONS: For the purposes of this Procedure, the following definitions are provided:

- **Shore-based rescue:** Rescue attempts conducted from land or structures without responder entry into the water.
- **Personal flotation device (PFD):** USCG-approved Type III or V inflatable life jacket worn by personnel during water rescue operations.
- **Operational zones:**
 - *Hot Zone:* Area within 10 feet of water;
 - *Warm Zone:* Support area beyond the hot zone; and
 - *Cold Zone:* Command and staging area.

4. SAFETY:

- All District personnel operating within 10 feet of the water's edge must wear an approved District issued PFD.
- No District responder shall intentionally enter the water.
- A minimum of two personnel must be present at any shoreline access point (buddy system).
- As soon as staffing allows, a designated Safety Officer shall be assigned during active rescue operations.

5. PROCEDURE:

A. Dispatch and Response:

1. A Lacey Fire District 3 Battalion is the Thurston County resource coordinator for water rescue incidents, who is automatically notified of all water rescue incidents on dispatch;
2. Responding units shall don PFD's prior to attempting rescue;
3. Incident Command (IC) shall be established upon arrival; and
4. IC, in collaboration with a Lacey Fire District 3 Battalion Chief, will perform a size-up, request additional resources, and establish operational zones.

B. Scene Size-Up:

1. Determine number of victims, location, and condition;
2. Identify hazards (current, obstacles, weather, water temperature);

3. Consider sending a crew to reporting party's location to better determine victim or vessel location;
4. Coordinate with Lacey Fire District 3 Battalion Chief to determine most appropriate entry points for jet skis and rescue swimmers that provide best/quickest access to victim(s) or vessel;
5. Establish communication with victim(s) if possible; and
6. Assign shore watch/spotters to maintain constant visual contact.

C. Rescue Methods ("Reach-Throw-Row-Go Model"):

1. **Reach:** Use poles, ropes, or any device to reach the victim;
2. **Throw:** Deploy throw bags or flotation devices;
3. **Row:** Mutual Aid resources, not District personnel; and
4. **Go:** Mutual Aid resources, not District personnel.

D. Victim Recovery:

1. Treat hypothermia or other injuries immediately; and
2. Transfer to EMS for medical evaluation and transport.

6. ROLES & RESPONSIBILITIES:

- **Incident Commander (IC):** Oversees operation, assigns roles, ensures safety, accountability, and enforces Policy and protocols.
- **Safety Officer:** Monitors safety & ensures PPE compliance when staffing allows.
- **Shore Team:** Deploys throw/rescue equipment, assist with victim recovery.
- **Spotters:** Maintain constant eyes on victim(s), report changes to IC.
- **EMS:** Provide post-rescue medical assessment and transport.


7. TRAINING: All District personnel involved in shore-based water rescue must complete:

- Awareness-level water rescue training (annually);
- Review *Tide Pro* information on all Mobile Computer Terminal's and discuss tide depth needed for launching at District marinas;
- Hands-on training in throw bag deployment, communication, and safety; and
- Annual refresher drills that simulate various water rescue scenarios.



Thurston County Fire Protection District 8

DISTRICT PROCEDURE MANUAL

PROCEDURE TITLE:	Powerlines/Trees Down
PROCEDURE NUMBER:	2-01-PR-16
REVISION:	0
DATE ISSUED/REVISED:	15 December 2025
FIRE CHIEF APPROVAL SIGNATURE:	

1) En route considerations:

- Alternate routes, if necessary, during storm events.
- Drive slowly and with caution when nearing the incident to avoid approaching too closely.
- Ensure apparatus is parked a safe distance from the wires. If the apparatus is too close, with emergency lights on, you may reposition without a spotter for personnel safety.
- Request additional units early to protect the scene from the other direction(s).

2) Arrival on scene:

- Confirm location (address specific, hundred block, nearest cross street).
- Provide a size-up: report if wires or trees are down (single or multiple), and whether they are blocking a roadway, driveway, or structure. Note any arcing, sparking, or fire involvement.
- Request additional units if needed for safety, or to block the roadway.
- State Incident Action Plan.

3) Incident actions:

- **Powerlines(s):**
 - Park a minimum of one pole span away from the hazard area.
 - Occupants trapped beneath live wires should remain in the vehicle or structure until power is confirmed de-energized. Use of public address function on siren control to alert citizens if unsafe to exit apparatus.
 - Request Puget Sound Energy (PSE) through Dispatch and provide the affected or closest pole number.
 - If fire, significant smoke, and/or arcing and sparking are present, remain on scene until PSE arrives, always ensuring personnel safety. If the scene becomes unsafe, isolate the area and clear the scene as necessary.
 - When wires are down but pose a minimal hazard to the public (no active fire or concern of incident escalating), use cones and/or high-voltage tape to isolate the area and alert citizens of potential hazards. Once due diligence is observed, the engine may clear at the officer's discretion.
 - If able, utilize on-scene social media contacts (via cellular telephone) to alert/communicate neighborhood of the hazardous situation.
- **Tree(s):**
 - Refer to powerline guidance above when powerlines are involved.
 - When debris in the roadway is manageable, provide for scene safety and clear debris from the roadway.
 - If tree(s) are too large and/or pose serious risk or injury to personnel to remove, use cones and/or caution tape to isolate the area and request Thurston County Public Works Roads Operations (who will only handle if no energized electrical wires are involved).
 - Tree removal is generally limited to public roadways. Private driveways may be cleared only if blockage prevents access to other residences, or life safety concerns are present.

4) Additional considerations:

- Assume all wires are energized until confirmed otherwise by PSE.
- DO NOT apply water to an electrical fire until power is de-energized.
 - At the Officers' discretion, under special circumstances where there is an immediate threat to life or property, water may be applied with a fog stream.
- Take all necessary actions to secure the scene and prevent citizens from entering the hazard zone on foot or by vehicle. If bystanders disregard warnings and attempt to proceed, you have fulfilled your duty by advising them of the danger. Should the situation escalate, report the individuals to Thurston County Sheriff's Office or Dispatch.

- Isolate the scene to minimize further danger to the victim, bystanders, and emergency personnel. Only essential personnel should be allowed in the warm zone.
- Assign a Safety Officer and designate a Rescue Group Supervisor, Rigging Specialist, and an Entry/Edge Team Lead, as staffing allows per established models. Operations level personnel can hold any of these positions under this Procedure.

B. Site Zoning: Establish Hot, Warm, and Cold zones around the working area, following distance and access protocols to ensure safety:

- **Hot Zone** - an area within six feet of the working area with an established perimeter between the hot and warm zone.
- **Warm zone** – the area outside the hot zone where operational tasks are completed.
- **Cold zone** – any area outside the hot or warm zone where support personnel and equipment may be staged.

C. Scene Assessment & Resource Deployment:

- Evaluate the terrain during size-up, and if slope and surface conditions (e.g., wet grass, loose rock) warrant, determine and implement Incident Action Plan.
- Determine subject status and if rope rescue is the necessary/preferred method.
- Deploy appropriate personnel—Operations level trained in low-angle rope rescue—and request SORT early in the incident.

D. Rescue Operations: Rope rescue systems shall be safety checked prior to use by the Safety Officer or someone other than the person assigned to rigging, and:

- Assigned positions (Safety Officer, Rescue Group Supervisor, Rigging Specialist, Edge Team Lead) filled and staffed with adequate number of responders;
- District responders will utilize belted harnesses appropriate for Sit Harnesses Class II (lightweight waist/thigh); and
- Personnel will use clear, standardized verbal commands to maintain coordination and minimize miscommunication.

1) In **Level Terrain** (up to 15-degree slope), operations level personnel may:

- Access victim using single rope technique;
- Package patient in a stokes litter;
- Serve as litter attendants to assist with patient movement; and
- Assist SORT members within the scope of their training.

2) In **Low Angle Terrain** (15-40 degree slope), operations level personnel may:

- Access victim(s) using two rope systems;
- Package a victim in litter/Stokes basket;
- Serve as a litter tender or single rescuer;
- Establish and initiate a “top down” rescue utilizing a two rope mechanical advantage system and lowering system; and
- Assist SORT members at the operational scope of training.

3) In **Steep Angle Terrain** (up to 60-degree slope), operations level personnel must:

- Establish two rope system in preparation of lowering and raising operations;
- Attempt to access the victim utilizing the two rope system;
- Assist SORT members within the scope of their training; and
- A stokes basket and a minimum of two (2), maximum of four (4) litter attendants may be lowered on a two rope system if the terrain is no steeper than 60 degrees, the basket is empty, and a Maestro Petzel is used.

V. Training Requirements:

- Personnel must meet NFPA 2500 – Standard for Operations and Training for Technical Search and Rescue Incidents and Life Safety Rope and Equipment for Emergency Services which define Operations-level standards and must not operate beyond their certified level.
- -

- Regular hands-on drills should include scenario-based training in Level, Low, and Steep Angle Terrain, incorporating all elements: site control, communications, rope management, anchoring, belaying, and patient care and packaging.

VI. Equipment Standards:

- Use only NFPA 2500 compliant General use (G rated) life-safety-rated rope and never substitute utility or escape rope for rescue operations.
- Use only NFPA 2500 compliant General use (G rated) marked or equivalent hardware in all rope rescue system or attachment.
- Include anchoring systems such as tensionless hitches around appropriate natural or structural anchors ($\geq 8\times$ rope diameter) to maintain full rope strength.
- The District Health & Safety Officer shall maintain up to date rope logs that follow NFPA 2500 requirements for equipment inspection/maintenance.

VII. Safety Considerations:

- Back-up systems (e.g., Maestro Petzel, tandem Prusik, or belay devices) must be used during operations involving Steep terrain, defined as slope between 40-60 degrees.
- Continuously monitor environmental hazards like unstable terrain or changing weather.
- Limit exposure time in hazardous zones.
- Never put a rescuer in the hot zone without a viable plan to safely remove that rescuer without requiring additional resources.


VIII. Post-Incident Procedures:

- Debrief all personnel to discuss successes and areas for improvement.
- Document the incident thoroughly, including terrain classification, techniques used, and equipment performance.
- Integrate lessons learned into training curriculums and equipment purchasing plans.
- Complete rope log and clean/dry all equipment used prior to repackaging.



Thurston County Fire Protection District 8

DISTRICT PROCEDURE MANUAL

PROCEDURE TITLE:	Carbon Monoxide Response
PROCEDURE NUMBER:	2-01-PR-17
REVISION:	0
DATE ISSUED/REVISED:	15 December 2025
FIRE CHIEF APPROVAL SIGNATURE:	

i. **General information:**

- Carbon Monoxide (CO) is a colorless, odorless and tasteless gas that is slightly lighter than air. Because of these characteristics, it is difficult to determine whether alarm activation is due to detector malfunction, or the actual presence of CO.
- CO is produced as a result of incomplete combustion of fuels.
- CO displaces oxygen in the body causing hypoxia, dizziness, confusion, unconsciousness, and death at high levels.

ii. **Definitions:** For the purposes of this Procedure, the following definitions shall apply:

- **IDLH** -immediately dangerous to life or health situation where a standby team required.
- **Lower explosive limit (LEL)** - the minimum amount of flammable gas or vapor in air needed to support combustion. > 10% LEL is an action level.
- **4-gas monitor**- a portable device that detects oxygen (o₂), CO, hydrogen sulfide (H₂S), and (LEL) gases.
- **Fresh air sample (FAS)** - is a baseline reading taken in a clean, uncontaminated environment to calibrate a gas monitor.

iii. **Response resources:** Recommended response is one engine company with the Duty Officer (either a battalion chief or acting battalion chief).

iv. **En route considerations:**

- Additional units for IDLH environment; and
- Ambulance and/or Medic Unit for potential patients.

v. **Response guidelines:**

- Provide initial Blue Card radio report, to include evacuation status;
- Turn on the 4-gas monitor to obtain a FAS, while en route or prior to approaching the residence;
- 4-gas monitor shall be used throughout the duration of the incident;
- Instruct occupants to evacuate during investigation;
- Gather critical information from the homeowner, such as are there possible victims?
- Immediately ventilate the area;
- Evacuate people from IDLH environment;
- Request additional resources as necessary to conduct a safe operation;
- Follow Thurston County EMS protocols when providing medical aid;
- Determine which detector(s) activated and their location;
- Determine if the detector is hardwired or a standalone battery-operated;
- Determine if any appliances in the home fueled from natural gas or propane sources;
- Ask the homeowner if any nearby BBQ's, gas-operated tools, or generators were in use nearby, or if any activities may have stirred up dust that could interfere with the sensor;
- Conduct a 360 degree inspection of the residence, using the 4-gas monitor, investigating potential CO sources and identifying gas shutoff locations:
 - PPE shall include full structural firefighting turnouts with SCBA in standby for exterior 360;
 - If exterior readings do not reach an action level, proceed with the investigation into the interior of the structure. >10% LEL and/or >1200 PPM CO is IDLH, action level;
 - Respirator use is indicated during initial investigation until air quality is confirmed safe with 4-gas monitor. Safe levels listed below:
 - ✓ CO <35 PPM;
 - ✓ O₂ >19.5;

- ✓ <10 LEL;
 - ✓ <10 PPM H₂S;
 - ✓ If at any time the monitor reads >10% LEL or 1200 PPM CO, back out, re-assess the situation and request additional resources following the SOG for Natural Gas/Propane leaks; and
 - ✓ If at any time the monitor reads 1200 PPM CO and a standby team is not established, exit the structure and request additional resources as needed. This is now an IDLH environment, and a standby team is required.
- Identify and secure the source of CO. If caused by a gas appliance, shut off the gas supply and perform lockout/tagout if possible;
 - Begin ventilation; open doors and windows to the structure and use a non-gas powered PPV fan;
 - Wait 5 minutes and re-evaluate the air;
 - If the source is NOT detected, exit structure, clear the 4-gas monitor, reenter and sample. Ventilate with non-gas powered PPV fan. Wait five minutes after ventilation, resample; and
 - Notify Puget Sound Energy (PSE).

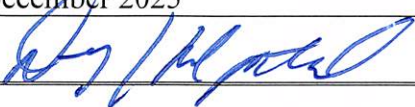
vi. **Additional Considerations:**

- District personnel will not leave the scene until CO <10 PPM unless released by PSE;
- CO is explosive and may trigger readings on LEL; and
- District personnel will not turn on gas valves.

Thurston County Fire Protection District 8



HR/LF POLICY

POLICY TITLE:	Hazardous Materials Incident Operations
POLICY NUMBER:	2-03-PO-00
REVISION:	2
DATE ISSUED/REVISED:	9 December 2025
BOARD APPROVAL SIGNATURE:	


Personnel safety is the highest priority in Hazardous Materials Incident (“Hazmat”) responses. Under RCW 70.136.030, the District must designate a Hazmat incident command agency for incidents within its boundaries. The Washington State Patrol (WSP) shall be the Hazmat incident command agency unless, by mutual agreement, that role has been designated as the District or another agency. As appropriate, the District shall designate the WSP to be the incident command agency for Hazmat incidents within the boundaries of Fire District 8. The District will limit its response primarily to the identification of the materials(s), isolation of the incident and notification of appropriate mitigating agencies.

I. Response Procedures: Reported Hazmat responses will be handled based upon the procedures established in Procedure 2-03-PR-01 “Hazardous Materials Incident Operations” regarding hazardous materials incidents. The function of incident command for the scene shall be assumed by the WSP, however, District response personnel shall assist in any manner for which they are properly trained and equipped.

Thurston County Fire Protection District 8

HR/LF PROCEDURE



<i>GUIDELINE TITLE:</i>	Hazardous Materials Incident Operations
<i>PROCEDURE NUMBER:</i>	2-03-PR-01
<i>REVISION:</i>	0
<i>DATE ISSUED/REVISED:</i>	9 December 2025
<i>FIRE CHIEF APPROVAL SIGNATURE:</i>	

I. Purpose and Scope:

The purpose of this Procedure is to provide operational direction for how the District should respond to hazardous materials (Hazmat) incidents and applies to all District certified “immediately dangerous to life or health” (IDLH) responders with Hazmat operations-level training. District *Policy 2-03 “Hazardous Materials Incident Operations”* specifies that the Washington State Patrol is ultimately designated the incident command agency for Hazmat incidents within the jurisdiction of the District.

II. Definitions: for the purposes of this Procedure, the following definitions are provided:

- a. **Defensive strategy** – A plan to confine the emergency to a given area without directly contacting the hazardous materials involved. This includes non-intervention as a tactic.
- b. **Offensive strategy** – A plan to take direct action on the material, container, or process equipment involved in the incident.
- c. **Non-intervention** – A tactic that may be employed by the initial incident commander or first arriving apparatus any time it is identified that there is an extreme threat of IDLH conditions to responders and the public.
- d. **Hazmat recon** – A preliminary site evaluation referred to in Federal regulations (29 CFR 1910.120); the process for rapidly establishing the “hot zone” perimeter utilizing monitoring equipment.
- e. **HAZMAT IQ** – A response tool used to streamline the size-up process of Hazmat incidents and aid in developing a safe and efficient response to the incident.
- f. **Emergency Response Guide (ERG)** - A manual produced by the US Department of Transportation (DOT) intended for use during the initial phase of a transportation incident involving hazardous materials/dangerous goods.
- g. **NIOSH Pocket Guide** -A US National Institute for Occupational Safety & Health (NIOSH) resource for professionals that provides key information and data for chemicals and substance groupings in order to help responders recognize and control chemical hazards.
- h. **Small Leak** – A leak less than 55 gallons or 200 pounds weight and not IDLH.
- i. **Large Leak** – A leak greater than 55 gallons or 200 pounds weight or IDLH.

III. Response Resource “Packages”: the standard Hazmat incident response resources in Thurston County are:

- a. **HAZMAT1 (Large Leak)** – 4 Engines, 1 Battalion Chief (BC), 1 Tender, 1 Medic, 1 Private Ambulance, Hazmat Team; and
 - b. **HAZMAT2 (Small Leak)** – 2 Engines, 1 BC, Hazmat Team.
- Note:** An aid unit may replace a maximum of 1 Engine for these responses provided the aid unit is staffed with at least 2 IDLH responders.

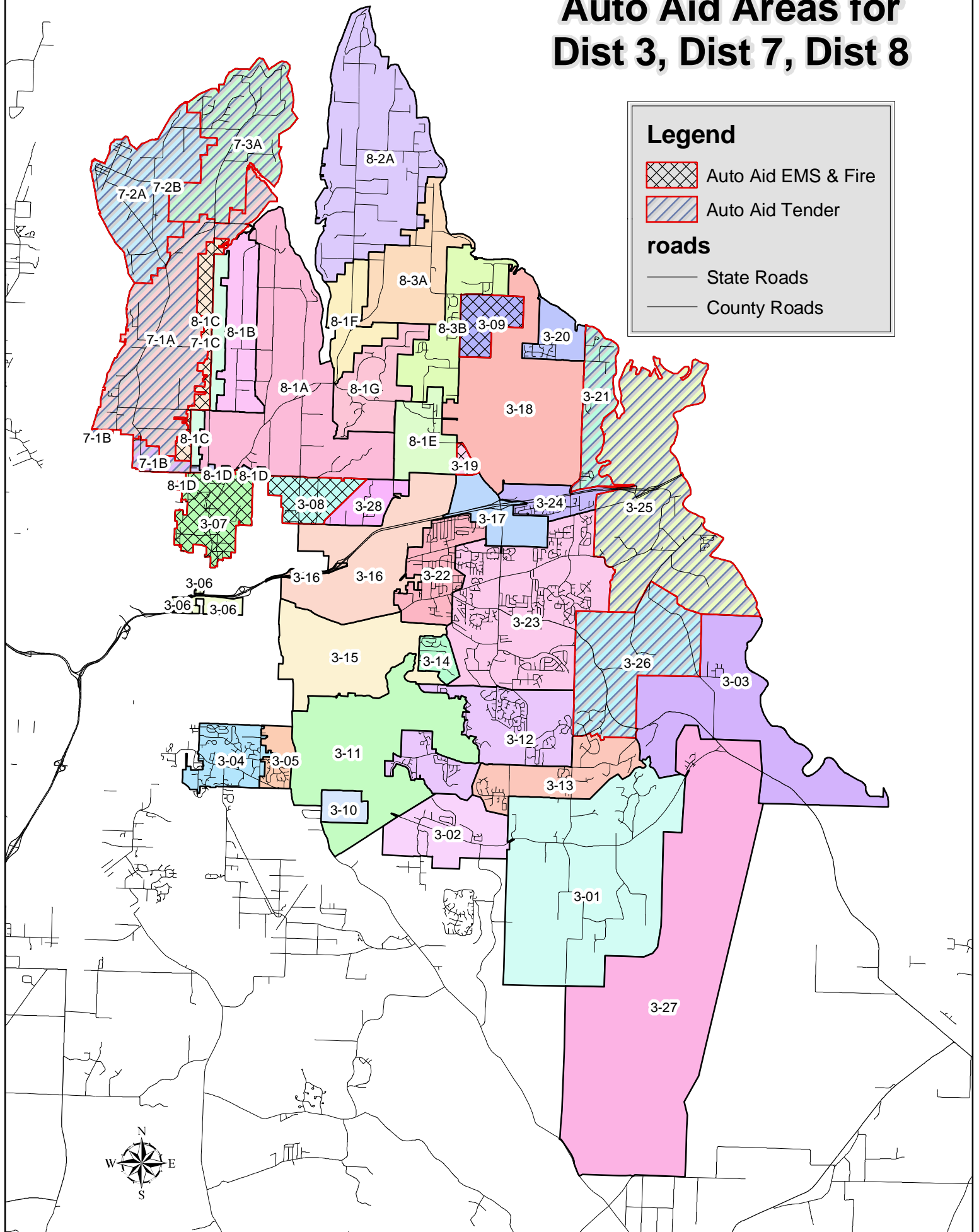
IV. Operational Guidelines:

- a. En route considerations:
 - i. Evaluate dispatch information, wind direction, size of release, topography, exposures, and any information that can be gathered from ERG and NIOSH pocket guides.
 - ii. Anticipate evacuation need.
 - iii. Consider need to notify Thurston County Sheriff’s Office (TCSO) for evacuations, Intercity

- Transit (for area of refuge), need for transport units, and Thurston County Public Work Roads Operations (for scene control).
- iv. As appropriate, request Washington State Patrol (WSP) for overall incident command (IC) functions (*refer to District Policy*).
- b. General guidelines for all Hazmat responses:
- i. Park apparatus at least 300 feet from incidents suspected of involving Hazmat.
 - ii. Isolate the scene and deny entry.
 1. Identify “hot zone”, “warm zone”, and “cold zone”.
 - iii. Perform a scene size up utilizing Blue Card Communications.
 - iv. Incidents involving known or potential Hazmat -consider beginning in the defensive strategy.
 - v. Attempt to identify the material/substance released. Refer to the ERG and NIOSH pocket guide for additional help identifying the material and specific response guidelines.
 - vi. Utilize HAZMAT IQ to conduct risk/benefit analysis and develop Incident Action Plan.
 - vii. Upon identification of a Hazmat that is beyond the capability of District personnel, a Hazmat response will be requested (if not already dispatched).
 - viii. The IC will evaluate and determine the need for evacuations and/or sheltering in place.
 - ix. The IC will assign a Safety Officer and assemble all necessary resources as soon as possible. When possible, the Safety Officer should be a Hazmat Specialist or Technician.
 - x. The IC will serve as a representative in a unified command with outside agencies.
 - xi. Consider an ALS Medic Unit to be placed on standby at the scene for EMS evaluation and treatment of Hazmat incident responders.
 - xii. Initial arriving companies or the IC may choose a non-intervention tactic.
 - xiii. When non-intervention is chosen, District responders should consider hasty evacuations or backing away to a safe area and using indirect methods to attempt public evacuations. Non-intervention examples include:
 1. Bulging or damaged containers with flame impingement;
 2. High pitched sounds from vents or relief valves;
 3. Large volumes of fire that prohibit a successful fire attack with available resources; and/or
 4. Uncontrolled release of potentially highly toxic substance.
- c. Rescue and decontamination:
- i. Utilizing a risk/benefit analysis, District personnel may perform a line of sight rescue of an apparent viable victim if they have, are trained on and use appropriate diagnostic equipment (e.g. thermal imaging camera, gas monitor, etc.) to evaluate the environment of the rescue area and the victim is in all probability “viable” (see Section iii below for viable versus non-viable criteria):
 1. The victim is unable to self-evacuate from the hazard zone;
 2. The minimum number of qualified responders needed to effect the rescue are utilized;
 3. Responders approach the victim with an abundance of caution;
 4. Responders are wearing structural PPE with SCBA providing adequate protection for such a rapid rescue; and
 5. Responders conduct a gross emergency decontamination of the victim and themselves once exiting the hazard area.
 - ii. If a line of sight rescue is to be performed:
 1. “Rescue mode” will be announced to dispatch; and
 2. A standby team of at least 2 responders in full structural PPE and SCBA will be in place.
 - iii. District responders may conduct emergency decontamination of citizens or firefighters. and may assist with technical decontamination (gross, secondary, definitive) under the supervision of a Hazmat technician provided that Structural PPE with SCBA will provide adequate protection for the responder.
- d. Defensive mitigation operations:
- i. Without placing any personnel in danger, responders may take up a defensive posture by employing mitigation procedures typical to operations level tasks. This will include, but is not limited to:
 1. Confinement by diking and damming from a remote location;

2. Control by removal of power or closing a valve from a remote location;
 3. Containment by absorbent pads or retention barriers deployed from a remote location; and/or
 4. Vapor suppression and vapor dispersion.
- e. Offensive mitigation operations:
- i. In a very limited number of situations, District responders can use an offensive strategy at Hazmat incidents if the following conditions are met:
 1. The incident involves a frequently encountered material with well known hazards (examples: gas, propane, natural gas); and/or
 2. Either the incident involves a small, limited leak (example: gas leak from a vehicle) OR personnel have been specifically trained in the task (example: approaching a leaking propane tank with fire close to the valve).
 - ii. District responders will not plug holes, patch holes, or crimp pipes to control leaks.
- f. Scene termination:
- i. The District is not responsible for clean up or disposal of released substances or materials used to control, contain, or confine the release; and
 - ii. Depending upon the status of incident command responsibility, notify agencies with a vested interest of the situation (example – property owners, Department of Ecology, etc.).

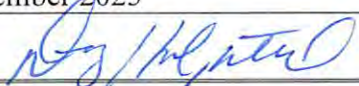
Auto Aid Areas for Dist 3, Dist 7, Dist 8



Thurston County Fire Protection District 8

HR/LF POLICY



POLICY TITLE:	Mutual Aid & Automatic Response
POLICY NUMBER:	2-05-PO-00
REVISION:	3
DATE ISSUED/REVISED:	9 September 2025
BOARD APPROVAL SIGNATURE:	

It shall be the policy of the District to provide mutual aid within the scope of the current Countywide *Mutual Aid Agreement for Firefighting and Emergency Medical Services* with the most qualified staffing available.

I. Mutual Aid: is the joint response by District resources with another agency outside of the District. Mutual aid may be in the form of an automatic response, greater alarm response, providing back-fill coverage for another agency or regional/statewide mobilization. The District may provide requested resources to the extent certain levels of service are maintained within the District.

- 1) *Automatic Response:* the immediate joint response by the District with other agencies in pre-defined geographical areas, or, for pre-defined types of incidents. District resources are considered part of the “primary” and “first alarm” assignment.
- 2) *Greater Alarm Response:* deployment of District resources for a second or larger alarm incident outside the District.
- 3) *Back-fill Coverage:* deployment of District resources to provide stand-by coverage & response for another agency.
- 4) *Mobilization:* organized response to a major declared disaster. Refer also to Policy 2-01 “Emergency Operations Organization”.

II. Automatic Response (“Auto-Aid”): involves providing initial joint response into specific zones that are identified in this Policy and on the accompanying map. An automatic response may be considered the same as a response within the District itself. The Fire Chief or Designee will update the TCOMM run cards as appropriate.

III. Retained Level of Service: For all mutual aid except automatic responses, the Duty Officer shall ensure sufficient equipment and personnel to provide essential services within the District prior to deploying resources outside the District.

IV. Out of District Response: Mutual aid resources may be provided by the District in a coordinated and controlled manner identified at an approved procedural level.

III. Retained Level of Service: For all mutual aid except automatic responses, the Duty Officer shall ensure sufficient equipment and personnel to provide essential services within the District prior to deploying resources outside the District.

- 1) *Staffing:* sufficient number of Emergency Responders, one of whom shall be an officer and one or more of whom will be certified as First Responder or EMT, to staff apparatus retained;
- 2) *Apparatus:* one (1) engine, one (1) tender and one (1) EMS vehicle.

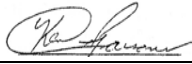
IV. Out of District Response: Mutual aid resources shall be provided by the District in a coordinated and controlled manner. All resources for mutual aid, other than automatic responses, shall respond from staging at Station 8-1 unless otherwise directed by the Duty Officer.

- 1) *Responding:* mutual aid responders respond to the scene when a sufficient number of resources to meet retained level-of-service standards are available either at Station 8-1 or standing by at the substations. Apparatus moving up from substations to Station 8-1 shall be operating in the non-emergency condition unless otherwise directed by the Duty Officer;
- 2) *Response Staffing:* no mutual aid units shall leave the District unless properly staffed; this will require a minimum of three (3) Emergency Responders (one of whom is an officer) for an engine, one (1) Driver-Operator for a tender, and two (2) EMTs or First Responders for an EMS vehicle. The Duty Officer may choose to retain the assigned Duty Crew to cover the District while using other qualified responders for staffing of mutual aid unit(s).
- 3) *Notification:* if an insufficient number of resources are available for both mutual aid response and in-District coverage, the Duty Officer should notify (as soon as possible) CapCom that the District is not available to fill the alarm/request.



Thurston County Fire Protection District 8

DISTRICT POLICY MANUAL

POLICY TITLE:	Newborn Infant Transfer
POLICY NUMBER:	2-06-PO-00
REVISION:	0
DATE ISSUED/REVISED:	6 August 2002
BOARD APPROVAL SIGNATURE:	

The Legislature, by Engrossed Substitute Senate Bill 5236, signed by the Governor in April 2002 which is now effective, passed a statute allowing parents of children less than 72 hours old to transfer custody of such newborn children to firestations or hospitals without threat of criminal charges. The bill requires certain statutory duties of notification and provision of information to parents by qualified District personnel.

The bill requires the District to notify (or ensure notification) of child protective services within 24 hours after the transfer of custody. The bill also requires providing the parent(s) with "referral information" regarding "adoption options, counseling, appropriate medical & emotional aftercare services, domestic violence and legal rights."

The bill requires that the State Department of Social & Health Services (DSHS) develop permanent rules & procedures regarding the statute by the end of 2002. This policy shall act as an interim measure until adoption of final rules by the State.

I. Specific Statutory Definitions:

- 1) "Newborn": means a live human being who is less than seventy-two (72) hours old;
- 2) "Qualified Person": means a paid or volunteer firefighter, and/or State certified EMS provider (emergency medical technician or first responder), at a firestation of the District, during its hours of operation, and while such personnel are present.

II. Role of the Qualified Person in the Transfer Process:


- 1) Qualified persons within the District (firefighters, EMT/FRs) will be trained in, and become knowledgeable about their responsibilities to accept newborn children (as defined in the statute).
- 2) All qualified persons will ascertain, from persons seeking to transfer custody of newborn children and other children, whether or not the child is less than 72 hours old, as determined to a reasonable degree of medical certainty.
- 3) All qualified persons will also ascertain whether the transferor(s) is/are a parent (or parents) of the child.
- 4) The qualified person shall not require a parent to provide any identifying information as a condition of transferring custody of the newborn and shall attempt to protect the anonymity of the parent.
- 5) The qualified person shall attempt to obtain and document the newborn child's family medical history and other pertinent information.
- 6) The qualified person shall provide the parent(s) with referral information regarding "adoption options, counseling, appropriate medical & emotional aftercare services, domestic violence and legal rights" as provided to the District as a result of the DSHS assigned responsibilities of the legislation.

III. Immunity of Qualified Person(s): Pursuant to the law, the qualified person is immune from liability, criminal or civil, for accepting or receiving a newborn child.



Thurston County Fire Protection District 8

HR/LF PROCEDURE

PROCEDURE TITLE:	Newborn Infant Transfer
PROCEDURE NUMBER:	2-06-PR-01
REVISION:	0
DATE ISSUED/REVISED:	6 August 2002
FIRE CHIEF APPROVAL SIGNATURE:	

Whenever a qualified person associated with the District is requested to accept custody of a newborn child or any child who may or may not qualify as newborn, the following procedures will be followed. If a District member who is not a qualified person (firefighter, EMT/FR) is approached in such a manner, they shall immediately contact and request a qualified person respond to that location.

The bill requires that the State Department of Social & Health Services (DSHS) develop permanent rules & procedures regarding the statute by the end of 2002. This Procedure shall act as an interim measure until adoption of final rules by the State.

I. Request for ALS Response: the qualified person will notify CapCom ("Capital") that a newborn or other child has been received and request an Advanced Life Support (ALS) unit to respond to that location.

II. Medical Assessment & Transport: the qualified person and any other EMS personnel shall medically assess the infant in accordance with Thurston County Medic One protocols and provide ALS transport to an appropriate Receiving Facility which should routinely be Providence St. Peter Hospital.

III. Determination of Parent: the qualified person will inquire as to whether the transferring person is a parent of the child, *without* requesting name, social security number or other identifying information.

IV. Determination of Child's Age: the qualified person will attempt to verify the date and time of birth of the child to ascertain if the child is a newborn within the coverage of the statute.

V. Application of the Law to the Transfer: based upon the answers in Sections III and IV above, the qualified person will determine if the law applies to the situation or not (i.e. must be a parent *and* child less than 72 hours old). If the law does not apply, refer to Section VIII below.

VI. Family Medical History: assuring anonymity to the parent, the qualified person will immediately attempt to obtain family medical history, to include:

- a) Age of the mother at time of birth (less than 35 years old?);
- b) Did the mother receive prenatal care?
- c) Was the baby delivered by medical professional(s)?
- d) Did the mother have any problems or complications during her pregnancy?
- e) Is the baby less than 72 hours old?
- f) Did the mother have diabetes?
- g) During the pregnancy, has the mother taken:
 - i. Medications for seizures (e.g. Dilantin, Valproic, Depakene, Tegretol, Atretol, Mysoline, Tridone)?
 - ii. Lithium for depression (e.g. Eskalith, Lithobid, Lithonate)?
 - iii. Pills for acne (e.g. Accutane, Isotretinoin)?
- h) Did the mother use any of the following during her pregnancy:
 - i. Alcohol?
 - ii. Cocaine?
 - iii. Heroin?

- iv. Methamphetamine?
- v. Tobacco?
- i) Are there any of the following medical conditions present in any of the baby's "blood relatives" (i.e. mother, father, sister, brother, grandparents, aunt, uncle, niece, nephew or cousin):
 - i. A heart defect or heart condition?
 - ii. Any birth defects?
 - iii. High blood pressure and/or stroke?
 - iv. Diabetes?
 - v. Cancer?
 - vi. Lung disease or breathing problems?
 - vii. Cleft lip and/or cleft pallet?
 - viii. Nerve or nervous disorder?
 - ix. Hemophilia or other bleeding disorder?
 - x. Depression, schizophrenia or other mental problems?
 - xi. Glaucoma or other eye problems?
 - xii. Hearing difficulty?

All patient information and circumstances of the transfer shall be recorded on a *District Field Incident Report* form, with the pink copy provided to the ALS unit responding.


VII. Notification of CPS: the qualified person will ensure the Child Protective Services (CPS) is notified by District personnel within 24 hours of the infant's transfer. The 24-hour telephone number for CPS is 1-888-822-3541.

VIII. Transfers not Covered Under the Law: if it determined that the child is not "newborn" under the statute, or that the transferring person is not a parent, the qualified person may attempt to obtain family medical history (in Section VI above) and other information through any means reasonably available, and shall address the immediate health and safety needs of the child (as per Sections I and II above). The qualified person shall immediately (*in an appropriate manner as possible*) contact CapCom ("Capital") and request Thurston County Sheriff's Office respond to their location.



Thurston County Fire Protection District 8

HR/LF PROCEDURE

PROCEDURE TITLE:	Newborn Infant Transfer
PROCEDURE NUMBER:	2-06-PR-01
REVISION:	0
DATE ISSUED/REVISED:	6 August 2002
FIRE CHIEF APPROVAL SIGNATURE:	

Whenever a qualified person associated with the District is requested to accept custody of a newborn child or any child who may or may not qualify as newborn, the following procedures will be followed. If a District member who is not a qualified person (firefighter, EMT/FR) is approached in such a manner, they shall immediately contact and request a qualified person respond to that location.

The bill requires that the State Department of Social & Health Services (DSHS) develop permanent rules & procedures regarding the statute by the end of 2002. This Procedure shall act as an interim measure until adoption of final rules by the State.

I. Request for ALS Response: the qualified person will notify CapCom ("Capital") that a newborn or other child has been received and request an Advanced Life Support (ALS) unit to respond to that location.

II. Medical Assessment & Transport: the qualified person and any other EMS personnel shall medically assess the infant in accordance with Thurston County Medic One protocols and provide ALS transport to an appropriate Receiving Facility which should routinely be Providence St. Peter Hospital.

III. Determination of Parent: the qualified person will inquire as to whether the transferring person is a parent of the child, *without* requesting name, social security number or other identifying information.

IV. Determination of Child's Age: the qualified person will attempt to verify the date and time of birth of the child to ascertain if the child is a newborn within the coverage of the statute.

V. Application of the Law to the Transfer: based upon the answers in Sections III and IV above, the qualified person will determine if the law applies to the situation or not (i.e. must be a parent *and* child less than 72 hours old). If the law does not apply, refer to Section VIII below.

VI. Family Medical History: assuring anonymity to the parent, the qualified person will immediately attempt to obtain family medical history, to include:

- a) Age of the mother at time of birth (less than 35 years old?);
- b) Did the mother receive prenatal care?
- c) Was the baby delivered by medical professional(s)?
- d) Did the mother have any problems or complications during her pregnancy?
- e) Is the baby less than 72 hours old?
- f) Did the mother have diabetes?
- g) During the pregnancy, has the mother taken:
 - i. Medications for seizures (e.g. Dilantin, Valproic, Depakene, Tegretol, Atretol, Mysoline, Tridone)?
 - ii. Lithium for depression (e.g. Eskalith, Lithobid, Lithonate)?
 - iii. Pills for acne (e.g. Accutane, Isotretinoin)?
- h) Did the mother use any of the following during her pregnancy:
 - i. Alcohol?
 - ii. Cocaine?
 - iii. Heroin?

- iv. Methamphetamine?
- v. Tobacco?
- i) Are there any of the following medical conditions present in any of the baby's "blood relatives" (i.e. mother, father, sister, brother, grandparents, aunt, uncle, niece, nephew or cousin):
 - i. A heart defect or heart condition?
 - ii. Any birth defects?
 - iii. High blood pressure and/or stroke?
 - iv. Diabetes?
 - v. Cancer?
 - vi. Lung disease or breathing problems?
 - vii. Cleft lip and/or cleft pallet?
 - viii. Nerve or nervous disorder?
 - ix. Hemophilia or other bleeding disorder?
 - x. Depression, schizophrenia or other mental problems?
 - xi. Glaucoma or other eye problems?
 - xii. Hearing difficulty?

All patient information and circumstances of the transfer shall be recorded on a *District Field Incident Report* form, with the pink copy provided to the ALS unit responding.

VII. Notification of CPS: the qualified person will ensure the Child Protective Services (CPS) is notified by District personnel within 24 hours of the infant's transfer. The 24-hour telephone number for CPS is 1-888-822-3541.

VIII. Transfers not Covered Under the Law: if it determined that the child is not "newborn" under the statute, or that the transferring person is not a parent, the qualified person may attempt to obtain family medical history (in Section VI above) and other information through any means reasonably available, and shall address the immediate health and safety needs of the child (as per Sections I and II above). The qualified person shall immediately (*in an appropriate manner as possible*) contact CapCom ("Capital") and request Thurston County Sheriff's Office respond to their location.



Thurston County Fire Protection District 8

HR/LF POLICY

PROCEDURE TITLE:	Fire Incident Documentation & Reporting
PROCEDURE NUMBER:	2-10-PO-00
REVISION:	0
DATE ISSUED/REVISED:	21 July 2006
BOARD APPROVAL SIGNATURE:	<i>Quin Amell</i>

I. Policy: Under RCW 48.48.065, the District shall provide statistical information to the Washington State Patrol (WSP, director of fire protection) in the national fire incident reporting system (NFIRS) format. When a fire incident results in the death or injury to any civilian or responder or the cause/origin of the fire is of a suspicious nature, the District Incident Commander (IC) shall ensure the appropriate fire investigation authority is notified.

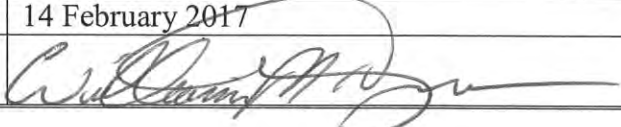
II. Procedure & Responsibility:

Responsibility	Activity
Fire Chief or Designee	<ol style="list-style-type: none"> 1) Ensure that a District fire incident reporting system is in-place and data submitted in a process that meets WSP reporting requirements. 2) Ensure that District members are adequately trained on NFIRS reporting requirements and basic fire observations skills (ref: NFPA 1001:3-3 & 4-3). 3) Ensure that District ICs are adequately trained in basic fire cause & origin determination (ref: NFPA 1001: 4-3). 4) Coordinate District documentation for investigation of fire incidents: <ul style="list-style-type: none"> ▪ Thurston County Fire Marshal (TCFM): suspicious cause/origin or undetermined ▪ Thurston County Sheriff's Office (TCSO): fatality or serious injury
Incident Commander	<ol style="list-style-type: none"> 1) If the fire incident has any death or serious injury, or, the cause/origin is suspicious in nature: <ul style="list-style-type: none"> ▪ notify a District chief officer if not already responding/on scene; ▪ coordinate with District chief officer on scene for fire investigation process. 2) If the fire incident is of a minor scope and obviously unintentional cause/origin: <ul style="list-style-type: none"> ▪ ensure all NFIRS related data, including probable cause/origin of the fire, is collected prior to clearing the scene; ▪ ensure a District fire incident report form is completed; and ▪ review the report for accuracy and store in a secure location as provided. 3) Follow <i>District Policy 1-50 "Management of Legal Risk"</i> procedures for notification of a significant event. 4) Information provided to the public or media shall be consistent with that identified under <i>District Policy 1-91 "Public Information"</i>.
District Chief Officer on Scene	<ol style="list-style-type: none"> 1) If on a District fire incident scene with any death or serious injury, or, the cause/origin is suspicious in nature: <ul style="list-style-type: none"> ▪ coordinate with IC on currently known conditions & information; ▪ notify TCFM or TCSO via CapCom to coordinate fire investigation response; ▪ begin documentation of scene conditions & operations (District fire incident report form, responder/by-stander observation reports, photographs if possible) 2) Forward all documentation to Fire Chief
District Responder	<ol style="list-style-type: none"> 1) Obtain training on fire incident reporting requirements, use of District fire incident report forms and fireground awareness & observation. 2) If requested by the IC, complete an accurate observation report. 3) Assist in scene control as directed by the IC.

Thurston County Fire Protection District 8

HR/LF POLICY



POLICY TITLE:	District Health & Safety Program
POLICY NUMBER:	2-20-PO-00
REVISION:	2
DATE ISSUED/REVISED:	14 February 2017
BOARD APPROVAL SIGNATURE:	

I. STATEMENTS OF INTENT

1. The District shall establish, maintain, review as necessary, and enforce a safe and healthful working environment by developing, implementing, and maintaining a Health and Safety Program aimed at:
 - *Preventing and minimizing accidents, injuries, and exposures;*
 - *Educating members in the fundamentals of accident prevention;*
 - *Identification, investigation, and correction of hazards; and*
 - *Providing for member protection from health and safety hazards.*
2. The Fire Chief shall appoint a Health and Safety Officer (HSO) to perform those duties and responsibilities as outlined in Chapter 296-305 WAC, and who will act as coordinator of the District Health & Safety Program.

II. DEFINITIONS

1. For the purposes of this Policy, the following definitions shall apply:
 - a. Incident Readiness & Response Duties: functions that members properly trained, equipped and managed to perform in mitigating fire and medical emergencies. These duties may present varying levels of exposure to hazards.
 - b. Incident Safety Officer: a member of the District who has been trained to perform the duties of a safety officer in the Incident Management System at an incident.
 - c. Infection Control Officer: when used in reference to District EMS operations or procedures, shall be the HSO or designee.
 - d. Member: any elected, volunteer or career (full or part time) person that is employed in the business of the District. Members may be assigned to Incident Readiness & Response (IR&R) duties, or to non-IR&R functions (e.g. administrative, clerical, reception, etc.).
 - e. Regulations: the Department of Labor & Industries *Safety Standards for Firefighters* (Chapter 296-305 WAC), *General Occupational Health Standards* (Chapter 296-62 WAC, Parts C and I-1) and *Safety Standards for General Safety & Health* (Chapter 296-24 WAC as referenced), and other regulations as applicable. This definition shall *not* include prescriptive standards as offered by the National Fire Protection Association or any other organization unless specifically adopted by the Program

III. DISTRICT RESPONSIBILITY FOR HEALTH & SAFETY

1. It shall be the responsibility of the Board to ensure that the Fire Chief establish, supervise, maintain and enforce, in a manner which is effective in practice and in compliance with Regulations:
 - a. A safe and healthful working environment, as it applies to non-combat conditions or to combat conditions at a fire scene after the fire has been extinguished, or to any other scene of an incident that does not present an environment that is potentially dangerous to life and health, as determined by the Incident Commander.

- b. An accident and exposure prevention program as required by Regulations.
 - c. Programs for training members in the fundamentals of accident and exposure prevention.
 - d. Procedures to be used by the HSO and/or Infection Control Officer and Incident Commander to ensure that emergency medical care is provided for members on duty.
 - e. An accident and exposure investigation program as required by Regulations.
2. The District shall establish and maintain a Safety Committee consistent with the provisions of WAC 296-305-01505 regulations. The Safety Committee shall elect a chair, and shall serve in an advisory capacity to the HSO and the Fire Chief.
3. The District shall provide emergency washing facilities for both major-body and/or eyes where there is potential for exposure to corrosives, strong irritants or toxic chemicals as recommended on Safety Data Sheets; they shall be no further than fifty (50) feet or ten (10) seconds from potential exposure sites.
4. The District shall be responsible for obtaining or providing suitable expertise to comply with all testing requirements as required by Regulations. Such expertise may be secured from within the District's organization, from equipment and apparatus manufacturers, or otherwise suitable sources.
5. A bulletin board or posting area exclusively for health & safety information shall be provided by the District in an accessible location at all staffed firestations. The bulletin board or posting area shall be large enough to display all health & safety information as required by applicable Regulations.
6. The District shall develop and maintain a hazard communication program as required by Regulations which will provide information to all members relative to hazardous chemicals or substances to which they are exposed, or may routinely be exposed to, in the course of their employment.
7. The District shall ensure that members who are expected to do IR&R duties or be exposed to environments potentially dangerous to life and health are physically capable of performing duties that may be assigned to them during emergencies or other such activities. The District shall not knowingly permit members with reported or reasonably identifiable physical limitations to participate in such activities unless the member has been released by a physician to participate in such activities. The District shall also make efforts to ensure that an Incident Safety Officer has been assigned by the Incident Commander during incidents that present any significant danger to health and safety for members.

IV. MEMBER RESPONSIBILITIES FOR HEALTH & SAFETY

1. Members shall cooperate with the District and other members in efforts to eliminate accidents and exposures. Each member shall comply with the provisions of the Program as appropriate.
2. Members shall immediately notify the appropriate District representative of unsafe work practices and of unsafe conditions of equipment, apparatus or work places.
3. Members shall apply the principles of accident or exposure prevention in their work. They shall use all required safety devices, protective equipment, and safety practices as provided and/or developed by the District. Each member shall take proper care of all personal protective equipment.
4. Members shall attend required training and/or orientation programs designed to increase their competency in occupational safety & health.
5. Members who are under the influence of alcohol or drugs shall not participate in any District operations or other functions. This rule does not apply to persons taking prescription drugs as directed by a physician or dentist providing such use does not endanger the member or others.

V. SAFE PLACE STANDARDS

1. The District shall furnish and require the use of appropriate safety devices, protective equipment and safety practices. All District operations and other functions shall be so managed as to promote the safety & health of members. The member shall do everything reasonably necessary to protect the safety & health of others.
2. No member shall:
 - a. Remove, displace, damage, destroy or carry off any safety device, protective equipment, safeguard, notice or warning furnished for use in any employment or place of employment.
 - b. Interfere in any way with the use of any safety device, protective equipment, method or process adopted for the protection of any employee and/or member.

VI. HEALTH AND SAFETY PROGRAM COMPONENTS


The Health and Safety Program for the District shall include, but is not be limited to, the following topics (covered under separate Procedures attached to this Policy):

1. Accident reporting and documentation;
2. Accident investigation;
3. Personal protective equipment;
4. Respiratory protection;
5. Infectious disease exposure control;
6. Chemical hazard communications;
7. Lock-out / tag-out of equipment;
8. Health and wellness;
9. Safety training; and
10. Equipment & facility safety inspections.

Thurston County Fire Protection District 8

HR/LF PROCEDURE



PROCEDURE TITLE:	Personal Protective Equipment
PROCEDURE NUMBER:	2-20-PR-01
REVISION:	0
DATE ISSUED/REVISED:	3 May 2017
FIRE CHIEF APPROVAL SIGNATURE:	

I. STATEMENTS OF INTENT

1. The District shall provide and maintain, at no cost to the employee, the appropriate personal protective equipment (PPE) to protect from the hazards to which the member is or is likely to be exposed.
2. The District shall ensure the use of all protective clothing complies with WAC 296-305-02001.
3. Members shall be trained in the function, donning, doffing, care, use, inspection, maintenance, and limitations of the PPE assigned to them or available for use.
4. Members shall receive PPE of appropriate size according to manufacturer's recommendations, physical characteristics and other sizing requirements.
5. All PPE shall be purchased and maintained to meet the applicable Washington Administrative Code requirements and/or national standards, including but not limited to WAC 296-305 *Safety Standards for Firefighters*, WAC 296-800 *Safety and Health Core Rules*, and WAC 296-62 *General Occupational Health Standards*.
6. Where the PPE component requirements are based on a date of purchase and the District is unable to document a purchase date for that component, the more stringent requirements shall be used.
7. The use of personally owned PPE shall require authorization from the Fire Chief or designee and conform to the requirements of this procedure.

II. REQUIREMENTS FOR PPE

1. Structural Firefighting PPE
 - a. Trousers and jackets shall conform to requirements outlined in WAC 296-305-02002 and NFPA 1976.
 - b. Structural firefighting PPE shall be worn during fire, rescue, and hazmat responses (as appropriate according to nature of the hazmat).
2. Head Protection
 - a. Head protection shall be worn when working in areas where there is a potential for injury to the head from falling or flying objects. These situations include, but are not limited to: Fires, water rescue situations, fire investigations, hanging hose in a drying tower, loading fire hose on top of an apparatus or stabilizing a ladder.
 - b. Helmets with face shields or goggles shall be worn by firefighters engaged in structural firefighting activities at all times when the face is not protected by the full face piece of the SCBA.
 - c. If there is a potential for hair catching in a moving or rotating shaft or piece of equipment, members shall wear caps or other types of hair covering to prevent the hazard.
 - d. When engaged in firefighting activities, all hair shall be covered with a nomex hood.
 - e. Helmet accessories shall not interfere with the function of the helmet or its component parts and must be approved by the Fire Chief or designee.
 - f. District provided insignia, lettering, and/or helmet shield backing are allowed to be placed on the helmet. No other insignias, lettering or markings may be installed without Fire Chief or designee approval.
3. Eye and Face Protection
 - a. Primary eye and face protection meeting the most recent ANSI Z87.1 standard shall be available and worn when members are exposed to or face hazards from flying particles, breaking glass, molten metal, liquid chemicals, acids or caustic liquids, chemical gases, charging vehicle batteries, or potentially injurious light radiation.
 - i. Helmet visors of the exterior type do not meet the intent of this eye protection.
 - ii. Goggles or internal helmet visors do meet the intent.
 - iii. When a known and significant hazard exists, goggles or other primary eye protection should be worn in addition to using the helmet face shield.

- b. If corrective lenses are required by the member, they shall not interfere with the function of face/eye protection.
 - i. Members may wear contact lenses if approved for use by their vision medical provider; eye/face protection shall be worn over the contact lenses as required.
 - ii. Members may wear goggles that can be worn over the corrective lenses, spectacles with protective lenses that provide optical correction, or goggles that incorporate corrective lenses mounted behind the protective lenses.
 - c. Structural helmets that do not provide a face shield shall be fitted with cushioned fitting goggles.
 - d. Respiratory protection shall follow the District *Respiratory Protection Procedures*.
 - e. Eye and face protection for EMS shall follow the District *Infectious Disease Control Procedures*.
- 4. Foot Protection
 - a. Foot protection (involving steel toes) shall be worn when the member is working in areas where there is danger of foot injuries due to falling or rolling objects, or objects piercing the sole, and where a member's foot is exposed to electrical hazards.
 - b. Steel toe boots or shoes shall be worn when a member is on shift, or performing department related activities, with the exception of during physical fitness activities.
- 5. Hand Protection
 - a. Hand protection shall be worn when the member's hands are exposed to hazards with potential of skin absorption of harmful substances, chemical or thermal burns, impalement or lacerations, and harmful temperatures.
 - b. Hand protection for EMS shall follow the District *Infectious Disease Control Procedures*.
 - c. Extrication gloves may be used during vehicle extrication in lieu of structural gloves.
 - d. Only structural fire gloves meeting NFPA 1971 standards may be used during firefighting activities, with the exception of wildland fires, when leather gloves may be utilized.
- 6. Hearing Protection
 - a. Hearing protection shall be worn when the exposure to noise is equal to or greater than an 8 hour time weighted average of 85 dB OR when exposed to noise in excess of 115 dB OR when the exposure from impact or impulse noise is measured at or above 140 dB using appropriate equipment and rating scales **except** when use of hearing protection would create an additional hazard to the user such as during fire suppression activities.
 - i. In the absence of appropriate sound rating instruments, if it is reasonably expected that the aforementioned noise action levels may be reached, hearing protection is indicated.
- 7. Personal Flotation Devices (PFDs)
 - a. PFDs shall be worn by a member working on, over, or along water where the danger of drowning exists.
 - b. PFDs shall meet US Coast Guard standards for Type I, II, III, or IV as applicable to the situation.
 - c. **Exception:** PFD's are not required when engaging in fire suppression activities and an SCBA is in use.
- 8. Wildland Fire PPE
 - a. Protective pants, coat/shirt, gloves, helmet, and foot protection shall be worn when combatting wildland fires.
 - b. Nomex or 100% cotton wildland coats/shirts and pants (or District issued uniform pants) may be used in lieu of structural fire gear to combat wildland fires.
 - c. Leather boots may be worn, but must be at least 8 inches tall.
 - d. Structural fire gear may be worn at wildland incidents, but for no more than 1 hour total.
- 9. Reflective Traffic Vests
 - a. Reflective traffic vests shall be worn when operating on or near a roadway, during emergency and routine activities.
 - b. **Exception:** Reflective traffic vests shall not be worn during fire suppression activities.
- 10. Chainsaw Chaps
 - a. Chainsaw chaps shall be worn anytime a chainsaw is in operation and held off of the ground.
 - b. **Exception:** Chainsaw chaps are not required during emergency situations such as roof ventilation.
- 11. Station Uniforms
 - a. Issued Station uniforms shall meet the requirements of WAC 296-305-02001.
 - b. Station uniforms and steel toe boots shall be worn by all on-duty members who are subject to emergency response.
 - c. **Exception:** This policy shall not apply during times of physical fitness. However, members shall not wear attire that may be unsafe due to poor thermal stability when responding to an emergency, even if structural firefighting PPE is donned.
 - d. Refer also to District Policy 3-05 "*Standards for Uniforms & Personal Protective Equipment*".

III. PPE MAINTENANCE

1. Decontamination and cleaning

- a. The District shall provide for the cleaning of protective clothing and contaminated station uniforms at no cost to the employee.
 - b. Cleaning of PPE shall follow NFPA 1851 (2008 or newer edition) – *Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Firefighting and Proximity Firefighting*, and manufacturer recommendations.
 - c. Medical gloves shall be worn during decontamination of PPE in order to prevent absorption of potential contaminants.
 - d. On scene gross decontamination of structural or wildland PPE shall occur following any incident involving known or potential contamination such as firefighting activities, hazmat incidents, severe trauma incidents, etc.
 - e. Known or potentially contaminated structural or wildland PPE shall be cleaned in the extractor within 24 hours of the contamination.
 - f. Helmets, goggles, and SCBA face pieces shall be cleaned within 24 hours of known or potential contamination, following manufacturer recommendations.
 - g. Helmets, goggles, and SCBA face pieces shall be disinfected prior to being re-issued to other members, following manufacturer recommendations.
 - h. Footwear shall be cleaned with warm water and a mild detergent, or following manufacturer's recommendations.
 - i. Normal cleaning and care of station uniforms is the responsibility of the member. When station uniforms are contaminated, follow the *Infectious Disease Control Procedures*.
 - j. PPE shall not be worn after cleaning until it is thoroughly dry.
2. Storage of PPE
- a. The transport of structural firefighting PPE in personal vehicles shall be kept to a minimum.
 - i. Transport of PPE in a gear bag and not in the main passenger compartment is recommended.
 - b. Structural firefighting PPE shall not be staged or stored in direct sunlight.
 - c. PPE shall not be stored while contaminated.
 - i. PPE waiting to be decontaminated shall be broken down and staged in the decontamination room until decontamination can take place.
 - d. Structural firefighting PPE shall be stored in a dry and climate controlled environment.
 - e. Structural firefighting PPE, to include respirators, shall not be brought into living areas to include but not limited to: kitchens, dining areas, sleeping areas, and day rooms.
3. Inspections and Repairs
- a. All District issued PPE shall be inspected and inventoried upon receipt and prior to issuing to personnel.
 - b. All bunker gear, footwear, wildland clothing, helmets, PFD's, gloves, and any other form of PPE shall be inspected before and after each use by the member.
 - i. All PPE shall be cleaned and/or disinfected prior to inspection.
 - c. All structural firefighting equipment shall be inspected every 6 months by a person or persons qualified by the District.
 - i. The inspection shall be documented on appropriate forms, using grading guidelines provided on the form.
 - ii. If equipment needs to be taken out of service for repairs the person making the inspection will notify the member with the assigned equipment of the reason for taking the gear out of service and what new equipment has been assigned to the member.
 - d. The Assistant Chief of Equipment and Facilities is responsible for ensuring repair and/or replacement of damaged PPE.
 - e. Repairs, deletions, additions, or alterations to PPE shall be consistent with manufacturer recommendations and performed by qualified personnel per the manufacturer.
4. Retirement of PPE
- a. PPE shall be retired when:
 - i. Structural integrity is compromised beyond repair.
 - ii. It is not cost effective to repair the item.
 - iii. The item is contaminated to an extent that it is not feasible or cost effective to decontaminate the item.
 - iv. Directed by manufacturer's recommendations.
 - v. Structural firefighting PPE elements are greater than 10 years old from date of manufacture.


IV. RECORD-KEEPING

1. Records indicating at least the date of purchase shall be maintained for the life of any PPE component.
2. Records on bunker gear, including semi-annual inspections and repairs, shall be retained for the life of the component.



Thurston County Fire Protection District 8

DISTRICT SAFETY PROCEDURE

POLICY TITLE:	Accident Reporting, Investigation and Documentation
POLICY NUMBER:	2-20-PR-02
REVISION:	1
DATE ISSUED/REVISED:	29 October 2021
FIRE CHIEF SIGNATURE:	

1.0--STATEMENTS OF INTENT

- 1) Any accident or near miss, no matter how insignificant it may seem at the time, shall be reported. Failure to report an accident may result in disciplinary action.
- 2) Accidents with personnel injury or occupational illness that meet certain criteria will also be reported to the Washington Department of Labor and Industries ("L&I") or the State Board of Volunteer Firefighters & Reserve Officers (BVFF) as required by law.
- 3) Any accidents that involve any non-members (e.g. the public, customers, vendors, etc.) and/or result in any significant property damage (either owned or not) are required to be reported to the on-duty Battalion Chief and the District Health & Safety Officer no matter how small the accident.
- 4) The preliminary cause of all accidents shall be investigated by the District Health & Safety Officer with findings documented, reported to the District Safety Committee and Fire Chief and kept for reference.

2.0--RESPONSIBILITY

- 1) Members shall:
 - a) Take steps to correct hazards when they are observed;
 - b) Report accidents and near misses to their supervisor according to these procedures; and
 - c) Document and report near misses and accidents accurately on proper forms.
- 2) Supervisors shall:
 - a) Make proper notifications that an accident has occurred;
 - b) If the accident is to a volunteer member, forward the original completed form for the BVFF, to the District Health & Safety Officer;
 - b) Ensure all accident reporting documentation is completed accurately;
 - c) Include a copy of the law enforcement investigation report, if any, with the accident report;
 - d) Investigate all accidents and make recommendations for preventative action;
 - e) If indicated, assist the District Health & Safety Officer in the conduction of an investigation; and
 - f) Ensure that all subordinates know how, when and why to correctly report accidents, injuries and near-misses.
- 3) The Health & Safety Officer ("HSO") shall:
 - a) Shall receive notification of accidents and ensure appropriate action is taken;
 - b) Maintain accident files;

- c) Shall review new accident investigation reports and address any immediate related safety concerns within seven (7) workdays of report's submittal;
 - d) Ensure that accident investigation reports are reviewed by the District Safety Committee;
 - e) Develop tools, processes and systems that assist in consistent reporting and investigation of accidents, injury and exposure incidents, and devise corrective measures to prevent them from recurring;
 - f) Assist other agencies or organizations as requested in or with investigations as appropriate;
 - g) Ensure accident investigation training is made available to all District personnel that may conduct investigations, prior to conducting any accident investigation;
 - h) Investigate or assist with near miss investigations as necessary; shall ensure that near-miss incidents are reported within 24-hours;
 - i) Log the accident onto the proper OSHA forms and ensure OSHA information is transmitted to the Fire Chief;
 - j) Ensure appropriate education and training to members regarding District forms and processes relating to reporting accidents are available;
 - k) Ensure that District apparatus are supplied with the necessary forms and copies of this Policy-Procedure;
 - l) Maintain a "sharps injury log" as coordinated with the District's Chief Emergency Medical Services Officer;
 - m) Complete the OSHA 300A Summary each year as required;
 - n) Shall ensure documentation for all accident reports is in conformance with District *Procedure 2-20-09 "Health & Safety Program Documentation"*; and
 - o) Shall ensure adequate numbers of response personnel are properly trained to serve as an Incident Safety Officer ("ISO"). The ISO shall act within the generally defined parameters of a safety officer as defined in the District adopted incident management plan and protocols.
- 4) The Fire Chief, or Designee shall:
- a) Appoint an HSO;
 - b) Ensure proper reporting to L&I in the event of a responder/member fatality, probable fatality or inpatient hospitalization of two or more member;
 - c) Ensure the annual posting of the OSHA 300;
 - d) Ensure maintenance of OSHA forms as required;
 - e) Ensure the investigation is completed in an expedient manner; and
 - f) Ensure appropriate training is provided for members before they are required to engage in those tasks or activities.
- 5) The District Safety Committee:
- a) Review all accident investigation reports to determine if the cause of unsafe acts or conditions involved were properly identified and corrected.

3.0--GUIDELINES:

Part A – Member Reporting:

- 1) Whenever an occupational accident causes injury, illness, exposure, or whenever a member becomes aware of an illness apparently caused by occupational exposure, the member must report the accident to their supervisor before the end of the duty shift/work period and no later than twenty-four hours after the accident. Another member may report the accident on behalf of the injured member.
- 2) In the case of an occupational injury or illness with delayed symptoms, the member must report the accident within 48 hours of becoming aware of the injury or illness.

- 3) Near misses/close calls shall be reported to the ISO or the HSO and/or documented on the "Near Miss Form" within 24 hours.
- 4) Accidents and near-miss incidents shall be documented on the appropriate District, L&I and/or BVFF forms:
 - a) Member injury, illness and exposure report (all members);
 - b) L&I report forms as appropriate;
 - c) BVFF report of an accident (volunteer firefighters and fire investigators only); and
 - d) "District Vehicle Accident Report".
- 5) Any member injury requiring medical care away from the scene requires notification of their supervisor and/or a Chief Officer as soon as feasible.

Part B – Recordable Cases: are defined as any event or incident for which documentation has been created.

- 1) Recordable cases shall be documented on the OSHA 301 form and logged onto the OSHA 300 log by the HSO within 7 days of notification of the accident.
- 2) The OSHA 300A –Summary from the previous year shall be posted on each District's safety bulletin board no later than February 1st and shall remain in place until April 30th each year.
- 3) Privacy case lists and sharps injury logs shall be maintained as required.
- 4) OSHA forms shall be kept and maintained for a period consistent with current OSHA regulations.

Part C – Fatality and Serious Injury Reporting to the State:

- 1) Any fatality or probable fatality or inpatient hospitalization of a member from an occupational accident shall require immediate notification of the Fire Chief or designee. Any fatality or hospitalization within thirty days of the accident is considered related to that accident.
- 2) The Fire Chief or designee shall report within 8 hours, any fatality, probable fatality or inpatient hospitalization of two or more members as the result of an occupational accident, to L&I (1-800-423-7233). Reports may be in person or by phone.
- 3) The person reporting the fatality or probable fatality must speak with a representative from L&I directly.
- 4) If the Fire Chief or designee does not learn of a reportable accident at the time it occurs, they shall make the report to L&I within eight (8) hours of the time of the report of such accident to any agent or member of the District.
- 5) All accident reports to L&I, BVFF and/or OSHA regarding fatalities and/or hospitalizations shall contain, at minimum;
 - a) Location time, and date of accident;
 - b) Number of fatalities or hospitalized members;
 - c) Contact person and phone number; and
 - d) Brief description of the accident.

Part D – Accident Minor/Preliminary Investigation:

- 1) Immediately after the emergency actions following any accident, injury, illness, or exposure, an initial assessment of the cause of the incident shall be conducted. The initial assessment reporting documentation shall identify and include, as a minimum, the following:
 - a) Brief description of the incident;

- b) All parties (members and others) directly involved in the incident, including the officer in charge during the incident;
 - c) Brief description of any initial mitigating efforts (e.g. medical treatment, equipment removal or disposition, commitment of District resources); and
 - d) Brief description of other actions taken (e.g. notifications, requests for services) by on-scene personnel.
- 2) The initial assessment of the situation shall be conducted by the highest ranking officer or ISO to determine if the situation is of a minor or serious nature; Examples of minor accidents are damage to District facilities, apparatus or equipment of less than an estimated, \$1,000, incur personal injuries that do not require hospitalization, or incidents that do not incur damage or injury to any civilian property or to the public.
 - 3) If deemed minor in nature, the officer or ISO shall ensure the appropriate initial assessment reporting document is filed and forwarded to the HSO and Fire Chief within seven (7) workdays.
 - 4) If deemed serious in nature, "Part E" of this Procedure shall be followed.

Part E – Accident Formal Investigation:

- 1) Immediately after the emergency actions following any accident, injury, illness, or exposure, an initial assessment of the cause of the incident shall be conducted by the HSO.
- 2) Appropriate mitigating efforts shall be taken by the officer in charge to ensure proper treatment for any injuries and any appropriate actions to render the scene safe. Requests for immediate assistance by EMS or Law Enforcement resources shall be relayed through T-COMM ("Capital" dispatch).
- 3) The initial assessment of the situation shall be conducted by the highest qualified ranking officer or ISO or by the HSO or designee when no officer/ISO is present; they shall notify the Fire Chief or designee of the circumstances of the accident as soon as possible.
- 4) The investigator shall evaluate the incident objectively; the Fire Chief or designee shall ensure proper resources, potentially including outside expertise, are provided for a thorough process. Refer also to District *Policy 1-50 "Management of Legal Risk"*.
- 5) A formal investigation shall be completed when any of the following result from District accidents:
 - a) District member receives medical treatment beyond first aid;
 - b) Any community member requires medical attention because of a District accident;
 - c) Community property is significantly damaged; and
 - d) District apparatus are damaged to a point requiring the apparatus be removed from service.
- 6) In the case of serious District member's injury or fatality operating in structural PPE, all structural PPE worn by that firefighter shall be immediately removed from service
 - a) The PPE shall be protected and secured with documented access;
 - b) The PPE shall be preserved in a cardboard box (no airtight containers) to prevent any further degradation;
 - c) The condition of the PPE shall be investigated by qualified personnel; and
 - d) The PPE shall be retained for a specific period determined by the District.
- 7) Accident investigators shall complete the "Accident Investigation Form" to ensure all appropriate and necessary information is collected.


- 8) Equipment involved in an accident that results in an immediate or probable fatality, shall not be moved until a representative of the Consultation and Compliance Division of L&I investigates and releases such equipment. EXCEPT such equipment may be moved where it is essential to prevent further accident.
 - a) to remove a victim, such equipment may be moved only to the extent of making When necessary possible such removal; and
 - b) District personnel may be assigned to assist the L&I in the investigation.
- 9) Photographs shall be taken of accident scenes and/or damage to District or community property.
- 10) Members in the vehicle at the time of the accident, and any willing witnesses shall provide written narratives about the event. Record contact information for community witnesses.
- 11) All records, photographic materials, audio, video, recordings, or other documentation concerning an accident shall be preserved according to State Statutes on record retention.
- 12) Preliminary investigations shall be completed and forwarded to the HSO within 48 hours of any injury, illness, exposure, or vehicular accident. Formal investigations may require longer.
- 13) The HSO shall review all submitted accident investigations and conducted further investigation as needed.



Thurston County Fire Protection District 8

DISTRICT PROCEDURE MANUAL

DISTRICT SAFETY PROCEDURE

PROCEDURE TITLE:	Respiratory Protection Program
PROCEDURE NUMBER:	2-20-03
REVISION:	1
DATE ISSUED/REVISED:	31 August 2023
FIRE CHIEF APPROVAL SIGNATURE:	

1.0 STATEMENTS OF INTENT

- Members required to wear respirators shall be medically qualified, fit tested and provided training prior to being assigned to work or being allowed to perform any duties requiring use of a respirator.
- All members assigned to work in hazardous atmospheres shall be provided appropriate respiratory protection for the hazard.
- Respirators shall be provided and used by members in areas where the atmosphere:
 - Is hazardous
 - Is suspected of being hazardous
 - May rapidly become hazardous
 - These circumstances include, but are not limited to:
 - In an active fire area, or directly above or under a fire area.
 - In potential explosive or fire areas, including gas leaks or fuel spills.
 - Where products of combustion are visible in an atmosphere, including vehicle fires and dumpster fires.
 - Where invisible contaminants are present or suspected. This includes the overhaul stage of a fire.
 - Where toxic products are present, suspected of being present, or may be released without prior warning.
 - In an active chemical spill area where the chemical presents an inhalation hazard.
 - When entering areas occupied by, performing patient care for, transporting, or being in the same area with, an individual with suspected or confirmed communicable respiratory illnesses such TB or SARS.
- Members using a properly functioning respirator shall not compromise the protective integrity of the respirator by removing the facepiece for any reason in a hazardous atmosphere or in any atmosphere where the quality of the air is unknown.
- Members using self-contained breathing apparatus (SCBA) shall operate in teams of two or more and each SCBA shall be equipped with a Personal Alert Safety System (PASS) device.
- Confined spaced often requires the use of SCBA – District members are not permitted to enter, work or provide rescue in confined spaces.
- When use of a respirator is not required, voluntary use of a respirator is allowed if District guidelines are followed.

2.0 RESPONSIBILITY

Members shall:

- Use the proper level of respiratory protection commensurate with the hazard(s).
- Wear the respirator when and where required and in the manner in which they were trained.

- Care for and maintain respirators as instructed and store them in a clean and sanitary location; this includes any issued respirators and/or facepiece.
- Inform their supervisor if the respirator no longer fits well and request a new one that fits properly.
- Inform their supervisor or the Program Coordinator of any respiratory hazard the member feels has not been adequately addressed in the workplace and of any other concerns the member has regarding the program.
- Notify their supervisor or the Program Coordinator of any other problems associated with using their respirator.
- Perform regular checks of SCBA as outlined in the Appendices and advise their supervisor if the unit is in need of repair.
- Maintain the level of proficiency regarding respirators expected by the District.
- Guard against damage to respiratory equipment.
- Inform their supervisor if they are voluntarily choosing to use a respirator.
- Ensure no there is no facial hair present which may interfere with proper respirator seals when conducting fit testing, on shift, or at times the member could respond to emergencies.

Supervisors shall:

- Maintain an awareness of tasks, work areas, and operations requiring the use of respiratory protection; ensure and enforce that members wear appropriate respiratory protection commensurate with the hazard(s) encountered.
- Ensure that respirators are properly cleaned, maintained, and stored according to the respiratory protection plan; this includes personally issued respirators
- Ensure that all members under their supervision have received appropriate training, fit testing, and medical evaluation before using a respirator.
- Ensure that an annual test is completed by each assigned member on their knowledge of SCBA equipment operation, safety, District organizational policies and procedures, and facepiece seals.
- Ensure completion of quarterly competency demonstration(s).
- Ensure that conditions do not require the use of a respirator if/when a member informs them of voluntary respirator use.

The District shall:

- Identify personnel who are required to wear respiratory protection in the course of performing their assigned duties.
- Purchase, distribute, and make accessible respirators that meet applicable standards.
- Ensure respirators are maintained (inspections, repairs, testing, etc.) in accordance with the manufacturer's recommendations.
- Ensure an adequate stock of disposable respirators are maintained.
- Ensure an adequate supply of SCBA respirators are available, and that each member potentially exposed to environments that are Immediately Dangerous to Life & Health (IDLH) is issued their own SCBA mask.

Incident commanders shall:

- Ensure that proper respiratory protection is being used and that respiratory protection is commensurate with the hazard(s) that is/are encountered.

The Respiratory Program Coordinator (RPC) shall:

- Coordinate the respiratory protection program.
- Act, under the authority of the Fire Chief, on any and all matters pertaining to the operation and coordination of the program.
- Solicit input from members and perform an annual evaluation of the effectiveness of the program.
- Be responsible for ensuring maintenance of air quality test records.
- Ensure annual fit tests are conducted and records are maintained.
- Ensure that the respirator user's medical status is reviewed and meets District requirements for respirator usage.
- Ensure that SCBA are thoroughly inspected and documented by written record as required.
- Ensure the existence of training curriculum that meets the standard and is up-to-date.
- Conduct train-the-trainer classes as necessary to meet the requirements of the standard.

- Conduct random evaluations of any or all program components and make reports to the District for the purposes of documenting continuing effectiveness of the program.

3.0 GUIDELINES

Part I - Personnel

1. The District Health and Safety Officer shall serve as the RPC.
2. The District shall require and provide for a medical evaluation to determine the member's ability to use a respirator, before the member is fit tested or required to use the respirator.
3. Members shall be properly fitted and tested for a face seal prior to use of the respirator in a hazardous atmosphere or contaminated area.
 - a. Fit test procedures and test exercises shall follow procedures detailed in the appendices; quantitative or qualitative fit testing may be used.
 - b. Fit testing shall be repeated:
 - At least once every twelve months.
 - Whenever there are changes in the type of SCBA or facepiece used.
 - Whenever there are significant physical changes in the user. Examples: Obvious change in body weight, scarring of face seal area, dental changes, cosmetic surgery, or any other condition that may affect the fit of the facepiece seal.
4. Members with facial hair that comes between the sealing periphery of the facepiece and the face or interferes with the valve function of the respirator shall not be permitted to be fit tested, respond to emergencies, operate in a hazardous atmosphere or attend shifts.
5. If a spectacle, goggle, or face shield must be worn with a facepiece, it shall not adversely affect the seal of the facepiece to the face.
 - a. Straps or temple bars shall not pass between the seal or surface of the respirator and the user's face.
 - b. Members requiring the use of spectacles with SCBA shall contact their supervisor to make arrangements for a spectacle kit to modify their facepiece.
6. Members shall be (field) decontaminated prior to removal of respirators whenever firefighting activities resulted in exposure to a hazardous substance.
7. When exchanging air supply bottles during suppression or overhaul activities, reasonable precautions shall be taken to ensure contaminated atmosphere does not enter the breathing zone and/or facepiece supply hose.
8. Members are allowed to use only the make, model, and size respirator for which they have passed a fit test within the last twelve months.
9. Members who have not received medical approval, fit testing, and respiratory protection training in accordance with this policy and program shall not be assigned to any duty or allowed to participate in any activity where respiratory protection may be required.
10. A "user seal check" shall be performed by the member every time the respirator is put on to assure that an adequate seal is achieved and that the respirator is adjusted and worn properly.
11. Before any member may wear an Air-Purifying Respirator (APR), an evaluation of the respiratory hazard shall be conducted to include the contaminant's chemical state and physical form. When these cannot be identified or reasonably estimated, the District shall consider the atmosphere IDLH and SCBA shall be worn. A *Respirator Decision Logic Sequence* for use of APRs following extinguishment appears in the Appendices.

Part II - Training

1. Members shall be trained in the proper function, use, cleaning and maintenance of any respiratory protection provided for their use including the step-by-step procedures for putting on and removing respirators and checking a respirator for proper function. Training requirements are outlined in the Appendices.
2. Upon completion of such training, each member shall practice at least quarterly, for each type and manufacture of respirator available for use, the step-by-step procedure for donning and doffing the respirator and checking for proper function.
3. Annual training and testing shall be conducted to the District's standard on the member's knowledge of SCBA equipment operation, safety, and departmental organizational policies and guidelines.
 - a. The standards are:
 - i. Supervisors are responsible for evaluating practical competencies.
 - ii. The RPC shall ensure the competency evaluations are current.
 - iii. Members unable to demonstrate competency shall:

- document additional (re)training
 - be re-evaluated
 - instances of repeated failure shall be dealt with as a performance issue
- b. Members failing to demonstrate competency may be restricted from duties requiring use of a respirator as determined by the Fire Chief.

Part III – Equipment and Breathing Air

1. All SCBA shall be inspected before use, after use, and monthly. In addition, SCBA on staffed apparatus shall be inspected daily.
2. SCBAs kept in storage as replacement units shall receive an inspection consistent with a monthly inspection before being placed into service. The inspection shall be documented.
3. Any SCBA found in less than a safe working condition shall be removed from service, tagged, and recorded as such, and tested before being returned to service. Repair of the respirator must be done with parts designed for the respirator in accordance with the manufacturer's instruction and by personnel authorized to perform such repairs.
4. Breathing air for SCBA cylinders shall meet the requirements of *ANSI/CGA G-7 Commodity Specification for Air* with a minimum air quality of D as well as meeting a water vapor level of 24 Parts per Million (PPM) or less.
 - The air quality from compressors and cascade systems shall be tested at least quarterly and records maintained. Required air sampling for testing is shown in the Appendices.
 - If/when the District purchases compressed breathing air from a vendor, the vendor will be required to provide certification and documentation of breathing air quality quarterly.
5. All compressed gas cylinders shall be hydrostatically tested within the periods specified by the manufacturer and the applicable governmental agency. Any compressed gas cylinder that is not within current hydro date shall be taken out of service immediately, emptied of its contents, tagged, and not used until tested.
6. SCBAs are not SCUBA gear and their use for this application is illegal per US Department of Transportation (DOT) regulations. SCBAs shall not be used in pools or other unusual circumstances without written permission of the manufacturer.
7. Respirators shall be kept clean, sanitary, and in good working order. Respirators shall be cleaned and disinfected using the procedures in the Appendices. Respirators shall be cleaned and disinfected at the following intervals:
 - a. Personally issued SCBA facepiece and ½ face cartridge respirators shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition.
 - b. SCBA facepiece or ½ face cartridge respirators available to more than one member shall be cleaned and disinfected before being used by different individuals.
 - c. Facepiece and respirators used in fit testing and training shall be cleaned and disinfected before being used by different individuals.
8. Respirators with a probe installed for quantitative fit testing shall be used only for fit testing.

Part IV – Compliance Monitoring

1. The effectiveness of the respiratory program shall be evaluated annually by the Respiratory Program Coordinator and a written report submitted to the Fire Chief.
2. Members and supervisors shall be observed on a random basis for determining necessary changes to, and compliance with, this program.
3. Records shall be kept by the District as required and as outlined in the Appendices.

4.0 APPENDICES

The following Appendices are a mandatory part of this section, and explain various components of the District's Respiratory Protection Program.

- 5.1 - Medical evaluation
- 5.2 - Fit testing procedures and user seal checks
- 5.3 - Maintenance, care, and cleaning
 - a. SCBA
 - b. Disposable APRs (N95 and N100 HEPA respirators)
 - c. Half or Full face cartridge APRs
 - d. Maintenance of compressed gas cylinders
- 5.4 - Breathing air quality and use
- 5.5 - Training
- 5.6 - Program Evaluation and Recordkeeping
- 5.7 - Respirator Use and Procedures
- 5.8 - Asbestos Hazards

Appendix 5.1 – Medical evaluations

The District shall provide a medical evaluation to determine the member's ability to use a respirator before the member is fit tested or required to use the respirator in the workplace. The District may discontinue a member's medical evaluations when the member is no longer required to use a respirator.

1. Medical evaluation procedures

The Fire Chief shall appoint a professionally licensed health care provider (PLHCP) to perform medical evaluations. Medical evaluations will be conducted using a medical questionnaire based on WAC requirements. The PLHCP shall determine if the questions in Part 4 of the questionnaire are necessary. The PLHCP shall be the sole judge to any exception in the personnel medical record that may prohibit any members from using a respirator. The PLHCP will determine the frequency of medical evaluations.

2. Follow-up medical evaluation

A follow-up medical evaluation may be required after review of the questionnaire by the PLHCP. Determination of the need for and nature of the follow-up evaluation is the responsibility of the PLHCP. The District may be notified that the PLHCP is attempting to contact the member, but the District will not receive any confidential information from the questionnaire. The follow-up medical evaluation shall include any consultations (for example, to evaluate the positive responses to the medical questionnaire) medical tests, or diagnostic procedures that the PLHCP deems necessary to make a final determination of the member's ability to use a respirator.

3. Administration of the medical questionnaire and evaluation

The medical questionnaire and evaluation shall be administered:

- confidentially
- during the member's normal working hours or at a time and place convenient to the member, and
- in a manner that ensures that the member understands its content.

The District shall provide the member with an opportunity to discuss the questionnaire and evaluation results with the PLHCP. The results of the evaluation shall be as indicated by the PLHCP on a medical approval to wear a respirator form or statement.

4. Supplemental information for the PLHCP

The District shall provide the following information to the PLHCP before the PLHCP makes a recommendation concerning a member's ability to use a respirator:

- The respirator questionnaire as shown in WAC 296-842 Respirators
- The type and weight of the respirator(s) to be used by the member
- The duration and frequency of respirator use (including use for rescue and escape)
- Description of the expected physical work effort and duration
- Descriptions of the required protective clothing and equipment to be worn
- Temperature extremes that may be encountered
- A copy of the written respiratory protection program including fit testing procedures
- A copy of WAC 296 - 824 Respirators

Any supplemental information provided previously to the PLHCP regarding a member need not be provided for a subsequent medical evaluation if the information and the PLHCP remain the same.

When the District replaces a PLHCP, the District must ensure that the new PLHCP obtains this information, either by providing the documents directly to the PLHCP or having the documents transferred from the former PLHCP to the new PLHCP. There is no expectation that the District will have members medically reevaluated solely because a new PLHCP has been selected.

5. Medical determination

The District shall obtain a written recommendation regarding the member's ability to use the respirator from the PLHCP. This form will be retained in the member's medical file for the duration of employment plus 30 years. The District will ensure that the member receives a copy of the recommendation. The recommendation shall provide only the following information:

- a. Any limitations on respirator use related to the medical condition of the member, or relating to the workplace conditions in which the respirator will be used, including whether or not the member is medically able to use the respirator.
- b. The need, if any, for follow-up medical evaluations.
- c. An expiration date, if any is determined by the PLHCP.

If the respirator is a negative pressure respirator and the PLHCP finds a medical condition that may place the member's health at increased risk if the respirator is used, the District shall provide a PAPR if the PLHCP's medical evaluation finds that the member can use such a respirator. If a subsequent medical evaluation finds that the member is medically able to use a negative pressure respirator, then the employer is no longer required to provide a PAPR.

6. Additional medical evaluations

At a minimum, the District shall require a medical reevaluation if:

- a. A member reports medical signs or symptoms that are related to ability to use a respirator.
- b. A PLHCP, supervisor, or the RPC informs the District that a member needs to be reevaluated.
- c. Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for member reevaluation.
- d. A change occurs in workplace conditions (e.g., physical work effort, protective clothing and temperature) that may result in a substantial increase in the physiological burden placed on a member.

7. Prescription Eyewear

SCBA spectacle kits and prescription lenses to fit the spectacle kits shall be provided by the District if a member must wear glasses to do his/her job adequately. Contact lenses are allowed by WAC 296-305. The member's eye physician or the PLHCP shall determine if an individual user's eyes would be damaged by the use of contact lenses with an SCBA.

WORK EFFORT INFORMATION

Work Effort Information				
	Structural Firefighter	Support function at emergency scene	EMS worker (FR, EMT)	Fire Investigator
Work Description	Interior structural firefighting	Pump operator, Safety Officer, Incident Commander, Rehab, Staging, Defensive fire attack, designated standby member*	Rendering emergency medical care, lifting and moving patients, gathering patient information	Searching for cause and origin of fires
Expected physical work effort	Heavy	Heavy, medium to light	Medium to heavy. Lifting and carrying patients in conjunction with at least one other person weights of up to 300#. Carrying equipment with weights up to 30#. Traversing a variety of surfaces and elevations.	All categories of work effort. Lifting and carrying equipment, shoveling, traversing a variety of surfaces and terrain.
Work duration & frequency of heavy work before rest from respirator use	Based on air supply in SCBA; averages 20 minutes. Total work period using respirator may extend time allowed to two (2) refills of SCBA air supply (60 minutes). Work period may extend to 4 or more hours beyond that which requires respiratory protection	Support functions may extend over long periods of time.	Typically less than 15 – 20 minute intervals, may be repeated multiple times over a 24 hour period	Duration of work depends on fire scene to be investigated. Investigation efforts may extend over long periods of time. Expected effort with respirator before a break is 20-30 minutes

Work Effort Information - Continued				
	Structural Firefighter	Support function at emergency scene	EMS worker (FR, EMT)	Fire Investigator
Environment temperature extremes, work duration	<ul style="list-style-type: none"> Routine - 68-140° F Unlimited Ordinary - 140-572° F 20-27 min Emergency - 572-1832° F 30-secs – 4 mins 	<ul style="list-style-type: none"> Routine - 68-140° F Unlimited Ordinary - 140-572° F 20-27 min 	0° F to 110° F, both indoors and outdoors. May involve tight spaces.	Varies with weather conditions - 0° – 100° F for outdoor activities. Indoor activity occurs post-fire; temperature dependent in part on ambient conditions.
Protective clothing & equipment worn – weight	Structural clothing ensemble (PPE) – helmet, hood, earflaps, coat, gloves, pants, rubber boots = 25 #	Coveralls and work boots = 10# or structural PPE ensemble = 22-25#	Coveralls, tyvek suit, surgical gloves, eye protection	Protective footwear, gloves, head protection; bunker coats available for some limited torso protection. Estimate 10-15 lbs.
Type & weight of respirator to be used	Typical 45 min duration SCBA, facepiece and regulator; 30#	<ul style="list-style-type: none"> SO and/or staff member would need respiratory protection to evaluate a structure for overhaul A standby member will wear typical 30 min duration SCBA in standby position (plus structural PPE ensemble) None for members working in rehab, staging, etc. away from the respiratory hazard area 	HEPA, Type N95 or N100 mask	<ul style="list-style-type: none"> SCBA – 18 pounds Full face cartridge respirator – approximately 1-2 lbs 1/2 face cartridge respirator – ½ - 1 lb
Hearing protection	Not required if use endangers firefighters	Pump operator may exceed 85 dBA on 8 hr TWA	None normally required	None normally required

*Designated standby members may, at a moment's notice, be required to perform rescue activities in a structure fire or other emergency incident situation.

Appendix 5.2 – Fit testing

The District shall conduct annual fit testing using the following procedures. The requirements in this appendix apply to both Qualitative Fit Testing (QLFT) and Quantitative Fit Testing (QNFT).

Fit testing shall not be conducted if there is any hair growth, such as stubble beard growth, beard, mustache, sideburns or bangs between the skin and the facepiece sealing surface

During fit testing, a member must wear safety equipment that would be worn in the workplace and that could interfere with facepiece fit

If the member finds the fit/comfort of the facepiece unacceptable, the member shall be given the opportunity to select a different facepiece and to be retested.

APPENDIX 5.2.1 Qualitative Fit Test Description and Member Responsibility Handout

The fit testing process is a series of exercises performed wearing the facepiece/respirator while the test conductor aerosolizes a test agent around the facepiece/respirator; **if you can smell/taste the test agent the fit of the respirator is not acceptable.**

Your Responsibilities

1. Let the fit test conductor know if you can detect (taste/smell) the test agent at any time during the screening or test exercises, or if the facepiece/respirator fit is otherwise not acceptable
2. Perform the exercises in the manner instructed

Process

1. The test conductor will determine if you can detect the test agent (some people cannot detect a particular test agent; if that is the case, a different testing agent can be used).
2. You will select and don a facepiece/respirator.
 - a. If you are unfamiliar with the facepiece/respirator, you will be assisted with positioning, setting strap tension and how to determine if the fit appears acceptable – you will don and doff it several times to ensure your comfort/familiarity with the facepiece/respirator.
 - b. An assessment of comfort will be made – how the facepiece/respirator feels and allows you to function – a mirror is available to assist with this determination.
 - c. If you will be normally wearing any other equipment that will affect the way your facepiece/respirator fits, you will need to wear it for the fit test (i.e. – a helmet, glasses, etc.).
 - d. You will seat the facepiece/respirator on your face, move your head from side-to-side and up and down slowly while taking a few deep breaths to get a proper fit.
3. You will conduct the positive and negative user seal checks. Failure of these checks means that facepiece/respirator is not an acceptable fit and another must be selected, or that facepiece/respirator must be readjusted.
4. You will perform the following exercises, under the hood, while standing, for 1 minute while the test conductor creates a concentration of the test agent around the facepiece/respirator. Breathing with your mouth slightly open will help in determining if you can taste/smell the test agent.
 - a. **Normal breathing** – breath in and out normally
 - b. **Deep breathing** – breath in and out slowly and deeply – don't hyperventilate
 - c. **Turning** – while breathing normally, turn your head from side-to-side. Pause at the extreme on each side to inhale
 - d. **Nodding** – while breathing normally, move your head up and down. Pause at the extreme up position to inhale
 - e. **Talking** – recite the Rainbow Passage (reverse of this page), count back from 100 or recite a memorized poem
 - f. **Jogging** – jog in place
 - g. **Normal breathing** – repeat of the first exercise – breath normally

RAINBOW PASSAGE

When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look, but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow.

APPENDIX 5.2.2 Quantitative Fit Test Description and Member Responsibility Handout

Preparation: The quantitative fit-test equipment is the TSI PORTACOUNT.

Check the respirator to make sure the sampling probe and line are properly attached to the facepiece and that the respirator is fitted with a particulate filter capable of preventing significant penetration by the ambient particles used by the fit test pursuant to manufacturer's

Instruction for Fit Test:

- 1.) Instruct the member to don the respirator for five minutes before the fit test starts. This purges the ambient particles trapped inside the respirator and permits the wearer to make certain the respirator is comfortable.
- 2.) Check the criteria for the adequacy of the respirator fit.
- 3.) Instruct the member to perform a user seal check. If leakage is detected, determine the cause. If leakage is from a poorly fitting facepiece, try another size of the same model respirator, or another model of respirator.
- 4.) Follow the manufacturer's instruction for operating the TSI PORTACOUNT and proceed with the test.
- 5.) Instruct the member to perform the test exercises prescribed above.
- 6.) After the test exercises, ask the member about the comfort of the respirator upon completion of the protocol.
- 7.) The TSI PORTACOUNT will automatically stop and calculate the overall fit factor for the entire set of exercises. The overall fit factor is what counts. The Pass or Fail message will indicate whether or not the test was successful. If the test was a Pass, the fit test is complete.
- 8.) A record of the successful test shall be kept on file. The record will contain the member's name, overall fit factor, make, model, style, and size of the respirator used, and the date tested.

APPENDIX 5.3A - Care and Maintenance of SCBA

PART 1 – GENERAL REQUIREMENTS

1. **Inspection** -all SCBA shall be inspected:
 - a. before each use
 - b. after use (usually during cleaning)
 - c. at least monthly
 - d. daily at staffed stations
2. **Cleaning and disinfecting** - all SCBA shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition. At minimum, SCBA facepieces shall be cleaned and sanitized:
 - a. after each use
 - b. before being worn by another member
 - when conducting fit testing, the respirator/facepiece will be disinfected between members
 - on an incident scene, if the facepiece is to be used by another member, the facepiece shall be wiped with approved disinfectant wipe prior to use by another member.
3. Before placing a cleaned and disinfected SCBA or a repaired SCBA back into service, a functional check shall be conducted.
4. Any SCBA not in sanitary and good working condition shall be taken out of service and tagged appropriately.
5. SCBA shall be maintained in accordance with the manufacturer's recommendations. Repairs shall be conducted by District authorized personnel or the manufacturer's authorized representative depending upon the defect.
6. Records shall be maintained for each SCBA.
7. Facepiece:
 - SCBA facepiece carried on apparatus shall be inspected before use, after use and monthly.
 - Personally issued facepiece shall be inspected before use, after use, and each time a member is on shift.

PART 2 - MAINTENANCE

1. All repairs and/or maintenance to SCBA shall be conducted by personnel authorized to make such repairs. Repairs or maintenance beyond the scope of authorization shall be conducted by the manufacturer.
2. The SCBA unit must be maintained according to manufacturer specified intervals.
 - Flow testing, overhaul and repair procedures must be performed by an SCBA trained, District authorized SCBA technician or at an SCBA Certified Service Center
 - Flow testing of SCBA and facepieces shall be conducted annually.
 - Hydrostatic testing of SCBA cylinders shall follow applicable standards.

PART 3 - STORAGE

1. SCBA shall be stored in their original containers when possible.
2. Facepieces shall be stored so they are not crushed or distorted; head harness straps should be adjusted to their maximum length.
3. Cylinders not available for immediate or replacement use shall be stored vertically, valve up, empty (maintaining 100 psi) and tagged and in a cool, dry location.

PART 4 – INSPECTION AND CLEANING

1. Inspection and cleaning shall be according to the procedures outlined in the SCBA procedures appendix.

Appendix 5.3B – Care and Maintenance of Disposable Air Purifying Respirators – N95/100

1. The term N95 shall be understood to refer to disposable particulate air purifying respirators with N95 or N100 ratings.
2. N95 respirators are considered single use, or disposable respirators. For EMS use, they are to be discarded after field use. When used as protection from particulate, such as in fire investigation, they shall be discarded as necessary (damaged, contaminated, increased resistance to breathing, no longer able to function effectively) but may be reused.
3. Prior to each use, N95 respirators shall be inspected for structural damage or deformation and visible physical contamination. If either of these conditions exist, the respirator shall be discarded and not used.
4. N95 respirators shall be stored in a manner that protects them from dust, sunlight, extreme heat and cold, damaging chemicals, excessive moisture, and physical damage and distortion.
5. N95 respirators shall be maintained in accordance with the manufacturer's recommendations.
6. N95 respirators shall be replaced if there is any increase in resistance to breathing when being worn. It is necessary to exit the hazardous area before removing the respirator.
7. Districts may choose to issue the N95 respirator to members. If a member maintains an individually issued respirator, the member is responsible for maintaining and storing it properly.

APPENDIX 5.3C – Care and Maintenance of ½ face cartridge air purifying respirators

1. The respirator, including cartridges, shall be inspected before and after use.
2. The respirator shall be cleaned and disinfected as often as necessary to be maintained in a sanitary condition. At minimum, it shall be cleaned and disinfected:
 - After each use
3. Before being worn by another member, cartridges shall be replaced if they are damaged, contaminated or if resistance to breathing is noticed. Cartridge life will depend upon usage.
4. The respirator and cartridges shall be stored in a manner that protects them from dust, sunlight, extreme heat and cold, damaging chemicals, excessive moisture, and physical damage and distortion.

APPENDIX 5.3D – Care and Maintenance of Compressed Gas Cylinders

PART 1 –GENERAL

1. Any compressed gas cylinder that is damaged, out of current hydro test date or otherwise not in good working order shall be taken out of service immediately, emptied and tagged out-of-service.
 - a. Cylinders shall not be placed back into service until they have been an individual or technician approved by the District.
 - b. Composite cylinders shall be condemned and taken out of service after their 15 year life span according to regulations.
2. Records shall be maintained for each compressed gas cylinder.
3. Types of compressed gas cylinders found in the District include, but are not limited to:
 - Compressed air cylinders, including SCBA cylinders and cylinders for refilling systems
 - Oxygen cylinders
 - Carbon dioxide extinguishers

PART 2 –INSPECTION FOR FIBER – REINFORCED COMPOSITE CYLINDERS (FRCs)

1. Categories of damage to cylinders
 - a. **Abrasions** - greater loss of surface (than a scuff) with numerous fibers visible. Can be caused by sliding contact with a rough surface. Flat spots evident on the surface could indicate excessive loss of composite thickness.
 - b. **Cuts** – defects caused by a sharp object.
 - c. **Dents or bruises** - defects caused by blow from blunt object, may appear as crazing or frosting of the resin. (Cylinders with dents need to be hydrostatically tested before use).
 - d. **Delamination** – may appear as a whitish patch, like a blister or air space beneath the surface.

- e. **Scuffs** - minor abrasion damage to the protective coating (i.e. paint). Can be caused by sliding contact with a rough surface. Flat spots evident on the surface could indicate excessive loss of composite thickness.
 - f. **Structural** - (A general inclusive term for severe damage) - this is extreme and may destroy the liner as well as the outer composite.
2. Levels of damage to cylinders
- a. **Level 1 Damage (Acceptable).** Level 1 is minor and would be considered normal and have no adverse effects on the safety of the cylinder and its continued use. Such items as scratched paint, nicks or dings that have no appreciable depth, or frayed fibers are considered in this category.
 - b. **Level 2 Damage (Rejectable)** -additional inspection or repairs required. Level 2 may be cuts or gouges which are deeper or longer than Level 1; or, may include a group of severed fibers. These are repairable, but should be referred to the manufacturer for corrective action.
 - c. **Level 3 Damage.** Level 3 is considered unrepairable and the cylinder shall be condemned.
3. Acceptance criteria for cylinders
- a. Abrasions - Minor abrasions, such as scuffs, are acceptable unless the damage is deep enough to expose groups of fibers.
 - Any abrasion that is believed to be greater than a level 1 abrasion requires that the cylinder be taken out of service and inspected by a District or manufacturer authorized technician
 - b. Cuts or scratches less than .0051 inch (.127mm) deep and/or less than ¾" long are acceptable.
 - Any cut that is believed to be greater than a level 1 cut requires that the cylinder be taken out of service and inspected by a District or manufacturer authorized technician
 - c. Dents or bruises -
 - **If the dent affects structural configurations, the cylinder shall be condemned.**
 - Dents or bruises existing in localized areas of the composite only are acceptable.
 - If the damage includes delamination or exposed fiber ends, the cylinder shall be taken out of service and inspected by a District or manufacturer authorized technician
 - d. Delaminations – cylinders with any delamination must be taken out of service and inspected by a District or manufacturer authorized technician.
 - e. Structural - Structural damage includes cylinders with visual evidence of a change in envelope configurations.
 - **A cylinder must be condemned** for any evidence of bulges, cocked end fitting, concave areas on the domes or on the cylinder section, or, if by visual inspection of the cylinder interior, evidence can be found of exterior damage involving defamation of the liner or interior corrosion damage exceeding allowable limits.
 - f. Fire damage
 - **Cylinders with signs of fire damage shall be condemned.** Fire damage may be evident by charring or burning of the composite, labels, paint, or plastic components of the valve. The gauge lens may be melted or the elastomeric materials may be distorted. The cylinder may appear brown or black. If, however, the protective coating is only soiled from smoke or other debris, and is found by examination to be intact underneath, the cylinder shall not be considered affected.
4. Manufacturer's labels
- a. Manufacturer's labels are located on the sidewall near the end of the cylinder containing the valve outlet and contain the following information. The manufacturer's label will be contained within the composite, not stuck to the outside:
 - DOT exemption number followed by service pressure
 - Numerical serial number followed by inspector's mark
 - Manufacturer's identification
 - Date of manufacture
 - b. If the label does not contain the information as indicated above, the cylinder must be taken out of service and the manufacturer consulted
 - c. If the label is illegible, the cylinder shall be taken out of service and the manufacturer consulted
 - d. **If the label is missing, the cylinder shall be condemned**

PART 3 - MAINTENANCE

1. All repairs and/or maintenance to SCBA cylinders shall be conducted by personnel authorized to make such repairs. Repairs or maintenance beyond the scope of authorization shall be conducted by the manufacturer.
 - a. The District shall maintain a list of authorized personnel.
2. Compressed gas cylinder inspection
 - a. Steel (DOT 3AA) and aluminum cylinders (DOT 3AL) must be hydrostatically tested every five years. To meet DOT requirements, each cylinder is stamped with the month and the year of manufacture and the date of the last test.
 - b. Composite cylinders shall be hydrostatically tested every five years
 - c. The total life span for a composite cylinder shall be 15 years from the date of manufacture; after 15 years the cylinder shall be condemned unless an exemption has been granted by DOT.
 - d. All compressed gas cylinders shall be checked and maintained in accordance with DOT requirements.
 - e. Inspection, maintenance, and records for compressed gas cylinders not owned by the District (ex. Oxygen cylinders) shall be the sole responsibility of the owning company.
 - f. Records shall be made available to the District upon request.

Compressed gas cylinders	Steel cylinders <ul style="list-style-type: none">• Cascade system cylinders• Oxygen cylinders• Acetylene cylinders• Carbon dioxide cylinders	Aluminum cylinders <ul style="list-style-type: none">• Oxygen cylinders	Carbon Composite cylinders <ul style="list-style-type: none">• SCBA cylinders
Hydro test	Every 5 years	Every 5 years	Every 5 years
Internal visual inspection	Every 5 years	Every 5 years	Every 5 years
External visual inspection	Every time refilled	Every time refilled	Every time refilled
Valve overhaul			
Condemnation	As damage requires	As damage requires	15 years from date of manufacture

PART 4 – STORAGE

1. Compressed gas cylinders not intended for immediate use shall be stored vertically, with the cylinder valve up, valve closed, and in a cool, dry location whenever possible.
 - If it is not possible to store the cylinder vertically, store it in as vertical a position as possible with the cylinder valve end up.
 - SCBA and spare cylinders carried on apparatus for immediate use are not considered “stored” and shall be carried in the manner determined appropriate by the District and the apparatus configuration.
2. When stored, SCBA cylinders shall be either full or empty (less than 100 psi, >0 psi) and shall have the valve closed.
 - Only out of service cylinders will be stored empty and shall be tagged as such to distinguish them from full cylinders

APPENDIX 5.4 – Breathing Air Quality

PART 1 – BREATHING AIR QUALITY

1. The District shall ensure that compressed breathing air meets at least the requirements for Type I Grade D breathing air described in American National Standards Institute (ANSI)/Compressed Gas Association Commodity Specification for Air, G-7.1-198~, with a minimum air quality of grade D as well as meeting a water vapor level of 24 ppm or less) to include:
 - a. Oxygen content (v/v) of 19.5-23.5%
 - b. Hydrocarbon (condensed) content of milligrams per cubic meter of air or less
 - c. Carbon monoxide (CO) content of 10 ppm or less
 - d. Carbon dioxide content of 1,000 ppm or less
 - e. Lack of noticeable odor
2. Samples shall be collected for analysis of air quality quarterly from all fill sources: compressor – cascade system storage.
3. Only those personnel who have been trained in the correct use of an SCBA fill system will be allowed to operate it.
 - a. All cylinders shall be visually inspected for damage and current hydro date prior to (re) filling.
 - b. Proper operating procedures and safety precautions shall be posted in an obvious area/location at all filling stations.
 - c. Composite SCBA cylinders shall **not** be refilled while immersed in a water tank.
 - d. Cylinders shall always be filled while they are in a vertical position.
4. Purchased or acquired air
 - a. Cylinders of purchased breathing air shall have a certificate of analysis from the supplier that the breathing air meets the requirements for Type I Grade D breathing air and the moisture content in the cylinder does not exceed a dew point of -65 degree F (-45.6 degree C) at 1 atmosphere pressure or 24ppm.
 - b. Certificates shall be obtained quarterly.
5. Compressor
 - a. Compressors shall be maintained according to manufacturer's instructions and recommendations, and by authorized personnel.
 - b. The filter system shall have a tag containing the most recent sorbent bed/filter change date and the signature of the person authorized by the employer to perform the change. The tag shall be maintained at the compressor.
 - c. For compressors that are not oil-lubricated, the District shall ensure that carbon monoxide levels in the breathing air do not exceed 10 ppm.
 - d. For oil-lubricated compressors, the District shall use a high-temperature or carbon monoxide alarm, or both, to monitor carbon monoxide levels. If only high-temperature alarms are used, the air supply shall be monitored at intervals sufficient to prevent carbon monoxide in the breathing air from exceeding 10 ppm.
 - e. The District shall ensure that all filters, cartridges and canisters used in the workplace are labeled and color coded with the National Institute for Occupational Safety & Health (NIOSH) approval label and that the label is not removed and remains legible.

APPENDIX 5.5 - Training

PART 1 – REQUIREMENTS

1. Members using respiratory protection shall be trained on how to use and maintain the respirator(s) provide for their use. Training will include the capabilities and limitations associated with each type of respirator and the nature of potential respiratory hazards.
2. Each member must demonstrate knowledge of at least the following:
 - a. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
 - b. Understanding components of the respirator(s), it's safety features, limitations, and capabilities.
 - c. How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions.
 - d. How to inspect, don and doff, use, and check the seals of the respirator.
 - e. Inspection, care, maintenance, and storage procedures for the respirators they will use.
 - f. How to recognize medical signs and symptoms that may limit or prevent the effective use of respirators.
 - g. The requirements of WAC section 296-842 – Respirators.
 - h. Recognizing hazards that may be encountered.
 - i. For those members who use SCBA, training on the manufacturer's instructions regarding emergency procedures.
2. Training shall be completed prior to requiring the member to use a respirator in the workplace.
3. Retraining, shall be administered annually, and when the following situations occur
 - a. Changes in the workplace or the type of respirator render previous training obsolete.
 - b. Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill.
 - c. Any other situation arises in which retraining appears necessary to ensure safe respirator use.
4. After completing initial training as listed in item #2, each member shall practice at least quarterly, and for each type and manufacturer of respirator available for their use, the step-by-step procedure for donning and doffing the respirator and checking it for proper function.
5. All members who wear respirators will be tested at least annually on their knowledge of respirator equipment operations, safety, organizational policies and procedures and facepiece usage.
6. Training will be developed and implemented when respiratory protection equipment is changed, modified or replaced.
7. Training for recognition of potentially asbestos containing materials shall be conducted as required (*refer to Appendix Section 5.8 Asbestos Hazards*).

APPENDIX 5.6 – Recordkeeping and Program Evaluation

PART 1 - RECORDKEEPING

1. All records required by this Respiratory Protection Program shall be kept by the District with the RPC having access.
2. Medical evaluations – records of medical evaluations (professionally licensed health care provider's (PLHCP) written recommendations) shall be kept in the member's confidential medical file and made available in accordance with WAC 296-842 (Respirators) and 296-62 Part B (Access to Records). These records shall be retained for the duration of membership/employment plus 30 years.
3. Fit test records – individual fit test records shall be retained until the next fit test is completed.
4. The District shall provide a copy of the respiratory protection program section of the Safety and Accident Prevention Program to any member upon request.
5. Air quality testing records shall be retained on forms provided by the air testing agency, as required by law.
6. Training shall be recorded as determined by the District. Class rosters shall be retained for 3 years, and individual training records for the duration of membership/employment plus 6 years.
7. SCBA, cylinder, and other respiratory protection equipment records shall be maintained for the duration of District ownership and use of the equipment.

PART 2 – PROGRAM EVALUATION

1. A written respiratory program evaluation shall be completed each year by the RPC and provided to the Fire Chief.
2. The evaluation shall include an assessment of the status of the program and indicate any areas where improvement is needed.
3. Member input shall be sought prior to the evaluation.

APPENDIX 5.7 – Respiratory Hazards and Use

PART 1 – VOLUNTARY USE OF RESPIRATORS

1. If a respirator is not required to be used, a member may:
 - choose to voluntarily wear a respirator as long as the use of the respirator itself does not create a hazard
 - use a disposable filtering facepiece – N, P or R 95 or 100 – without having to conform to any of the requirements of the respiratory protection program
2. Members voluntarily choosing to wear any other type of respirator shall conform to all of the requirements of the Respiratory Protection Program (medical approval, fit testing, training, quarterly donning and annual evaluations).
3. Members choosing to voluntarily wear a respirator shall inform their supervisor.
4. Supervisors shall ensure that a member who is choosing to voluntarily wear a respirator receives the following information:

Respirators protect against airborne contaminants when properly selected and used. WISHA recommends voluntary use of respirators when exposure to substances is below the WISHA permissible exposure limits (PELs) because respirators can provide you an additional level of comfort and protection.

If you choose to voluntarily use a respirator – be aware that respirators can create hazards for you, the user. You can avoid these hazards if you know how to use your respirator properly AND how to keep it clean. Take these steps:

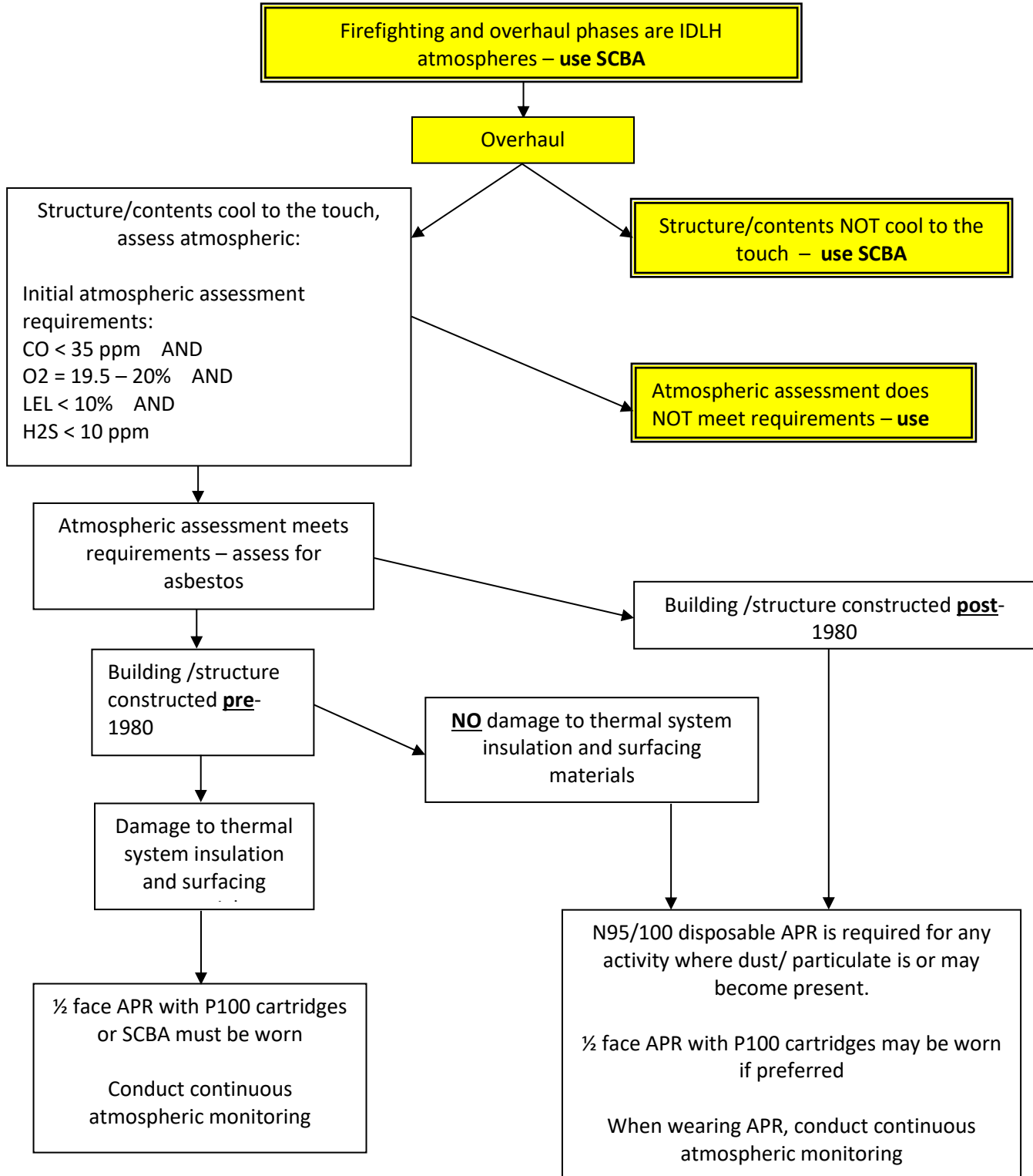
- Read and follow all instruction provided by the manufacturer about use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
- Choose respirators certified for use to protect against the contaminant of concern. National Institute for Occupational Safety and Health (NIOSH), certifies respirators. If a respirator is not certified by NIOSH, you have no guarantee that it meets minimum design and performance standards for workplace use. A NIOSH label will appear on the respirator packaging. It will tell you what protection the respirator provides.
- Do not wear the respirator into atmospheres containing hazards that your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against solvent vapor or smoke (since smoke particles are much smaller than dust particles) or oxygen deficient environments.
- Keep track of your respirator so that you do not mistakenly use someone else's respirator.

PART 2 - GENERAL

1. Respiratory hazards shall be evaluated to determine to type/level of respiratory protection necessary.
2. SCBA shall be worn:
 - in a contaminated atmosphere, including but not limited to:
 - interior structural firefighting
 - overhaul
 - in an atmosphere that is suspected of being contaminated or oxygen deficient, including but not limited to :
 - carbon monoxide alarm responses
 - in an atmosphere that may rapidly become hazardous or oxygen deficient
 - in an atmosphere that is oxygen deficient
3. An air purifying N95 or N100 disposable respirator shall be worn:
 - when entering an area or room occupied by, and/or when providing care for, and/or transporting individuals with suspected or confirmed TB, SARS, or other potential/known air borne communicable illness.
 - when working in an area where non-oil containing particulate is the hazard, such as dusty environments.
4. The mask with P100 cartridges shall be worn:
 - only for particulate hazards, including those containing oil. An evaluation of the respiratory hazards is initially required, and further air monitoring may be required
 - when working in a building constructed pre-1980 that has had damage to thermal system insulation and/or surfacing materials. An evaluation of the respiratory hazards is initially required, and further air monitoring may be required.

APPENDIX 5.7.1 Respirator Decision Logic Sequence Following a Structure Fire

This sequence covers firefighting and investigation activities in residential and some business or commercial structure fire incidents. There should be no expectation for any kind of unusual toxic contaminants.



APPENDIX 5.7B – SCBA Procedures

1. Donning SCBA
 - Checking your SCBA before using it
 - Donning SCBA
2. Doffing SCBA
3. Changing a Cylinder
4. Using the Quick Fill System
5. Emergency Escape Breathing System
6. Monthly SCBA check
7. Functional Check after each use or repair
8. Daily Check of SCBA at Staffed Stations

NOTE: REFER TO THE APPROPRIATE MANUFACTURERS INFORMATION FOR THESE FUNCTIONS.

APPENDIX 5.7B – Asbestos Hazards

The District shall ensure that its members are properly trained and equipped to prevent exposures to asbestos containing materials.


PROCEDURE:

1. Members that may be engaged in structural firefighting shall be trained in the recognition of asbestos containing materials.
 - The RPC shall ensure training is provided to all members no less than every three years;
 - The RPC shall ensure all new firefighters receive training in the hazards of asbestos containing materials.
2. During the overhaul phase of a fire incident, the IC/Supervisor shall identify material likely to contain asbestos and limit the breaching of those materials.
3. Materials identified as potentially containing asbestos shall be kept wetted down to limit the release of asbestos fibers.
4. All responding members on a fire incident shall comply with respiratory protection procedures as outlined in this Procedure.
5. Prior to conducting any live-fire training in a derelict structure, an asbestos inspection and removal of any potentially asbestos containing materials must be conducted by a party trained and equipped to do so.



Thurston County Fire Protection District 8

DISTRICT SAFETY PROCEDURE

POLICY TITLE:	Infectious Disease Exposure Control (IDEC)
POLICY NUMBER:	2-20-PR-04
REVISION:	0
DATE ISSUED/REVISED:	1 September 2022
FIRE CHIEF SIGNATURE:	

1.0 STATEMENTS OF INTENT:

1. The District provides emergency services to the public and in doing so the members who provide these services are in a position of risk from disease transmission. The District shall establish such engineering controls, work and administrative practices, provide education, personal protective clothing and equipment necessary to assist members in eliminating or minimizing their risk and exposure to infectious disease in the performance of their duties.
2. Members responsible for direct patient care and potential to contaminated sharps will be solicited for input in the identification, evaluation and selection of safer medical devices.
3. EMS providers must also comply with the Respiratory Protection Program (*District Procedure 2-20-03*).

2.0 RESPONSIBILITY:

1. Members shall:
 - Wear proper protective clothing and equipment (PPE) when engaging in patient care;
 - Wash their hands after each patient contact;
 - Replace personal protective clothing and equipment after each use;
 - Complete appropriate documentation (medical form) for each patient contact;
 - Report and properly document exposure incidents, including near misses and situations with rare and extraordinary circumstances; and
 - Comply with District adopted IDEC guidelines.
2. Supervisors/officers shall:
 - Complete initial IDEC training before being assigned to a position with potential occupational exposure;
 - Ensure members completes proper documentation for exposure incidents and near misses;
 - Investigate incidents as assigned; and
 - Ensure members with occupational exposures are referred promptly for a post-exposure evaluation.
3. The District shall:
 - Under the authority of the Fire Chief, an Infection Control Officer (ICO) shall be appointed. The role of the ICO may be assumed by the Health & Safety Officer (HSO) as determined by the Fire Chief.
 - Provide the PPE necessary to afford maximum protection for all members providing patient care
 - Establish a designated infection control officer.
4. The Infection Control Officer (ICO) shall:
 - Act as a liaison between the member and the various medical professionals/agencies, to ensure proper documentation is on file, that the member receives proper follow-up and provides notification that a communicable disease exposure is suspected or has been determined by medical personnel;
 - Work with the District Health & Safety Officer; and
 - The role of the ICO may be assigned to the District Health & Safety Officer if so determined by the Fire Chief.
5. The Health and Safety Officer (HSO) shall:
 - Be responsible for ensuring that an adequate process for dealing with exposures is in writing and available to all personnel;

- Assist with appropriate testing processes and tracking member information;
- Assist with other medical testing/evaluation and tracking as requested;
- Ensure the District maintains medical records for members as required by law;
- Ensure that train the trainer classes are conducted as necessary to meet the requirements of this program/procedure;
- Ensure the existence of curriculum that meets the standards necessary for this program/procedure are up-to-date; and
- Coordinate with the ICO if separately assigned as a duty.

3.0 GUIDELINES:

PART A – Classification of work

1. Members with occupational exposure: the following job classifications have occupational exposure to bloodborne pathogens and must comply with all sections of this program:
 - Firefighter, EMT and Firefighter-EMT (both career and volunteer subject to incident readiness & response);
 - Line fire officers (Lieutenant); and
 - Command and/or staff and/or chief officers that respond to emergency calls to provide medical care.
2. Members without occupational exposure: the following job classifications have no occupational exposure to bloodborne pathogens:
 - Administrative staff and any members not subject to incident readiness & response; and
 - Command and/or staff and/or chief officers that respond to emergency calls for the sole purpose of incident command or ancillary tasks that do not involve the provision of medical care.

PART B – Infection control procedures

1. Medical Abatement:

1.1 Hepatitis B vaccination program:

- a. Within 10 working days of initial assignment to a position with occupational exposure and after training as outlined in the training component of this section, all emergency responders will be offered the opportunity to start the Hepatitis B vaccination series without charge.
- b. Within 60 days of completion of the Hepatitis B vaccination series, members shall be offered the opportunity to be tested for antibody to Hepatitis B surface antigen. If the test is negative, a second three dose series of vaccine should be administered and the member retested. Members who do not respond to this second series should be medically evaluated.
- c. Members may decline Hepatitis B immunization by signing the Hepatitis B Vaccination Declination. If at a later date the member wishes to participate in the Hepatitis B vaccination program, they may do so at no cost to the member.
- d. The member is responsible for providing information to the HSO or ICO regarding their vaccination status, dates of vaccinations and results of titer testing, if any.

1.2 TB skin testing program:

- a. Within 10 working days of initial assignment to a position with occupational exposure and after training as outlined in the training component of this section, all emergency responders will be offered the opportunity to have a TB test.
- b. A two-step baseline shall be offered for new members who have an initially negative skin test result and who have not had a documented negative skin during the preceding 12 months.
- c. A qualified individual shall perform the reading and interpretation of the skin test. At the time the test is read, the member should be informed about the interpretation of both negative and positive results.

- d. Members with a positive skin test reaction shall be referred to a licensed health care provider for an evaluation.
- e. Members may decline to participate in the skin testing program. If at a later date the member wishes to participate in the skin testing program, the member may do so at no cost.
- f. District responders are classified in the “low risk” category, therefore TB skin testing shall be conducted annually.
- g. Members are responsible for providing information to the HSO or ICO regarding the results of the skin testing
- h. Work restrictions:
 - Members with pulmonary or laryngeal TB pose a risk to patients and other members while they are infectious and shall be excluded from the workplace until they are non-infectious.
 - Members receiving preventative treatment for latent TB infection should not be restricted from their usual work activities.
 - Members with latent TB infection who cannot take or who do not accept or complete a full course of preventative therapy should not be excluded from the workplace.

1.3 Other vaccinations:

- a. Tetanus - All emergency responders are encouraged to maintain a current tetanus vaccination. The District shall schedule the opportunity for tetanus vaccinations annually. Members need to contact the HSO for more information.
- b. MMR - The District shall schedule the opportunity for the MMR (measles, mumps, and rubella) vaccination annually. Members need to contact the HSO for more information.
- c. Flu shots - The District shall schedule an opportunity for flu shots annually. Members need to contact the HSO for more information.

2. Personal Protective Clothing and Equipment:

2.1 Any member using PPE items shall restock the item(s) immediately after each use and/or check to ensure an adequate number is readily available

2.2 Protective equipment and clothing are as follows:

- a. Respiratory protection – NIOSH approved N95/100 respirators shall be kept in all responding vehicles. These are “single-use” items and shall be disposed of after use.
- b. Hand protection - disposable gloves, latex or similar, are to be kept in all responding vehicles and in all medical kits. These are “single-use” items and shall be disposed of after use. Members with latex allergies need to contact their supervisor so appropriate hand protection may be obtained
- c. Facial protection – this consists of eye, nose and mouth protection. Facial protection shall be carried on all responding EMS units and be readily available in all medical kits. All but eye protection are “single-use” items and shall be disposed of after use. Eye protection may be cleaned and decontaminated. Facial protection may consist of:
 - a combination eye shield/ facemask,
 - a surgical mask and eye protection, and/or
 - a respirator and eye protection.
- d. Body protection – shall be kept readily available on all responding EMS units. These are “one use” items and shall be disposed of after use. All but the EMS suits are “one-use” items and shall be disposed of after use. Body protection may consist of:
 - blue plastic or white coated Tyvek disposable gowns,
 - Tyvek coveralls, and/or
 - EMS suits (these are reusable after decontamination).

- e. Infection control kits – these kits shall be carried on all responding apparatus. They contain disposable items consisting of: one (1) item of body protection, one (1) combination eye shield-facemask, and one (1) set of disposable (latex or similar) gloves. All of the items in the Infection Control kits are “single use” items and shall be disposed of after use.
- f. Resuscitation equipment - disposable bag-valve-masks (BVM) or other portable resuscitation equipment shall be carried on all responding emergency vehicles. BVMs are “one use” items and shall be disposed of after use. A pocket mask or a similar protective device may be issued to District First Responders and EMTs on request. Pocket masks can be cleaned and decontaminated; shield or barrier type devices are single use items and shall be disposed of after use.
- g. Safer medical devices - all needled devices shall be of a shielded, needless, or other engineered protective design. IV access, blood draws, injections, etc. shall be accomplished using these safer devices unless a particular procedure requires use of an unshielded device or use of an unshielded device is ordered by the MPD. Epi-pens provided through Thurston County Medic 1 shall be handled, used and disposed of in the manner taught by Thurston County Medic 1
- h. Sharps containers shall be carried on all EMS apparatus.
- i. Disposable gloves shall readily available at the District decontamination stations. If rubber gloves are used, they can be decontaminated and reused.
- j. Waterless hand cleaner shall be available in all emergency vehicles, in medical kits, and at all District stations.
- k. Regulated waste bags – clearly identified red bags with the biohazard symbol shall be provided in all District stations and carried on each responding emergency vehicle in addition to regular waste bags. They may be provided in different sizes to accommodate different types of waste or contaminated equipment.

3. Operating Procedures for the Prevention of Transmission of Infectious Disease:

3.1 Personnel Procedures:

- a. Universal precautions shall be used as the minimum level of protection for all EMS calls and calls requiring patient contact. Additional PPE shall be used as appropriate for the potential exposure. When in doubt, select the maximal level of protection rather than the minimum.
- b. PPE shall be removed before leaving the work area.
- c. Under rare and extraordinary circumstances, if it was the member’s professional judgment that in the specific instance, use of PPE would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the member or a co-worker, the member may temporarily and briefly decline to use PPE. Such instances shall be documented on the District Injury, Illness and Exposure form. Examples of *extraordinary circumstances*:
 - A sudden change in a patient’s status such as when an apparently stable patient unexpectedly begins to hemorrhage profusely, putting the patient’s life in immediate jeopardy.
 - A firefighter rescues an individual who is not breathing from a burning building and discovers that his/her resuscitation equipment is lost/damaged and he/she must administer CPR
- d. Disposable gloves:
 - shall be worn for all patient contacts. Additionally, gloves must be worn for/during scene cleanup prior to departure and for cleaning/decontamination of equipment and/or surfaces contaminated with blood / other potentially infectious material(s) (OPIM).
 - shall be changed and disposed of after and between each patient contact when feasible
 - shall be replaced as soon as practical when contaminated, torn or punctured, and/or when their ability to function as a protective barrier is compromised.

- e. Structural fire fighting gloves shall be worn over disposable gloves when working in areas where sharp or jagged metals are present, such as in vehicle extrication situations. Medical personnel providing patient care are not required to wear structural firefighting gloves if the use of such gloves hinders the provision of patient care. Disposable gloves shall never be worn under firefighting gloves when high heat, such as in a structure fire, will be present
- f. Facial protection must be worn when splatter, spray, splashes, droplets of blood/OPIM may be generated and eye/nose/mouth contamination can be reasonably anticipated. This includes but is not limited to airway management.
- g. Respiratory protection - If the member is seeing a patient who is suspected of or has TB or SARS, a respirator is required to be worn. This includes the entire time that the member is with, around and/or transporting the patient.
- h. Body protection must be worn when splashes to the skin or clothes are reasonably anticipated. Station uniforms and/or street clothes are not considered body protection from blood/OPIM – items of PPE must be worn over these items. Fire suppression protective clothing shall not be routinely used as body protection from blood/OPIM but should always be used in those instances when other protective clothing is not available
- i. Hand washing – hands shall be washed as soon as possible after each patient contact, and between multiple patients if possible:
 - Soap and water is the preferred handwash solution.
 - If soap and water are unavailable, and there is no visible contamination, members must use waterless hand cleaner
 - If soap and water are unavailable and there is visible contamination, members must use waterless hand cleaner followed by soap and water as soon as feasible
- j. Contamination of body surfaces - if any skin surface is contaminated with blood or OPIM, the skin surface shall be washed immediately or as soon as feasible with soap and water or waterless hand cleaner.
- k. Contamination of clothing - If any clothing (e.g. uniform, personal clothing, bunkers, boots, etc.) is contaminated with blood, OPIM or other body secretions, it should be removed immediately or as soon as feasible at the scene, placed in a regulated waste bag or regular waste bag with a biohazard label, and transported to the District Decontamination station for decontamination.
 - ***Under no circumstances shall a member wear contaminated clothing home or wash contaminated clothing at home.***
 - Members shall don temporary clothing (Tyvek coverall, spare coveralls, etc.), return to the station and shower before donning clean clothing
 - Members temporarily needing clean bunker clothing shall contact their supervisor for replacement items.
- l. Contaminated reusable equipment must be placed in regulated waste bags or regular waste bags with a biohazard label and transported back to the District Decontamination Station for decontamination.
- m. Used disposable needles and other sharps shall be disposed of immediately after use in an approved puncture proof sharps container marked with a biohazard label. Gloves shall be worn during the process.
 - Recapping or bending of sharps and needle removal is prohibited unless there is no feasible alternative or it is required by a medical procedure. If required, bending, recapping or needle removal must be performed one-handed.
 - Breaking or shearing of contaminated needles is prohibited
 - Sharps containers must be located as close as feasible to the immediate area where the sharps will be used
- n. Respiratory assists (CPR/ventilation) and suctioning of patients shall be by approved devices. (e.g. bag-valve-mask, pocket mask, portable or hand-powered suction devices, etc.):
 - Mouth pipetting/suctioning is prohibited

- DeLee suctioning, when no other method is available and a trap is inserted in-line between the infant and the emergency responder is allowed
 - Mouth-to-mouth resuscitation must be avoided if at all possible.
- o. Emergency responder issues:
- If the member has open sores, cuts, abrasions, lesions, and certain dermatology conditions that cause cracking of the skin, they should attempt to refrain from direct patient contact and perform activities such as assistance, equipment handling, etc. Gloves shall be worn during these times and hand washing after the incident is required.
 - If the member has an infection that constitutes a risk of infection to patients or other members they must report their condition to their supervisor prior to their scheduled shift. Reassignment from patient care responsibilities may be considered.
 - Female responders who are pregnant may be at risk for prenatal transmission of infectious disease. Consideration in direct patient care should be considered if the patient has a cough, fever, rash, or other symptoms of an infectious disease.
 - Smoking, eating and/or drinking, handling contact lenses, applying lip balm or cosmetics is prohibited in any work area where there is a reasonable likelihood of occupational exposure.
 - Food and/or drink containers may not be kept where there is a potential for exposure to blood or OPIM.
- p. If an EMS vehicle is being used specifically for responder rehabilitation at an emergency scene, no patient care may be conducted in that vehicle while being used for that purpose. All surfaces shall be wiped with a bleach solution prior to its use in the purpose. Conversely, if the vehicle is used for patient care, no food or drink may be kept or consumed where blood or OPIM may be present.
- q. For suspected or confirmed TB patients:
- The emergency responders shall don a respirator.
 - The patient shall be given a particle or surgical mask if not in need of more aggressive oxygenation. A respirator may be used for this purpose, but only if it does not have an exhalation valve.
 - If possible, move the patient outside to fresh air.
 - When transporting as much aeration as possible shall be instituted (i.e. windows rolled down, exhaust fans operating, etc.).
 - Nebulizers should be pointed downward and away from medical personnel.
 - The patient should be instructed to cover his or her mouth during coughing episodes.
- r. Other airborne pathogens may require specific PPE measures. These diseases and appropriate responses will be addressed on an individual basis as the need arises. For suspected SARS patients follow current Thurston County Medic 1 protocols.
- 3.2 Equipment Cleaning Procedures:
- a. Stations 8-1 (South Bay) and 8-3 (North Olympia) are designated as the District decontamination locations.
- b. Within these stations, the District shall establish a designated cleaning/decontamination area that is physically separated from areas used for food preparation, personal hygiene, sleeping and living areas.
- All cleaning and/or decontamination of clothing and equipment is to be conducted in this area; other station crews shall bring contaminated items, appropriately bagged or contained, to these stations for cleaning and/or decontamination.
 - The designated cleaning/decontamination area shall be inspected and cleaned after each use by wiping surfaces with a hospital grade germicide or a bleach solution. This includes inspection of the red biohazard containers, which shall be cleaned and decontaminated when visibly soiled.
 - A cleaning schedule for the decontamination area shall be posted.
- c. Household liquid bleach for disinfecting shall readily available at the District Decontamination Stations. Hospital level germicides effective against TB, HBV and HIV may also be used.
- A 1:100 solution is used for routine cleaning. Mix by placing 2 teaspoons of bleach in a quart container and adding water to make 1 quart.

- A 1:10 solution is used for cleaning blood or OPIM spills. Mix by placing 1/3 cup plus 1 tablespoon of bleach in a quart container and adding water to make 1 quart.
 - Contact time for bleach solution is the time it takes to air dry.
 - Other disinfectants must be used according to directions.
- d. Gloves shall be worn at all times when cleaning equipment and handling contaminated clothing. Eye protection shall be worn if there is any chance of splashing and/or if the chemical's MSDS requires eye protection.
 - e. Reusable EMS equipment that becomes contaminated with body fluids shall be removed from service until thoroughly cleaned with soap and water and decontaminated with a bleach solution or a hospital level germicide.
 - Personal re-useable items must be cleaned and disinfected after each use. These items include, but are not limited to pocketknives, scissors, stethoscopes and other similar equipment.
 - Any items used in patient care, the patient compartment, gurney, and associated items shall be disinfected after each patient transport/contact with a bleach solution or other appropriate disinfectant.
 - Heavily soiled items must be prewashed with soap and water to remove all organic material before decontamination
 - f. EMS transport vehicles, after transport of a suspected or confirmed TB patient:
 - Turn on all non-circulating fans such as air conditioning, vent, etc.
 - Open all doors and windows and allow the vehicle to air out for a minimum of 20 minutes.
 - Clean the vehicle as usual.

3.3 Laundry Procedures

- a. Gloves shall be worn at all times handling contaminated clothing or laundry.
- b. Contaminated turnouts, uniforms, personal clothing, etc. shall be cleaned in the extractor or designated washer/dryer according to posted directions.
- c. Small areas of contamination may be spot cleaned with soap and water, rinsed and decontaminated using an appropriate disinfectant. Gloves must be worn.
 - Firefighter gloves may be spot cleaned, but if grossly contaminated, shall be disposed of as regulated waste
 - Contaminated boots shall be scrubbed with hot, soapy water, rinsed then decontaminated according to disinfectant directions. Check to ensure compatibility of boots with disinfectant.

3.4 Station environment:

- a. Protective clothing that needs to be cleaned and/or decontaminated/disinfected is not allowed in kitchen or other food preparation, personal hygiene, sleeping or living areas.
- b. All cleaning and/or decontamination are to be performed in the area designated for such activities at the District Decontamination Stations.

3.5 Regulated Waste Disposal Procedure:

- a. Regulated waste includes any disposable items that contain blood or OPIM, contaminated items that would release blood or OPIM if compressed or if blood/OPIM would flake off if handled, and contaminated sharps.
 - Regulated waste should be transported with the patient to the medical facility whenever possible.
 - If a patient is not transported, the regulated waste, properly contained, shall be transported back to a station with temporary regulated waste storage (biohazard container).
- b. If any regulated waste bag or container becomes contaminated on the outside, it shall be placed inside another bag/container (i.e. double bagged, etc.)
- c. Sharps, needles, and syringes shall be disposed of in puncture proof containers immediately after use. When the container is $\frac{3}{4}$ full, it is sealed and placed into a regulated waste container.

- d. A scene survey shall be completed at all EMS scenes to ensure that all disposable items have been appropriately discarded at the conclusion of the incident. It shall be the responsibility of the incident commander or company officer on the last departing apparatus to ensure compliance.
- e. Regulated waste is temporarily stored at District stations in red biohazard containers. The District shall maintain a contract to remove this regulated waste from the stations on a regular basis.
 - All regulated waste to be placed into the biohazard containers must be bagged in regulated waste bags or bags with the biohazard label.
 - Biohazard containers at substations need to be brought in to the District decontamination station for emptying/exchange when they are $\frac{3}{4}$ full.
 - If all containers are full, please contact the ICO to ensure prompt removal of full containers.

PART C - Education and Training

1. Training:

1.1 Training shall be provided:

- a. Before assigning tasks where occupational exposure might occur;
- b. When changes to tasks or procedures that affect members are made in the program;
- c. At least annually and within 1 year of previous training; and
- d. at no cost to the member and during working (on-duty) hours.

1.2 The trainer shall be knowledgeable in the subject matter as it relates to the District, and training sessions shall have the opportunity for interactive questions and answers with the trainer.

1.3 Training shall address/include:

- a. An accessible copy of WAC 296-823, *Occupational Exposure to Bloodborne Pathogens*;
- b. A general explanation of the epidemiology and symptoms of bloodborne diseases and TB;
- c. An explanation of the pathogenesis and the occupational risk for TB, including county specific information;
- d. An explanation of how bloodborne pathogens and TB are transmitted;
- e. An explanation of the IDEC section of the District's Health & Safety Program with an explanation of how the member can obtain a copy;
- f. An explanation of how to recognize tasks and other activities that could involve exposure to blood/OPIM and/or TB;
- g. An explanation of the use and limitations of methods that will prevent or reduce exposure to bloodborne pathogens and TB, including:
 - equipment and safer medical devices
 - work practices, and
 - PPE, including information on the types, proper use and limitations, selection, location, donning and doffing, handling, decontaminating/disposal;
- h. Information about the Hepatitis B vaccine, including:
 - Information about it's effectiveness
 - Safety of the vaccine
 - Method of administration
 - The benefits of being vaccinated, and
 - Its availability at no cost to members;
- i. Information about the TB testing program, including:
 - The two –step initial testing process

- An explanation of the ongoing testing program, and
 - An explanation of the meaning of positive and negative test results, including follow-up procedures;
- j. Information about what actions to take and persons to contact when exposure to blood/OPIM occurs outside the normal scope of work
- k. An explanation of the process to follow for an occupational exposure, including:
- The method(s) of reporting and documenting, and
 - The medical evaluation/follow-up that will be available; and
- l. An explanation of the color-coding systems used in the District.
- m. Training summary records shall be maintained for three years from the date of the training. Training records must include:
- Date
 - Contents of training session
 - Names and qualification of person(s) conducting the session, and
 - Names and job titles of persons attending the session.

PART D - Medical management

1. Routine Documentation:

- 1.1 Any member of the District who has provided patient care or who has had patient contact shall have their name and/or ID number included on the medical report. The name of the source individual (patient) shall be included on all medical reports whenever possible

2. Extraordinary circumstance documentation:

- 2.1 The member must report all incidents where he or she has declined to use PPE (declining use of PPE is only allowed in rare and extraordinary circumstances):
- a. All such instances shall be documented in writing by the member – even if no contamination occurred) and forwarded to the supervisor
 - b. All such instances shall be investigated.

3. Immediate exposure treatment and reporting:

- 3.1 For bloodborne or OPIM exposures, immediately or as soon as feasible, wash the exposed area with soap and water, or waterless hand cleaner if soap and water are not available. Flush mucous membranes with water. Report the exposure to the team leader, supervisor or the officer on duty.
- 3.2 For airborne exposures, report the exposure to the supervisor, incident commander or HSO/ICO;

4. Exposure and medical follow-up:

- 4.1 All instances of blood/OPIM contamination to skin and/or airborne exposures shall be reported and documented on the appropriate form(s).
- 4.2 If the instance is considered an occupational exposure – blood/OPIM contact in eyes, mouth, mucous membranes, non-intact skin or parenteral contact, or possible TB exposure - the District shall make available to the member a confidential medical evaluation and follow-up, including consultation.
- 4.3 The team leader/supervisor/officer on duty shall assist the member in determining if the exposure warrants further follow-up care. The ICO and/or Providence St Peter's Hospital may be contacted for assistance:
- a. Business Health Services can be contacted during the day at 360-493-7822
 - b. The Emergency Department can be contacted after hours and on weekends at 360-493-7289.

- 4.4 Source testing for HIV is allowed by law. The District must request the licensed health care professional to contact the source individual to request voluntary testing. If the source individual refuses, the exposure incident may be referred to the Thurston County Public Health & Social Services Department (TCPH):
- a. Contact the ICO for assistance in requesting source testing through the TCPH; referrals must occur within 7 days of the exposure
 - b. If the individual is known to have been infected with HIV, additional testing is not required.
 - c. Results of the source individual's testing shall be made available to the exposed member, and the member shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- 4.5 Follow-up medical evaluation for bloodborne/OPIM exposures:
- a. Generally, the licensed health care provider will further evaluate the circumstances and factors of the exposure, the exposed member's medical history status and the source patient's status to determine if treatment is necessary. Generally, baseline collection of the exposed member's blood is collected as soon as feasible and after consent is obtained from the member.
 - b. HBV follow-up shall depend on the status of the member and source patient HBV status.
 - c. HCV follow-up consists of regular blood collection from the exposed member over a period of time with the focus on early detection of chronic disease.
 - d. HIV follow-up shall consist of evaluation of the circumstances of the exposure and source patient status. The member has the right to give consent for baseline blood collection but not for HIV testing at that time. The PLHCP shall hold the blood sample for 90 days post-incident to provide the member with time to decide whether he or she elects to have a baseline test. If the member elects to have the baseline sample tested, the testing shall be done as soon as feasible. . Source testing shall be as described above. Prophylactic treatment for HIV shall not be dependent upon the member's choice regarding baseline testing.
- 4.6 Follow-up medical evaluation for airborne exposures:
- a. Specific treatment requirements for airborne exposures other than TB shall be at the direction of the PLHCP.
 - b. For TB:
 - if the member has had a documented negative test within the last 12 months, the member should receive a skin test 10-12 weeks post incident;
 - if the member has NOT had a documented negative skin test within the last 12 months, the member should receive a skin test immediately and again in 10-12 weeks; and
 - if the member has had a previous positive skin test, there is no medical follow-up.
- 4.7 After post-exposure evaluation of a member, the licensed health care provider shall provide the District and the member with a written opinion within 15 days of the completion of the post-exposure evaluation:
- a. The written opinion is limited to notification that the member has been informed of the results of the evaluation and that the members has been told about any medical conditions resulting from the exposure which require further evaluation or treatment.
- 5. Exposure documentation and investigation:**
- 5.1 All incidents of airborne exposure or blood/OPIM contacting skin, eyes, mucous membranes, mouth or that penetrate the skin, whether requiring follow-up medical care or not, shall be documented on the District Injury, Illness and Exposure report form. Volunteer members shall also complete a Washington State Board of Volunteer Firefighters and Reserve Officer accident notification form.
- 5.2 Every exposure incident shall be investigated to determine the circumstances under which the exposure incident occurred. The investigation shall be documented on the supervisor's Accident Investigation form.
- a. The investigation should be initiated within 24 hours
 - b. The supervisor's accident investigation report shall be submitted to and reviewed by the District Safety Committee
- 6. Recordkeeping:**
- 6.1 Documentation of the following shall be placed in the member's confidential medical file and retained for the period of membership plus thirty (30) years:

- a. Dates of vaccination for Hepatitis B, vaccination waivers, results of titer testing;
- b. Results of skin testing for TB;
- c. Exposure forms and reports, investigation documents; and
- d. Other vaccination, medical, and/or exposure information provided to the District.

6.2 A sharps log shall be maintained as required.

6.3 OSHA forms shall be initiated and maintained as required.

6.4 Training records shall be completed and maintained as required.


7. Compliance Monitoring:

7.1 All supervisors present at any given scene shall all ensure that safety precautions are adhered to during patient care contacts, transport, cleaning of equipment, and ensure the use of protective clothing and equipment – including respirators - when required.

7.2 The ICO and/or HSO shall regularly review IDEC processes and procedures to ensure their efficacy



Thurston County Fire Protection District 8

PROCEDURE TITLE:	Member Safety Orientation & Training
PROCEDURE NUMBER:	2-20-PR-05
REVISION:	0
DATE ISSUED/REVISED:	15 December 2019
FIRE CHIEF APPROVAL SIGNATURE:	

1.0 STATEMENTS OF INTENT

1. All new members shall receive a safety orientation that contains information general to the District and specific to their area of assignment.
2. The orientation shall be scheduled, completed, and documented in a timely manner.
3. The District shall provide and ensure training and education for all members commensurate with the duties and functions that members are expected to perform.
4. Training and education shall be provided to members before the member is expected to perform those activities and commensurate with the duties & responsibilities outlined in their *Position Description*.
5. The District shall ensure that training and education is provided frequently enough to assure each member is able to perform the member's assigned duties and functions satisfactorily and in a safe manner.
 - Periodic demonstration of skills may be required
 - Periodic recertification may be required
 - Members who perform interior structural firefighting must participate in suppression training or education at least quarterly.
6. All live structural firefighting training shall be in accordance with *NFPA 1403*.
7. Members who do not maintain active participation and/or have a leave of absence granted must demonstrate skill competency prior to resuming their responder duties.
 - The returning member may also be subject to individual District policies regarding leave of absence or non-attendance.
8. Members shall be provided with training in the fundamentals of accident prevention.
9. Members shall be trained and qualified to use air-filling systems (cascade, compressor, fill stations, etc.) prior to use.

2.0 RESPONSIBILITY

Members shall:

- Attend classes necessary to complete the orientation program; and
- Participate in training and education as required.

Instructors shall:

- Follow practices designed to provide a good learning experience; and

- Ensure documentation of training/education event is completed on appropriate District forms.

Supervisors shall:

- Ensure assigned members are trained and maintain their competency level;
- Test members as necessary on skills;
- Ensure members complete required competencies; and
- Ensure approved training schedules are communicated to subordinate members and are successfully completed.

The Health & Safety Officer (HSO) shall:

- Ensure that safety orientation and training curricula are current and applicable to the safety & health risks pertinent to and required for the District;
- Shall coordinate with the Fire Chief or designee to ensure such orientation and training are conducted in concert with the District's Training & Education program;
- Ensure curriculums and resources are maintained and accessible;
- Review records and produce reports as required by the Fire Chief or designee;
- Ensure each member completes the safety orientation process and that it is documented on the appropriate form; and
- Review records for training, specific skills and/or certifications that are required in District and State safety standards and report on outcomes.

3.0 GUIDELINES

1. The safety orientation shall include, but not be limited to:
 - How and when to report accidents, injuries, occupational illnesses and exposures;
 - How to report unsafe conditions and practices;
 - Process for providing safety suggestions;
 - Purpose and location of District safety bulletin board(s);
 - The use, care, selection and maintenance of required personal protective clothing and equipment (NOTE - this requirement may be completed over the course of initial training required for the position);
 - The proper actions to take in the event of emergencies in the fire station including routes of exit;
 - A review of the Safety and Accident Prevention Program;
 - An on-the-job review of the practices necessary to perform the initial job assignments in a safe manner – a member may only perform work duties for which they have received training for.
 - A description of the location of the District policies, procedures and/or operational guidelines that applies to the member; and
 - A schedule or plan that describes other required safety training that the member must complete and how the member is expected to obtain this training. (e.g. infectious disease, hazard communication, etc.).
2. The safety orientation shall be documented appropriately and retained for the duration of membership.
3. Members shall participate in periodic health, safety and accident prevention training and education as scheduled.
4. Members who use personal protective equipment shall follow the training requirements of the personal protective equipment provisions of District policy.


5. Members who use respirators shall follow the training requirements set forth in the District *Procedure 2-20-03 "Respiratory Protection Program"*.
6. Members with occupational exposure to blood-borne pathogens shall follow the training requirements of the infectious disease exposure control provision of District policy.
7. Members shall receive additional position specific required health and safety training as follows (*in the table below*):

Requirement		Frequency			
		Initial	Quarterly	Annually	Other
Health and Safety					
	Hearing conservation	X		X	
	Wildland safety	X		X	
	ICS	X		X	As needed to maintain competency
	Infectious disease	X		X	
Respiratory protection				Annual testing required	
	Orientation	X			
	Technical respirator training	X			
	Donning respirators		X		
	RPP program review			X	
	Accident prevention	X			As scheduled
	Employee Right to Know	X			
	Lock Out/Tag Out	X			
	Asbestos awareness	X		X	
	Filling air cylinders	X			As needed to maintain competency
	Interior structural firefighting		x		As needed to maintain competency
Driving					
	EVIP standard	X			
	Pumping operations	X			As needed to maintain competency
	Individual apparatus "certification"	X		X	As needed to maintain competency. Annual requirements or repeat whole training program every 4 years

Thurston County Fire Protection District 8

HR/LF PROCEDURE



PROCEDURE TITLE:	Facilities, Apparatus and Equipment Safety
PROCEDURE NUMBER:	2-20-PR-06
REVISION:	0
DATE ISSUED/REVISED:	15 December 2019
FIRE CHIEF APPROVAL SIGNATURE:	

I. STATEMENTS OF INTENT

1. Inspections of District firestation facilities, apparatus and equipment will be made to ensure that working conditions are reasonably free of recognized hazards. The HSO will have access to these inspection records.
2. Emergency eyewashes shall be provided where there is a potential for eyes to be exposed to corrosives, strong irritants or toxic chemicals.
3. Eyewashes shall be inspected and maintained as required by law and/or manufacturer's recommendations.
4. The District shall identify any tools, equipment or machines present in the workplace where unexpected energization or start-up of the machine or equipment or release of stored energy could harm a member.
5. Lock-out/tag-out awareness training shall be provided to District emergency responders because they may provide emergency response to locations that have lock-out / tag-out procedures in place.
6. Only authorized personnel are allowed to work on air compressors.
7. Records will be maintained as indicated by the State archival regulations.

II. FACILITIES, APPARATUS & EQUIPMENT INSPECTIONS

Facilities:

1. The Fire Chief shall assign a member to coordinate and record facilities inspections.
2. District firestation facilities will be inspected monthly.
3. Inspections will include, but are not limited to: the facility itself, tools, fire extinguishers, protective equipment, life safety equipment, sprinkler systems, emergency eye wash, decontamination areas, etc. Inspection forms will provide more detailed instructions on areas for inspection.
4. Inspections will be documented on the *Firestation Facility Inspection* form.
5. The District Safety Committee will review *Firestation Facility Inspection* reports to assist in the correction of identified unsafe conditions or practices.
6. *Firestation Facility Inspection* forms will be forwarded to the Fire Chief or designee, who will take necessary actions to correct/repair identified firestation safety issues.

Apparatus:

7. The Fire Chief shall assign a member to coordinate and record apparatus inspections.
8. Staffed fire apparatus will receive daily apparatus operational inspections to ensure apparatus and equipment readiness.
9. Non-staffed fire stations, and apparatus not routinely staffed, will receive at least monthly apparatus operational inspections.
10. All apparatus inspections shall be documented.

Equipment:

11. The Fire Chief shall assign a member to coordinate and record equipment inspections.
12. Any equipment found to need repair or unsafe to operate shall be removed from service and the supervisor shall report it to the Fire Chief or designee.
13. Ground Ladders:
 - a. Ladders shall be inspected:
 - i. Monthly and after each use by qualified District personnel.
 - ii. Annually by a qualified third party.
 - iii. Any time the ladder is suspected of being unsafe.
 - iv. After the ladder has been subject to overloading or impact loading.
 - v. If the ladder has unusual conditions of use.
 - vi. After heat exposure.
 - vii. After deficiencies have been repaired, unless the repair was replacing the halyard.
 - viii. Before the ladder is placed in to service for the first time.
 - ix. Any ladder placed in to service shall have an inspection consistent with NFPA 1932 within the previous year.
 - b. Temporary repairs shall not be made to ground ladders.
 - c. Inspections shall conform to WAC 296-305-06006 and shall be documented on the *Ladder Inspection Form*.
 - d. *Ladder Inspection Forms* shall be submitted to the Fire Chief or designee.
14. Fire Hose:
 - a. Fire hose 1 ½" or larger shall be pressure tested annually.
 - b. Fire hose testing reports shall be given to the Fire Chief or designee.
 - c. Any fire hose that does not pass the pressure testing shall be removed from service.
 - i. If hose is damaged during operations, pressure testing will be required before the hose is placed back in service.
 - d. Repaired fire hose shall be pressure tested prior to returning to service.
15. Self-Contained Breathing Apparatus (SCBA) and Personal Alert Safety System (PASS):
 - a. SCBA packs, PASS devices, and air cylinders shall be inspected, at minimum, monthly by qualified District personnel. Inspections shall conform to those procedures set forth in *Procedure 2-20-03 "Respiratory Protection Program"*.
16. Personal Protective Equipment:
 - a. Inspections shall be completed every 6 months.
 - b. The Fire Chief shall assign a qualified member to coordinate and record inspections.
 - c. Refer to the to manufacturers recommendations for appropriate inspection and care of personal protective equipment.
17. Fire Suppression Systems:
 - a. Inspections of fire extinguishers shall be conducted annually by a qualified third party.
 - b. Inspections of fire station suppression systems shall be conducted annually by a qualified third party.
18. Special Equipment:
 - a. Special equipment may include rescue service rope, ballistic PPE, personal floatation devices and wildland firefighting protective shelters.
 - b. Refer to the to manufacturers recommendations for appropriate inspection and care of equipment.
 - c. The Fire Chief shall assign a qualified member to coordinate and record inspections.

III. EYE WASHES

1. Plumbed eyewashes shall be activated weekly and inspected annually:
 - a. Records shall be kept that indicate the weekly activations & annual inspections

- b. Weekly activations shall be performed by operations personnel and completed records shall be forwarded to the HSO.
- c. Annual inspections shall be completed and documented by the HSO.
- 2. Self-contained and personal eyewashes shall be inspected and maintained according to manufacturer's recommendations.
- 3. Emergency eyewashes, and showers if present, must be placed so that it takes no more than 10 seconds to reach and they are kept free of obstacles blocking their use.
- 4. Annual inspections should include:
 - a. Examination of piping, if possible;
 - b. Making sure water is available at appropriate temperature and quality;
 - c. Activation to check valves and hardware;
 - d. Checking water flow rate;
 - e. Checking expiration dates on sealed or self-contained units; and
 - f. Checking around units for obstructions or obstacles to use.

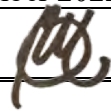
IV. LOCK-OUT / TAG-OUT OF EQUIPMENT

- 1. When performing maintenance or service on District tools, machines and/or equipment, the member shall unplug the item from the energy source and the plug shall be under the exclusive control of the member performing the work.
- 2. When on emergency responses at locations that employ a lock-out/tag-out system, the IC or officer-in-charge shall check to ensure that the machine/piece of equipment is locked out; personnel may be stationed at the lockout/tagout device as necessary to prevent inadvertent startup.
- 3. Members shall receive initial lock-out/tag-out awareness training as follows:
 - a. Recognition of applicable hazardous energy sources;
 - b. The type and magnitude of energy available;
 - c. The methods and means necessary for energy isolation and control;
 - d. Purpose and use of the energy control procedure;
 - e. Instructions about the prohibition relating to attempts to restart or reenergize machines or equipment which are locked out or tagged out; and
 - f. If tag-out systems are used, limitations on the use of tags.
- 4. Retraining shall be provided on a three year cycle.
- 5. Outside contractors servicing or providing maintenance of District facilities, machines or equipment where the potential for release of hazardous energy exists shall be appropriately certified or authorized and shall provide for their own safety regarding hazardous energy. If such contractors use a lock-out/tag-out system, they shall inform the District member responsible for supervising/authorizing the contract, who in-turn shall notify affected members. Notification shall be given before the controls are applied and after the controls are removed from the machine or equipment.



Thurston County Fire Protection District 8

DISTRICT SAFETY PROCEDURE

POLICY TITLE:	Chemical Hazard Communications
POLICY NUMBER:	2-20-PR-07
REVISION:	0
DATE ISSUED/REVISED:	1 September 2022
FIRE CHIEF SIGNATURE:	

1.0 STATEMENTS OF INTENT

1. To ensure that information about the dangers of all hazardous chemicals used by the District are known by all affected members, the District shall establish and maintain a Chemical Hazard Communication (CHC) program.
2. All District members shall participate in the CHC program.

2.0 RESPONSIBILITY

1. Members shall:
 - Know and follow the contents of the chemical/product safety data sheet (SDS) for chemicals they may use and be exposed to
 - Properly label a secondary container if they transfer a chemical product;
 - Use appropriate personal protective equipment (PPE);
 - Ensure hazardous chemicals ordered/purchased are on the District hazardous chemical list or, if the chemical is not, to refer the order/purchase to the District Health & Safety Officer (HSO) and/or the Hazardous Chemical Coordinator (HCC) for evaluation prior to using the chemical; and
 - Promptly report any missing SDS to their supervisor as soon as they become aware it is missing.
2. Supervisors shall:
 - Ensure assigned members have received training in the CHC program before assigning any work with hazardous chemicals; and
 - Ensure assigned members receive information and training before introducing any new chemical hazard into the work area.
3. The District shall:
 - Under the authority of the Fire Chief, an HCC shall be appointed. The role may be assumed by the HSO as determined by the Fire Chief;
 - Ensure development, implementation and maintenance of an effective CHC program;
 - Ensure a hazard determination is conducted for all chemicals used; and
 - Keep copies of SDSs as required by law.
4. The HCC shall:
 - Ensure an SDS is available for each hazardous chemical near the location where the chemical will be found;
 - Ensure the hazardous chemical list is accurate and current;
 - Evaluate hazards and make proper notifications if a new chemical hazard is introduced into the District so information and training may be conducted prior to the chemical being placed into use; and
 - Ensure all new chemical containers are properly labeled for use.
5. The HSO shall:
 - Develop program guidelines;
 - Assist with the hazard determination if requested;
 - Keep copies of SDSs; and

- Ensure exposure records for exposed individuals are properly documented and maintained.

3.0 GUIDELINES

1. The assigned/designated HCC will be the HSO.
2. Safety Data Sheets:
 - a. An SDS is required for each hazardous chemical product in the District except for those designated as “household use”, which the District may maintain at the option of the HCC/HSO;
 - b. SDSs shall be readily available to all members during each work shift. If an SDS is not available, the supervisor should be contacted immediately;
 - c. SDSs for specific chemicals shall be kept near the storage location for those chemicals and/or kept in a designated location(s) at each station where hazardous chemicals are found;
 - d. Orders and purchases of hazardous chemicals shall be made from the hazardous chemical list:
 - if the needed chemical is not on the list the member must request an SDS with the order and
 - the member ordering/purchasing the chemical shall inform the Hazardous Chemical Coordinator of the order/purchase so a hazard determination may be made before the chemical is placed into use; and
 - e. Copies of SDSs shall be provided to the HCC/HSO.
3. Hazardous chemical list:
 - a. A list of all known hazardous chemicals used by the District shall be maintained and:
 - documented and posted as required by District *Procedure 2-20-09 “Health & Safety Program Documentation”*;
 - kept in other locations at designated by the HCC/HSO; and
 - b. The HCC/HSO shall ensure that the hazardous chemical list is updated and kept current as necessary.
4. Container labeling:
 - a. All containers of hazardous chemicals shall be labeled, marked or tagged with:
 - The identity of the hazardous chemical using either the chemical or common name;
 - Appropriate hazard warnings which give general information about the relevant health and physical hazards of the chemicals. This includes health effects information, such as information about organs most likely to be affected by the chemicals;
 - b. Labels may use words, pictures, symbols or a combination of these to communicate the hazards of the chemicals;
 - c. The HCC/HSO will verify that all containers received for use will be clearly and appropriately labeled;
 - d. The member shall ensure that all secondary containers are labeled with the appropriate hazard warning. EXCEPTION - if a member transfers a hazardous chemical into a secondary container and the member making the transfer uses and controls the secondary container during the shift, the secondary container is not required to be labeled;
 - e. Chemicals with a “household use” label are those chemicals that are used in the workplace in a manner, for a duration and at a frequency that is not greater than the range of exposures that could reasonably be experienced by consumers when used at home for the intended purpose. The District is not required to have an MSDS for these chemicals; and
 - f. Chemicals with a “janitor use only” label are chemicals that are not allowed to be used by District members. The District will keep an MSDS on these chemicals for emergency purposes.
5. Member training:
 - a. All new members shall receive training on hazardous chemicals:
 - Prior to initial assignment;
 - Whenever a new physical or health hazard related to chemical exposure is introduced into a member’s work area.
 - b. Members successfully completing CHC program training shall document such training on appropriate District forms as directed by the District Training Officer.
 - c. Training shall be approved by the HCC/HSO and District Training Officer, and shall include:
 - An overview of the requirements of the Washington State Chemical Hazard Communication Standard;

- Information on obtaining a copy of the CHC program, and details of the related/relevant portions of the District Health & Safety Program including the location(s) of the hazardous chemical lists and SDSs;
 - Any operations in the work area where hazardous chemicals are present;
 - The physical and health hazards of the chemicals in the work area, including the likely physical symptoms or effects of overexposure;
 - Steps members can take to protect themselves from the chemical hazards in the workplace, including specific procedures the District has implemented to protect members from exposure to hazardous chemicals, such as appropriate work practices, engineering controls, emergency procedures, and personal protective equipment available;
 - Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area; and
 - An explanation of the labeling system, how to read labels and using SDSs to obtain hazard information.
6. Hazardous non-routine tasks: Periodically, members may be asked to perform hazardous non-routine tasks. An example of this may be using a cutting torch to cut open a metal door in a warehouse. Prior to starting such work, each affected member will be given information by the supervisor about the hazardous chemicals the member may encounter during the activity. This information will include specific chemical hazards, protective and safety measures the member can use and steps the District is using to reduce the hazards.


4.0 RECORDKEEPING

1. SDSs are specifically recognized as exposure records and must be maintained for 30 years. *Exception* – the District may discard SDSs as long as a record of the following information is maintained:
 - Identity (chemical name if known) of the substance or agent
 - Where it was used
 - When it was used.
2. If a member sustains an exposure to a chemical hazard, a copy of the SDS shall be attached to the exposure record for that member.
3. Exposure records shall be kept in the member's confidential medical file.



Thurston County Fire Protection District 8

DISTRICT PROCEDURE MANUAL

PROCEDURE TITLE:	Health & Safety Program Documentation
PROCEDURE NUMBER:	2-20-PR-09
REVISION:	0
DATE ISSUED/REVISED:	2 January 2019
FIRE CHIEF APPROVAL SIGNATURE:	

The District shall maintain, at a minimum, the records and/or reports as indicated in this Procedure. The District Secretary shall ensure proper filing and storage of all documentation. The Health & Safety Officer (HSO) shall have access to all such records.

Guidelines:

Accidents, injuries, exposures, OSHA forms:

Type of record	Process	Person responsible	For how long	Where
I) Injury, occupational illness and exposure records	Member completes appropriate form(s), then, proceed to Item (III) investigation	<ul style="list-style-type: none"> Member completes forms Supervisor ensures forms complete HSO ensures originals are filed 	Duration of employment + 30 years	Member Medical File
II) District vehicle accidents	Member completes appropriate form(s), then, proceed to item (III) investigation	<ul style="list-style-type: none"> Member completes forms Supervisor ensures forms complete HSO ensures originals are filed 	Kept for 7 years (Settlement plus 6 years)	District H&S File Member Personnel File
III) Accident, injury, occupational illness and exposure investigation report	1) Investigation conducted and report with recommendations written 2) Supervisors reviews report 3) Safety Committee reviews report 4) Report is kept as indicated	<ul style="list-style-type: none"> HSO designated member/party investigates and writes report Investigation report reviewed by Fire Chief or designee, HSO, ISO, Safety Committee HSO ensures originals filed 	Kept for 7 years (Settlement plus 6 years)	District H&S File
IV) Near miss report	Member completes appropriate form(s)	<ul style="list-style-type: none"> Member completes forms Supervisor ensures forms complete HSO ensures originals are filed 	Kept for 7 years (<i>consistent with accident reports</i>)	District H&S File
V) OSHA 301	Completed by HSO for each recordable injury	<ul style="list-style-type: none"> HSO maintains and sends information to Fire Chief 	Kept for 5 years from date of information collection	District H&S File

Type of record	Process	Person responsible	For how long	Where
VI) OSHA 300 Log	Maintained by HSO and entry completed within 7 days of report of recordable injury	<ul style="list-style-type: none"> HSO maintains and sends information to Fire Chief HSO maintains (updates) for retention period 	Kept for 5 years from date of information collection	District H&S File
VII) OSHA 300A summary	Completed by HSO at end of calendar year Posted from February 1 st through April 30 th of year following data collection	<ul style="list-style-type: none"> HSO ensures Fire Chief has 300 log information HSO calculates hours, signs and posts summary HSO maintains (updates) for retention period 	Kept for 5 years from date of information collection	All Firestation Safety Boards District H&S File
VIII) Privacy case list	Cross reference list for privacy case injuries	<ul style="list-style-type: none"> HSO maintains (updates) for retention period 	Kept for 5 years from date of information collection	District H&S File

Respiratory protection program:

Type of record	Process	Person responsible	For how long	Where
IX) Medical approvals	HSO receives medical approval to wear respirator for each member NOTE: duration of approval based on District policy	<ul style="list-style-type: none"> Professional Licensed Health Care Provider provides approval HSO ensures completion and maintenance 	Duration of employment + 30 years	Member Medical File
X) Fit test records	Fit tester completes fit record for each member fit tested	<ul style="list-style-type: none"> Fit Tester generates fit test record HSO ensures maintenance 	Until next fit test completed	Member Medical File TS-Training Record
XI) SCBA cylinder hydro-testing	Each cylinder identification number tracked for current hydro date	<ul style="list-style-type: none"> Facilities & Equipment (F&E) Coordinator (inventory, records) HSO ensures currency of records 	Maintained for duration of use/ownership with District	District Equipment File District Asset Inventory
XII) SCBA records	1) Inventory list with identification number(s) for SCBA components 2) Testing and frequency of tests according to manufacturer guidelines 3) Monthly SCBA checks	<ul style="list-style-type: none"> F&E Coordinator (inventory, records of maintenance, etc.) HSO ensures currency of records 	Maintained for duration of use/ownership with District	District Equipment File District Asset Inventory

Type of record	Process	Person responsible	For how long	Where
XIII) Air quality	1) Sample air tested quarterly at testing facility 2) Vendors of purchased air provide quarterly test results	<ul style="list-style-type: none"> F&E Coordinator (inventory, records of maintenance, etc.) HSO ensures currency of records 	Maintained for duration of compressor use/ownership with District	District Equipment File District Asset Inventory

Facilities, equipment and personal protective equipment (PPE):

Type of record	Process	Person responsible	For how long	Where
XIV) Monthly station inspections	1) Assigned personnel complete inspections 2) Forms routed to appropriate supervisor/officer	<ul style="list-style-type: none"> Supervisors ensure station inspections occur by various assigned staff (rotation) and are documented 	Kept for 6 years (State Record Retention schedule S34)	District Facility File
XV) Apparatus inspections	1) Assigned personnel complete inspections 2) Forms routed to F&E Coordinator	<ul style="list-style-type: none"> Supervisors ensure apparatus inspections occur and are documented 	Kept for 3 years (SRRS S50)	District Equipment File
XVI) Pump testing	Annual pump testing via District assigned personnel or contracted	<ul style="list-style-type: none"> F&E Coordinator ensures pump test records kept 	Maintained for duration of use/ownership with District	District Equipment File
XVII) Hose testing	Annual hose testing via District assigned personnel or contracted	<ul style="list-style-type: none"> F&E Coordinator ensures hose test records kept 	Maintained for duration of use/ownership with District	District Equipment File
XVIII) Ladder inspections	1) Assigned personnel complete inspections 2) Forms routed to F&E Coordinator	<ul style="list-style-type: none"> Supervisors ensure apparatus inspections occur and are documented 	Maintained for duration of use/ownership with District	District Equipment File
XIX) Firefighting PPE gear	1) Initial purchase information 2) Semi-annual inspection records 3) Upon approved repair/modification	<ul style="list-style-type: none"> Inspections performed by qualified personnel Document repair & approved modifications Records maintained by F&E Coordinator 	Maintained for duration of use/ownership with District	District Equipment File

Safety Committee, safety orientation, chemical hazard communication:

Type of record	Process	Person responsible	For how long	Where
XX) Safety Committee minutes	1) Taken at safety committee meetings 2) Approved minutes are posted on district safety bulletin board 3) Copies filed by Chair	<ul style="list-style-type: none"> Chair ensures minutes are taken HSO ensures minutes are posted and filed 	Kept for 1 year (WAC 296-800-130)	District Safety Committee Minutes File

Type of record	Process	Person responsible	For how long	Where
XXI) Orientation checklist	Used during safety orientation to ensure member completes all necessary classes/activities	<ul style="list-style-type: none"> Signed by member and supervisor 	Kept for duration of membership	Member Personnel File
(XXII) Safety Data Sheets	Provided by vendor to District and reviewed annually	<ul style="list-style-type: none"> HSO ensures SDS for each chemical and that old SDSs archived HSO reviews annually HSO keeps copy of SDSs 	SDSs and exposure records must be kept for 30 years; or a listing with appropriate information may be kept	District SDS Book(s)

Noise/hearing requirements:


Type of record	Process	Person responsible	For how long	Where
XXIII) Audiometric tests	1)Testing conducted 2)Report/copy provided to member	<ul style="list-style-type: none"> HSO ensures members receive copy of test results HSO ensures copy filed in Member Medical File 	Duration of employment (WAC 296-817)	Member Medical File
XXIV) Audiometric testing room records	Testing agency provides information	<ul style="list-style-type: none"> HSO ensures District receives and retains copy 	Kept for duration of member's employment (296-62-09041)	District H&S File
XXV) Noise monitoring/measurement records	Records generated during noise monitoring activities	<ul style="list-style-type: none"> HSO ensures information retained 	Kept for 2 years or as long as they are relied upon for noise measurements (296-817)	District H&S File

NOTE: This Procedure does not cover documentation for member training, which is covered under District Policy 2-40 *"Training Frequency, Standards and Documentation"*.



Thurston County Fire Protection District 8

DISTRICT HEALTH PROCEDURE

POLICY TITLE:	Peer Support & CISD Programs
POLICY NUMBER:	2-20-PR-10
REVISION:	1
DATE ISSUED/REVISED:	23 June 2023
FIRE CHIEF SIGNATURE:	

I. OVERVIEW/PURPOSE/SCOPE

The District has a strong commitment to its members to provide a safe work environment and to promote high standards of member physical and mental wellness. Understanding the unique challenges to the emergency responder, special emphasis should be made to support their physical and mental health. The District provides various resources to support the mental health of its members including third-party member resources (e.g. employee assistance programs), Chaplaincy services, critical incident stress debriefing ("CISD") and a Peer Support Program ("PSP").

II. DEFINITIONS

- A. **Peer Support Team** – The Peer Support Team ("PST") is a voluntary and confidential¹ resource to provide assistance for members experiencing problems ranging from work-related issues to personal problems like divorce, financial strain, parenting or elder-care concerns, serious illness or death. The role of the PST staff is to provide support, not to evaluate mental health. PST staff are trained to be effective listeners and to provide feedback, clarify issues and assist members in identifying options for problem solving. When appropriate, the PST may assist the member with referrals to mental health professionals or other outside resources.
- B. **PSP Advisory Committee:** The District Health & Safety Officer ("HSO") shall act as the primary coordinator for the District's PSP and CISD program. A committee to assist the HSO in supporting the District's PST/CISD Team will consist of, in addition to HSO, the District Chaplain, the District Secretary and the IAFF Local 2903 Shop Steward. They will assist in the recruitment and retention of PST/CISD Team members, help coordinate the services provided to members from the various available District resources, provide any recommendations/requests to the Fire Chief for resources to support the program and generally serve to help promote robust PSP/CISD programs for the District.
- C. **Thurston County Critical Incident Stress Debriefing Team:** The CISD Team is a multi-discipline team comprised of local firefighters, law enforcement officers, 9-1-1 dispatchers and mental health professionals designed to facilitate assistance to a group of people for stress related impacts from a critical incident. The team is available on request from any agency regionally and operates in the Thurston, Lewis, Mason and Grays Harbor counties area.

III. PRINCIPLES/AREAS OF SUPPORT:

The PST and CISD Team have been trained to offer the following support:

- A. Individual Support: provide one-on-one emotional support during and after times of personal or professional crisis to others who express a need for assistance. The PST is available to:

¹ To the extent allowed by applicable law.

1. offer support to members and their families when in need of assistance;
 2. provide assistance during and after personal or professional conflict;
 3. check on the status of injured and sick and provide support where desired and needed;
 4. refer members to appropriate resources, when beneficial; and
 5. assure confidentiality, within legal parameters, to those who seek assistance.
- B. On-Scene Support: used only on significant events – a brief crisis intervention with those in distress and giving advice and counsel to the Incident Commander.
- C. Demobilization: a group intervention used after a large-scale incident (*very rare and NOT for line of duty death*) to provide information on critical incident stress during the transition from the event to normal routine. Demobilizations allow for normalization and assessment when personnel are released from the incident and may be performed by mental health professionals, PST/CISD staff and later by formal group work.
- D. Crisis Management Briefing: large group intervention by the CISD Team to disseminate information, provide rumor control, reduce the sense of chaos and provides coping resources during a large-scale incident.
- E. Defusing: informal and brief interventions conducted by the CISD Team immediately following a disturbing event. This is an informal meeting with a small number of members immediately after the event. Used to provide facts, minimize rumors and reduce the emotional impact from the event. If needed, a more intense formal group session may be organized.
- F. Significant Injuries: a member with an injury requiring extended time off-work may receive PST assistance.
- G. Formal Group Session: a formal group educational intervention by the CISD Team is designed to mitigate stress responses due to a critical incident. This small group intervention initiates psychological closure. A formal group session requires a mental health professional as well as the PST and CISD Team.
1. It is optimally conducted within 48-72 hours of the incident, and generally not beyond one-week. A 24-hour normalizing period following the incident is recommended. If large numbers of individuals are involved, the formal group session may begin with those most involved with the incident. The ideal group size is 4 to 20 people.
 2. A location should be selected that is free of distractions and represents a neutral environmental, i.e., school, church, or other meeting facility as opposed to a firestation.
 3. Other emergency responders involved in the incident may be invited to the formal group session, including fire, law enforcement, 9-1-1 dispatch and EMS personnel.
 4. A time for the formal group session should be selected that is most convenient for those members/responders anticipated to attend.
- H. Follow-up: the PST and/or CISD Team will follow up with those they have assisted. Specific concerns are member's delayed or prolonged stress symptoms.

IV. TRIGGERS

- A. Individual and unique factors, such as the member's personality, pre-existing conditions, coping skills and support systems all play a role in their reaction to incident-related stress.
- B. Individual triggers are different for everyone but could include:
1. dealing with the serious injury/illness or death of family or friends
 2. relationship issues (family, co-workers, friends, children);
 3. substance use issues;
 4. anxiety issues;
 5. grief;
 6. financial issues; and
 7. legal issues.
- C. Work related triggers could include:
1. serious injury or death of a District member or other emergency responder in the line of duty;

2. loss of life of a patient following extraordinary and prolonged expenditure of physical and emotional energy during rescue efforts by members;
3. serious injury or death of a civilian resulting from District operations;
4. any negative outcome involving a child;
5. an incident that is charged with profound emotion (e.g. member(s) placed in danger due to firearms, hostage situation, or threats of physical harm);
6. incidents that attract extremely unusual or critical new media coverage;
7. mass casualty incidents;
8. suicide of a member, family or other emergency responder; and/or
9. victims/patients known to District members.

V. CONTACTING PROCEDURES

The PST and CISD Team are available 24 hours a day, 7 days a week.

- A. Anytime: members may choose to select PST on their own and/or make direct arrangements for private counseling. Names of all PST staff will be listed at <https://tcpeersupport.com/>
- B. On-Scene: the role of PST and/or CISD staff on-scene is to give advice and counsel to the Incident Commander. Crew defusing will be given after an incident. Because of the time involved in even a minimal PST response, activation to a scene should be limited to extended operations.
 1. The Incident Commander can ask for PST/CISD Team response in the following ways:
 - a. call the HSO or designee with incident type, address and cell phone number of the Incident Commander.
 - b. utilize the District wireless paging system to send a group notification to PST/CISD Team staff; and/or
 - c. call PST/CISD Team staff directly (a list with all contact information will be available for all District chief officers).
- C. Post Incident Response: the Incident Commander or on-duty Battalion Chief may request the PST/CISD Team by contacting them directly or by contacting the HSO or designee.
- D. Compensation: in the case of activation of the PST/CISD Team by the on-duty Battalion Chief, Incident Commander or HSO, if the responding District PST/CISD Team staff-person is an off-duty career member, they will be compensated as per the terms of the current *FD8-IAFF 2903 Collective Bargaining Agreement* (Section 11.5 "Call Backs"). If the call back time duration exceeds 2 (two) hours, authorization for additional time/compensation must be approved by the Fire Chief or designee in advance.

VI. CONFIDENTIALITY

- A. The PST/CISD Team provide confidential services to members of the District to the extent permitted by applicable law. District members will be advised of the confidential nature of discussion and the exceptions to the confidentiality rule prior to any diffusing, formal group work or peer support meeting. The PST and CISD Team are generally protected (subject to some exceptions) under Washington State Statute (RCW 5.60.060) which provides that communication with the PST/CISD Team is privileged and is not subject to disclosure in a judicial or administrative proceeding if:
 1. the communication occurs during a counseling session (meaning both parties are aware that the PST/CISD staff is acting within his/her capacity); and
 2. the communication is with (a) PST/CISD Team staff member(s) properly trained, designated and assigned by the Fire Chief or designee.
- B. The confidentiality laws does not apply to:
 1. any threat of suicide or homicide made by a participant in a peer support counseling session, or any information conveyed in a peer support counseling session relating to a threat of suicide or homicide;

2. any information relating to abuse of children or of the elderly, or other information that is required to be reported by law; and/or
3. any admission of criminal conduct.

VII. SELECTION PROCESS

- A. If and when the PSP Advisory Committee deems it necessary, a survey may be initiated to identify potential PST or CISD Team staff through a nomination process.
- B. The PSP Advisory Committee shall work with the HSO, the Thurston County Peer Support Consortium network and/or the CISD Team to recruit, evaluate, select and appoint new District PST and CISD staff as needed.

VIII. TRAINING PROCESS

The PSP Advisory Committee, District Training Officer, the Thurston County Peer Support Consortium and the CISD Team will coordinate all District PST and/or CISD training. The major emphasis will focus on skill development for conducting peer assistance.

- A. Initial training for PST staff will consist of classes through the International Association of Firefighters PEER Support Program or equivalent (as determined appropriate by the Fire Chief or his/her designee).
- B. CISD initial training will be coordinated through the CISD Team.
- C. Ongoing education may be offered through classes and meetings.


IX. DURATION OF THIS PROCEDURE

- A. The Fire Chief is adopting this Procedure on a trial basis in order to measure the effectiveness and outcomes of the PSP and CISD programs.
- B. The Fire Chief reserves his/her right to revoke this Procedure (and the PSP and CISD program) if determined appropriate in his/her discretion.



Thurston County Fire Protection District 8

DISTRICT POLICY MANUAL

POLICY TITLE:	Firefighter Accountability on the Fireground
POLICY NUMBER:	2-22-PO-00
REVISION:	4
DATE ISSUED/REVISED:	23 May 2003
BOARD APPROVAL SIGNATURE:	

Emergency incidents shall operate under provisions of the National Interagency Incident Management System ("NIIMS") incident management system, as adopted by the Thurston County Association of Fire Chiefs ("TCAFC"). The extent to which the system is implemented shall be at the sole discretion of the Incident Commander.

The Incident Commander shall also ensure the accountability and safety of all response personnel involved within the emergency incident's perimeter whenever the incident management system is activated. The TCAFC has adopted the *Passport* fireground accountability system ("FAS") to assist the Incident Commander in this accountability role.


The *Passport FAS* promotes accountability to identify each individual member of a team, and the assignment of various teams or units at an emergency incident. The *Passport FAS* is expandable to include multiple additional resources brought to the scene as required, and is operationally complimentary to the NIIMS incident management system. When activated, incident response personnel shall not be allowed into the operational area until they have been properly accounted for by the *Passport FAS*.

All District operations shall be conducted with due regard for safety under the District emergency operations procedures as defined in *Policy and Procedures 2-01 "Emergency Operations Organization"*.



Thurston County Fire Protection District 8

HR/LF-NDT PROCEDURE

PROCEDURE TITLE:	Firefighter Accountability on the Fireground
PROCEDURE NUMBER:	2-22-PR-01
REVISION:	4
DATE ISSUED/REVISED:	23 May 2003
FIRE CHIEF APPROVAL SIGNATURE:	

Procedure: The District shall use the *Passport FAS* system to provide for personnel accountability on the scene.

I. Definitions:

- 1) **Company Officer:** Officers and acting officers in charge of engine companies, ladder companies, tenders or other teams. In the District, Shift Captains will normally fill this responsibility.
- 2) **Emergency Incident Perimeter:** Any area where, for safety reasons, the public is not allowed.
- 3) **Helmet Shield:** A plasticized shield that is backed with Velcro that attaches to the front of a fire helmet. The shield has letters and/or numbers identifying a command, company, unit or position. They shall be color coded as follows:
 - a. Officers & Team Leaders: white;
 - b. Firefighters: orange; and
 - c. EMS Volunteers: blue.
- 4) **Name Tag:** A Velcro backed plastic tag imprinted with a member's name.
- 5) **Personal Accountability Report ("PAR"):** A roll call of all teams at an emergency incident to account for all personnel.
- 6) **Passport:** Approximately 2-inch by 4-inch boards made of Velcro backed plastic used to identify and account for personnel and teams. Team members affix their Name Tags to Passports.
 - a. Primary Passport: white flexible Passport carried by Company Officer until transferred;
 - b. Back-up Passport: white or red rigid Passport kept on the officer side door or dashboard of each apparatus; and
 - c. Reserve Passport: green Passport used for temporary replacement for lost Primary and Back-up Passports.
- 7) **Passport Fireground Accountability System ("FAS"):** A system that utilizes Helmet Shields, Passports, Name Tags and Status Boards to track the assignment of supervisors, companies, teams and individuals at an emergency incident.
- 8) **Passport Make-up Kit:** A kit designed to expand the Passport FAS at a large incident and provide immediate replacement for lost and/or damaged system materials.
- 9) **Status Board:** A large hard plastic board with Velcro strips upon which commanders and supervisors hold Passports of assigned teams and take notes.
- 10) **Status Report:** A request for a report from a unit or supervisor regarding progress on carrying out their tactical assignment.
- 11) **Team:** A group of two or more members who work together on an incident and are responsible for each other's safety.

- 12) **Team Leader:** The member assigned to be responsible for the supervision of the team as a whole and the Passport transfer activity.

II. Responsibilities:

- 1) **Incident Commander:** Shall use the Passport FAS to account for the units and individuals under their command on the scene of an emergency incident.
- 2) **Supervisors, Company Officers and Team Leaders:** Shall:
 - a. Be aware of the physical condition and location of their assigned members. The chain-of-command shall be used to request relief and reassignment of fatigued or injured crews or members.
 - b. Be accountable for safety of themselves and their assigned team members.
 - c. Be responsible for personnel assigned to their unit, and ensuring accountability is adequately maintained (transfer of Passports) if and when units or team are reassigned.
- 3) **Shift Captains:** Prior to response to emergency incidents, shall supervise the maintenance of Helmet Shields and Passports of their assigned members through the entire shift. If adequate staffing is available, they may also assign members to two (2) or more company-teams (e.g. "Engine 81" and "Engine 81B"). At an emergency scene, the Shift Captain (as Company Officer or Incident Commander) will keep the Primary Passport on their person until transferred.
- 4) **Team Members:** Shall:
 - a. Keep in direct contact with each other using voice (not radio), vision and/or touch.
 - b. If in the event a team member is trouble, shall take the appropriate steps to provide direct assistance, call for help and/or go get help.
 - c. Stay together as a team when in the emergency incident perimeter until incident termination.
 - d. Ensure that their Helmet Shield, Passports and Name Tags are accounted for prior to and during an emergency incident. Each member will have two (2) Name Tags on the underside of their assigned fire helmet.
- 5) **Assistant Chief of Volunteer Services:** Responsible for maintenance of Passport FAS materials and inventory. Replacement Name Tags, Helmet Shields and Passports and Make-up Kits shall be available at Station 8-1.

III. System Maintenance & Guidelines:

- 1) **Passports and Name Tags:** Prior to arrival at an emergency incident, the Passport of the responding District unit shall have both the Primary and Back-up Passports with the Name Tags of all responders in that apparatus. The team leader's Name Tag shall be at the top of each Passport, followed by other team members' Name Tags, with the Name Tag of the driver-operator, turned upside down, as the lowest. There should be no spaced between Name Tags on the Passport.
- 2) **Helmet Shields:** Shall be kept in the apparatus on Velcro patches (near each passenger seat). There shall be at least one (1) Helmet Shield for each seated position in the apparatus. The Helmet Shield shall be placed on each team members' fire helmet prior to disembarking the apparatus at the emergency incident.
- 3) **Found or Missing Helmet Shields or Name Tags:** Any Name Tags found by an oncoming shift that have been left by the off going shift should be either put back on that person's helmet or placed in their mailbox at Station 8-1. Any Helmet Shields found to be missing during apparatus checks need to be reported to the Shift Captain and/or Assistant Chief for Volunteer Services.

IV. Emergency Incident Operations:

- 1) **Initial Custody of Passport:** The company officer (team leader) of the initial arriving company shall retain the Primary Passport on their person until transferring responsibility of incident command. The Back-up Passport will remain in the apparatus of all responding units. Unless and until otherwise delegated, the Incident Commander shall be responsible for all Primary Passports.

The team leader should direct all communications to the supervisor that hold the Primary Passport of that team.

- 2) **Transfer of Passports on Arrival:** When a company or team reports to an emergency incident, the team leader shall present their Primary Passport to the person in charge of the unit they are reporting to (e.g. staging manager, group/division supervisor). If the driver-operator is part of the team entering the emergency incident perimeter, their Name Tag on the Primary Passport shall be turned right-side up.

Incident supervisory staff shall require the use of Passports at every incident where incident management is practiced. Everyone operating within the emergency incident perimeter shall be properly identified on a Passport. Members arriving without companies (e.g. in private vehicles) shall report to the Incident Commander or staging manager with their gear and Name Tags to be properly accounted for with an assignment and Passport.

- 3) **Transfer of Passports on Leaving Assignment:** When an Incident Commander, division/group supervisor or other unit supervisors relieves a team, they should:
 1. Confirm with the team leader that all team members are accounted for.
 2. Return the team's Primary Passport to the team leader.
 3. Direct the team leader to the staging and/or rehabilitation area or another assignment.
 4. Advise the supervisor of the unit the team is being reassigned to; that supervisor shall acknowledge the reassignment by repeating the message.

If an initial arriving company or team that did not have the chance to transfer its Primary Passport to an incident supervisor or commander is reassigned or relieved, they must notify the Incident Commander by radio or in person of that status change.

- 4) **Recording of Information:** When a company reports arrives at an emergency incident and "checks-in", the supervisor of the unit to which they are reporting should record the time on the Status Board. The time of any changes in status of a team (i.e. reassignment) should be recorded on a Status Board (either centrally or by the unit to which the team is reassigned).
- 5) **Personal Accountability Reports ("PAR"):** All emergency incident supervisors (Incident Commander, division/group supervisors, team leaders) will conduct a PAR using the Passport FAS as follows:
 1. When a team is relieved of an assignment and transferred to another functional position, the immediate supervisor shall ensure that team leaders have conducted a PAR of their team members prior to handing their Primary Passport back.
 2. When a firefighter or team is presumed or suspected of being missing or trapped, the Incident Commander shall be notified to activate appropriate RIT and fireground alarm procedures, and the immediate supervisor shall immediately conduct a PAR of units assigned to them.
 3. When there is a change from an offensive to a defensive fireground strategy, when there is a catastrophic change in the situation (e.g. collapse, vapor cloud, explosion), or whenever the Incident Commander determines the need. The PAR will be conducted in coordination with appropriate RIT and fireground alarm procedures (refer to *Policy & Procedures 2-01 "Emergency Operations Organization"*).
 4. When a PAR is initiated, each team leader shall determine the status of their assigned members and report to their immediate supervisor. If at all possible, this report should be provided without use of the radio.
- 6) **Status Reports:** Status reports are used by Incident Command and other command staff to a) provide an update of the progress being made by a team or teams on the tasks they are performing and b) check on the safety of a team that has not been heard from for a while.

Thurston County Fire Protection District 8

DISTRICT POLICY MANUAL



POLICY TITLE:	Operations Support Program
POLICY NUMBER:	2-30-PO-00
REVISION:	1
DATE ISSUED/REVISED:	9 October 2018
BOARD APPROVAL SIGNATURE:	<i>Richard S. Seabely</i>

The Operations Support Program is designed to provide a meaningful role for experienced District volunteers to continue to provide meaningful service to the community. In many cases, demands for time, age and fitness restrictions may limit the ability of a volunteer to perform all essential functions for a Firefighter or EMT (ref. District Policy 3-15 "Emergency Responder Fit for Duty Status"). Certain important emergency response functions may be performed by these volunteers, while preserving the District's commitment to an effective volunteer incident readiness & response (IR&R) force.

The Fire Chief shall appoint a manager for this program.

I. Services: Generally, the services provided by the Operations Support Program are:

- Tender Operation: qualified Members respond to fires with District tenders to supply firefighting water. A qualified Member could also be re-assigned by the Incident Commander to operate the pump on the working fire engine if the engine is outside of the defined "hot-zone".
- Command & Operational Assistance: qualified Members assist in the Incident Management System (IMS), in a role outside of the "hot-zone", in IMS assignments such as Public Information Officer or Water Supply Group Supervisor, or support functions such as fireground accountability, responder rehabilitation, traffic control, communications, etc.
- Training: qualified Members assist in the District Training Program.
- Chaplaincy: qualified Members respond as needed to provide services as identified in District Policy 3-14 "Member Assistance Program".

II. Member Qualifications: Members eligible for inclusion in the Operations Support Program will meet the following criteria:

- Basic membership criteria as described in District Policy 3-01 "Appointment of Volunteer Emergency Responders"; If the assignment requires operation of a District motor vehicle, the Member must have an acceptable driving record and Emergency Vehicle Accident Prevention certification (ref. District Policy 2-61 "Driving & Riding District Apparatus");
- If the assignment involves training of District personnel, the Member must have the appropriate credentials as identified by the Fire Chief or designee and/or Thurston County Medic One;
- If the assignment requires knowledge of fireground command, the Member must have current Thurston County adopted tactical standards credentials and National Incident Management Systems (NIMS) training as approved by the Assistant Chief for Training & Safety; and
- Reside within a 15 minute travel distance of the District.
- Qualified Members shall be considered eligible for the Washington State Board of Volunteer Firefighters and Reserve Officers pension plan.

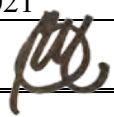
III. Member Requirements: To remain current in an Operations Support Program role, the Member must:

- Remain current in their participation as defined in District Policy 3-03 "Drill, Shift & Response Attendance"; and
- Remain current in their certifications required for their assignment.



Thurston County Fire Protection District 8

DISTRICT PROCEDURE

POLICY TITLE:	Operations Support Program
POLICY NUMBER:	2-30-PR-01
REVISION:	1
DATE ISSUED/REVISED:	8 September 2021
BOARD APPROVAL SIGNATURE:	

Based upon the current version of Policy 2-30 “Operations Support Program” (“OSP”), the following procedures shall be in effect:

Covered Program(s):

- 1) Water supply group: non-firefighting and non-EMS responders supporting water supply at fire incidents.

Schedule:

- 1) All members assigned to the OSP unit are to submit their availability, as best they can, in advance to the OSP Manager by the 20th of the preceding month.
- 2) There will be one (1) shift available for OSP stand-by per day on the scheduling calendar; additional staffing on a calendar date may be approved by the OSP Manager.
- 3) One OSP stand-by nominal stipend allotment per day is budgeted.
- 4) The OSP schedule calendar will be available on the District’s *CrewSense* account.
- 5) Any vacancy on the OSP schedule calendar may be filled by an OSP member by contacting the on-duty Battalion Chief prior to 18:00 hr on weeknights or 06:00 hr on weekends and verify they will fill that shift vacancy.

Shift Procedures:

- 1) OSP members on stand-by for that day must report to their closest firestation (from home or response point) and fully complete a District “rig-check” electronic report on the apparatus they will be assigned to. This is required for the OSP member to receive their stand-by nominal stipend.
- 2) OSP members not on stand-by are encouraged to respond to District “staff callbacks” and major non-EMS incidents. When responding, check-in with the on-duty Battalion Chief, command officer or Incident Commander.
- 3) Water Supply OSP members are not authorized to provide any District health care services and are prohibited from entering into any area designated as immediately dangerous to life and health.

Training:

- 1) All OSP members are required to maintain their minimum required training.
- 2) OSP members are encouraged to contact the on-duty Battalion Chief to schedule their participation in weekend drills that include OSP provided services (e.g. tender water supply).



Thurston County Fire Protection District 8

DISTRICT POLICY MANUAL

PROCEDURE TITLE:	District Emergency Medical Services
PROCEDURE NUMBER:	2-50-PO-00
REVISION:	0
DATE ISSUED/REVISED:	9 September 2025
BOARD APPROVAL SIGNATURE:	

1. Emergency Medical Services (“EMS”)

- a. The District will provide for appropriate levels of EMS commensurate with its goals, objectives and available resources. The Policy shall be to effectively provide first-response Basic Life Support (“BLS”) level care within 8 minutes of alarm notification and provide follow-up BLS transport of patients when and where indicated and available.
- b. The District recognizes and supports the *Thurston County EMS Comprehensive Plan* (“Plan”) as adopted by the Thurston County Board of Commissioners in 2025. The Plan defines and proposes:
 - i. Continuing to provide excellent, evidence based patient care;
 - ii. Providing efficient, cost-effective pre-hospital healthcare delivery;
 - iii. Supporting, maintaining and improving collaborative approaches to providing pre-hospital healthcare;
 - iv. Partnering in investigating and evaluating service delivery funding alternatives;
 - v. Preserving and improving community awareness, prevention and engagement initiatives;
 - vi. Partnering in evaluating a sustainable and systemwide organizational and operational structure;
 - vii. Partnering in preserving and augmenting local, regional and statewide healthcare community engagement;
 - viii. Understanding, evaluating and addressing EMS impacts related to population growth in the community;
 - ix. Continually seeking to improve EMS training in the EMS workforce; and
 - x. Continuing to support the recruitment and retention of high quality EMS providers.
- c. The District will strive to continue to be actively involved in the EMS programs of Thurston County and the Thurston County Medic One operational and administrative organizations.

2. Ground EMS Transportation

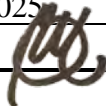
The District will provide ground EMS transport services for medical patients on an as needed basis, ensuring compliance with WAC 246-976-260 through 400, RCW 18.73, and Thurston County EMS protocols, while balancing District priorities.

- a. Destination of ground transport: The destination of ground transport by District ambulances will be, unless diverted, the nearest appropriate medical facility capable of providing definitive care for the patient depending on the patient’s condition and the facility’s capabilities. Protocol may dictate the specific destination for certain patients.
- b. Billing and Reimbursement: In the event of a ground transport, there will be no billing for service or reimbursement sought in any way from a customer or organization.
- c. Procedure: The District will establish sufficient procedure(s) to define ground EMS transportation services.



Thurston County Fire Protection District 8

DISTRICT PROCEDURE MANUAL

POLICY TITLE:	Ground EMS Transport
PROCEDURE NUMBER:	2-50-PR-01
REVISION:	0
DATE ISSUED/REVISED:	9 September 2025
FIRE CHIEF APPROVAL:	

1. **Scope:** This applies to all District personnel involved in ground EMS transport to medical facilities.
2. **Staffing requirements and training levels for ground EMS transport:** Staffing of ambulances for ground EMS transport shall consist of:
 - a) Two current Washington State certified Emergency Medical Technicians (“EMT”), both of whom shall be protocolled in Thurston County.
 - b) The driver of the ambulance shall be currently emergency vehicle incident prevention (“EVIP”) certified and be approved to drive by the District Battalion Chief of Training.
 - c) Additional personnel in the ambulance:
 - i. Other District personnel: the number of District personnel allowed is dependent on the number of seatbelts on the ambulance.
 - ii. Students: Students will assist in patient care under the direct supervision of certified EMTs. They must be currently enrolled in the Thurston County Medic One EMT course, be member of the District or another Thurston County agency under District Procedure 2-61-PR-03 and be authorized for ride along time by EMT course senior EMT instructor. They will be limited to tasks (e.g. taking vital signs) that are appropriate for an EMT student.
 - iii. Observers: observers must have a valid ride-along form per District Procedure 2-61-PR-03. They may not provide or assist in patient care in any way. They may be required to ride outside the patient compartment (e.g., the right seat of the cab) during transport if requested by patient or responsible District member.
3. **Communication and documentation:** Communication to receiving medical facilities:
 - a) Contact receiving facility as early as possible for critical patients.
 - b) Any unit transporting a patient is required to contact the receiving facility to give a short verbal report. If patient condition changes significantly while enroute, the receiving facility should receive an updated report as soon as possible.
 - c) Verbal and written documentation of patient care:
 - i. A verbal report must be given at every handoff of a patient.
 - ii. The EMS provider who performs the hands-on exam is responsible for documenting the physical examination and shall provide a written report to the receiving hospital. The provider performing the examination shall ensure the narrative (“SOAP”) portion of the report is complete and accurate.
 - d) Internal documentation: The Fire Chief shall be notified of all District ground EMS transports monthly constituting of:
 - i. Date;
 - ii. District incident number;
 - iii. Times: iiia) Initial dispatch, iiib) Aid Unit dispatch, iiic) depart from scene, iiid) arrival to destination, iiie) clearing hospital, and iiif) total time at hospital;
 - iv. Which District Aid Unit responded;
 - v. Destination; and


vi. Short explanation of justification for transporting patient.

4. **Private Ambulances:** A private ambulance is the first choice for ground EMS transport of medical patients within District boundaries. This guideline/procedure is intended to provide District personnel the information to make decisions on the use of District ambulances for ground EMS transport to a medical facility. The private ambulance companies in Thurston County are:
- a) Olympic Ambulance, and
 - b) American Medical Response.
5. **District Ambulances:** District ambulances can be utilized for ground EMS transport under any of these circumstances:
- a) Both private ambulance companies have no ambulances available;
 - b) The ambulance that is enroute has an ETA of more than 20 minutes and a District ambulance is on scene;
 - c) The patient is a District member and/or their direct family member;
 - d) ALS rendezvous;
 - a. Transporting an ALS patient after an on-air consult and it is determined the District ambulance is closer to the facility;
 - e) Stroke patients needing immediate ground transport to the closest facility;
 - a. Consideration of a rendezvous with private ambulance for stroke patients needing to be transported out of county; or
 - f) Training purposes.



Thurston County Fire Protection District 8

HR/LF PROCEDURE

POLICY TITLE:	Airborne EMS Transport
PROCEDURE NUMBER:	2-50-PR-02
REVISION:	0
DATE ISSUED/REVISED:	9 September 2025
FIRE CHIEF APPROVAL:	

I. Purpose and Scope: The purpose of this Procedure is to standardize landing zone operations for the District regarding the setup and breakdown of both pre-determined and impromptu landing zones, ensuring safety and efficiency during airborne EMS operations.

II. Definitions:

- **Cold load:** Aircraft operations occur when the engines are off, and the rotors are not turning.
- **LZ Command:** The officer/unit responsible for setting up and securing the landing zone, establishing radio communications, and maintaining scene security throughout the event.
- **Hot load:** Aircraft operations occur when the engines are on, and the rotors are turning.
- **Landing Zone ("LZ"):** A roadway, school grounds, parking lot, or other open area on which a helicopter can land.
- **Personal Protective Equipment ("PPE"):** For landing zone purposes, minimum PPE includes eye protection, and ear protection as applicable.

III. Procedure:

1. Requesting an Air Ambulance:

- Determine the need for air transport (e.g. need to expedite to higher care hospital, location of patient not accessible for ground transport) per Thurston County Medic One Protocol.
- Request TCOMM to confirm air transport is available and estimate time to respond. Request a launch if a confirmed need.
- Assign and identify the unit that will be designated as "LZ Command". Advise TCOMM via radio.

2. Landing Zone Selection and Preparation:

- Select a LZ as close as reasonable to the incident site.
- Ensure the LZ is a minimum of 100' x 100' for both day and night operations.
- Ensure all fire/EMS vehicles, police, and ambulances are always at least 50 feet away from the helicopter.
- Confirm with TCOMM the radio channel/talk group for inbound aircraft if dispatched. Ideally request that the air transport provider announce when enroute on the radio on the operational talk group/channel or request a separate talk group for complex emergencies.
- Relay to TCOMM the location of the decided LZ. Ideally name a preidentified LZ location. If an alternate LZ is needed, have latitude & longitude coordinates and/or provide a descriptive means to specify the LZ location.
- Dispatch additional units if necessary for assistance (e.g., police for traffic or crowd control).
- Inform relevant parties (e.g., schools, private businesses) that the property will be used as a LZ if/as appropriate.
- Secure the scene from civilians, debris, and any other unsecured items. Maintain scene security and safety throughout the event once the LZ and surrounding area are secured.

3. Helicopter Arrival and Landing:

- Ensure all crew members wear appropriate PPE. (e.g. eye, hearing, helmet)
- Turn off all white strobe lights on on-scene.
- Expect the Air Crew to contact "LZ Command" via radio on the tactical channel approximately 5-8 minutes prior to arrival to request the LZ Briefing. Establish radio contact with the inbound aircraft and provide a briefing on the LZ.

Example: "Airlift, from LZ Command (confirm communication is established). Your landing zone is a baseball field surrounded by fencing and trees to the immediate north, approximately 100' x 100', marked by cones and puck lights. You have light standards to the north and west with variable winds from the south. No overhead obstructions. Your clearest path will be from north to south, and you are clear to land."

- If an apparatus is used for establishing the LZ area, ensure the apparatus driver-operator is available to relocate immediately if needed.
- Advise TCOMM over the radio once the helicopter has landed: *"Airlift is on the ground."*
- Do not approach the aircraft until directed by the flight crew.
- For hot loading, all personnel must position themselves outside the physical landing zone, where they can view the entire area from the front of the aircraft.
- For cold loading, wait until the rotors have completely stopped and the flight crew gives an audio or visual cue that it is safe to approach.
- Once contact has been made with the flight crew, proceed with the patient transfer.

4. *Departure Preparation and Take-Off:*

- For hot loading (if applicable), the flight crew must be with you as you enter together and leave together the LZ area (do not enter or leave without direction from the flight crew).
- Clear all ground personnel away from the helicopter once the patient is secured and the flight crew no longer requires assistance.
- Re-establish radio contact with the pilot and confirm the LZ is secure for take-off. Immediately notify the pilot if an unsafe situation develops.
- Once the aircraft has departed, notify TCOMM: *"Capital LZ Command Airlift 3 is off the ground enroute to Harborview with 1 patient."* Keep maintaining the security and integrity of the LZ until the helicopter is completely cleared of the scene and no longer in sight.
- Return units back into service as applicable (e.g., medic or aid units). Release the property back for public or private use before the LZ Command terminates the LZ/incident.

5. *Helpful Information:*

- Known locations are advantageous for planning.
- If the original LZ is insufficient, change it promptly and inform the Incident Commander, dispatcher, and all affected personnel.
- Ensure bystanders are at least 200 feet away from the LZ in all directions.
- Red LED flares or light pucks work well for marking the LZ. A single light puck can indicate the exact area for aircraft placement.
- It is standard operating procedure for the aircraft to perform a high and low recon, orbits, over the LZ. If it is a new LZ, or even at night, there may be one more orbit to double check for obstructions, such as telephone wires.
- The safest approach to a rotary aircraft is from the side. Do not approach from behind the fuselage unless escorted by the flight crew.
- Avoid approaching from the uphill side in the event of an uneven landing surface.

IN THE EVENT OF AN EMERGENCY, USE THE VERBIAGE *"ABORT, ABORT, ABORT."*

Applicable Standards or References:

- Air Lift Northwest UW Medicine "Landing Zone Guidelines"
- Thurston County Medic One "EMS Protocols"
- Life Flight Network "LZ Card"

brush vehicles etc.).

- f) **Non-certified Driver:** A Member that meets requirements established in Policy Section III.
- g) **Serious Traffic Offenses:** defined by the State of Washington as:
 - Speeding in excess of 15 mph above the posted speed limit or driving too fast for conditions present;
 - Reckless or negligent driving;
 - Any traffic violation (other than parking) that results in a fatal accident;
 - Following too closely;
 - Failing to stop or yield the right-of-way;
 - Improper lane changes or travel;
 - Improper overtaking (passing) on the right or left; and/or
 - Improper driving to the left of center of the roadway.

III. Non-certified Driver Responsibilities: in order for a Member to drive a District vehicle, they shall:

- a) Possess a valid Washington State Drivers' License and allow annual or more frequent reviews of their 5-year *Abstract of Complete Driving Record*;
- b) Maintain a driving record that allows the Member to be insurable under the District's insurance policy, and notify their supervisor or the Program Manager immediately if they have received any notice of infraction (citation) against them for any Serious Traffic Offense and/or if their driver's license has been in any manner restricted, suspended, revoked or canceled by the State;
- c) Not smoke and wear seatbelts when operating or riding in any District vehicle at any time;
- d) Advise their supervisor or the Program Manager if they are taking any prescription medication or over-the-counter drugs that may impair their driving and not drive a District vehicle while under the influence of any controlled substances or alcohol; and
- e) Not engage in behaviors that would place the District in a position of unacceptable risk or liability and shall be personally responsible for the cost of any and all traffic and criminal traffic violation costs, penalties or fines incurred as a result of the Member's operation of a District vehicle.

IV. Certified Driver/Operator Responsibilities: in addition to meeting all requirements identified in Section III above, to be a Certified Driver/Operator, a Member shall:

- a) Maintain an Acceptable Driving Record;
- b) Successfully obtain and maintain current EVIP certification; and
- b) Successfully complete their written examination and practical evaluation based on the *Driver/Operator's Training Task Book* by vehicle type and be approved by the Program Manager:
 - Fire engine type: Member will be trained to the Firefighter level with qualification to operate in an environment of potentially dangerous to life and health ("IDLH");
 - Tender type: Member will be qualified under the Operations Support Program (refer to *Policy 2-30 "Operations Support Program"*) and/or trained to the Firefighter or EMT level;
 - Brush truck type: Member will be trained to the Firefighter or Wildland Firefighter 2 level; and/or
 - Aid unit type: Member will be trained to EMT or Firefighter level and be in compliance with Washington Department of Health and Thurston County Medic One restrictions for aid unit and ambulance vehicles.

V. Program Manager Responsibilities:

- a) The Program Manager shall manage the provisions of the Program, including reviewing the

- program from time-to-time and recommend any necessary changes to the Fire Chief.
- b) The Program Manager shall ensure the program is compliant with State EVIP standards and prudent risk management practices.
 - c) On an annual or as-needed basis, the Program Manager shall review each Member's 5-year *Abstract of Complete Driving Record* from the Department of Licensing.
 - d) The Program Manager shall maintain records of all driver certifications & testing.

VI. Post-Incident Alcohol & Drug Testing: The Fire Chief or designee may require that a Member involved in any on-duty incident be tested for alcohol & drug impairment. Testing for alcohol & drugs is allowed under District *Policy 3-06 "Controlled Substances & Alcohol"*. Generally, testing will be performed if:

- A District vehicle is involved, and it or any vehicle is disabled or sustains major disabling damage;
- A fatality has resulted;
- An injury that requires medical attention from a licensed provider away from the scene was sustained; or
- Reasonably suspicious circumstances apply.

When testing is indicated, alcohol testing must be completed within 8 hours post-incident, and drug testing must be completed within 32 hours post-incident. The Fire Chief or designee shall ensure the Member(s) being tested are transported to a qualified testing facility.

VII. Violations: If any Member is found to have two or more Serious Traffic Offenses arising from separate incidents, the Program Manager shall suspend the Member's driving certification as follows:

- Second serious traffic offense within 3-year period: 60-day suspension; and
- Third serious traffic offense within 3-year period: 120-day suspension.

The Program Manager shall notify the Fire Chief and Member's supervisor of any Member driving suspensions. If a Member violates any of the responsibilities listed in Policy Section III or IV above, the Program Manager shall recommend appropriate action in suspending driver certification and/or pertinent disciplinary action to the Fire Chief. Any disciplinary actions and appeals shall be in accordance with District *Policy 3-07 "Disciplinary Process"*.



Thurston County Fire Protection District 8

DISTRICT POLICY MANUAL

POLICY TITLE:	Training Frequency, Standards and Documentation
POLICY NUMBER:	2-40-PO-00
REVISION:	2
DATE ISSUED/REVISED:	9 October 2018
BOARD APPROVAL SIGNATURE:	<i>Richard Hickey</i>

The District shall provide training and education for all members commensurate with those duties and functions that members are expected to perform. Such training shall be provided before they perform emergency activities.

The District shall strive to meet all requirements for training as applicable in local, state, and federal laws and regulation. The training program will continually increase the quality, consistency, efficiency and effectiveness of the fire and life safety services the District provides the public. This program will provide the safest working environment possible for our members on the training ground and at emergency scenes.

Instructors shall be sufficiently qualified on the subject matter being taught. The Fire Chief shall approve instruction for District personnel as developed by the Training & Education Integrated Decision Making Team ("T&E IDMT"). Training and education shall be commensurate with the District's Mission, Vision and Goals, and focus on creating a competent and knowledgeable incident readiness and response force.

I. Frequency: Training shall be as frequent as necessary to ensure that members can perform their assigned duties in a safe and competent manner. Training will be scheduled in a manner that allows the majority of personnel to attend, primarily during members' scheduled shift periods.

II. Standards: Risk management training shall meet the requirements of the District Policies and Procedures. Safety training shall meet Washington Administration Code, chapter 296-305, *Safety Standards for Firefighting* current edition. District Training shall be developed that is consistent with industry standards and local practice. Example of sources for industry standards include: NFPA Standard 1001, *Standard for Fire Fighter Professional Qualifications* current edition, NFPA 1002, *Standard for Fire Apparatus Driver/Operator Professional Qualifications* current edition, NFPA 1021, *Standard for Fire Service Officer Professional Qualifications* current edition. Emergency medical training will meet Thurston County Medic One and Washington State Department of Health standards. Leadership and human relations training and education shall be based upon progressive principles and accepted industry standards.

III. Documentation: All training will be documented in accordance to NFPA 1401, *Recommended Practice for Fire Service Training Reports and Records* current edition. Training will be electronically recorded. Each Member's training and education plan will be addressed during their annual Performance & Development Plan process (reference District Policy 3-30 "Member Performance Evaluations").

Thurston County Fire Protection District 8

HR/LF POLICY



POLICY TITLE:	Driving District Vehicles
POLICY NUMBER:	2-61-PO-00
REVISION:	11
DATE ISSUED/REVISED:	13 October 2020
BOARD APPROVAL SIGNATURE:	<i>Richard L. Buckley</i>

This Policy applies to all Members who drive District vehicles. Only District Members may drive District vehicles, unless specifically authorized by the Fire Chief or designee.

I. Drivers' Training & Certification Program: The District acknowledges that safe driving is a responsibility that requires special knowledge, skills, and abilities; therefore, the District shall maintain a Drivers' Training & Certification Program (Program).

- a) The Fire Chief shall appoint a Program Manager.
- b) In lieu of requiring a commercial driver's license (CDL) to drive Heavy Vehicles, the District has adopted emergency vehicle incident prevention (EVIP) program approved by the State of Washington.
- c) Only those Members with an Acceptable Driving Record may participate in the Program.
- d) A *Driver/Operator's Training Task Book* and testing process will be prepared and administered by the Program Manager.
- e) Only those Members who have successfully completed their written examination and practical evaluation may be certified as a Driver/Operator.
- f) Non-certified Drivers may only drive District Light Vehicles and shall not operate such vehicles in Emergency Mode.

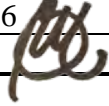
II. Definitions: for the purposes of this Policy, the following shall apply:

- a) **Acceptable Driving Record:** Based upon information provided by the Department of Licensing 5-year *Abstract of Complete Driving Record* and specific Washington State CDL restrictions, a record free of:
 - Suspension, revocation, cancellation or surrender of the Member's Washington State Drivers' License;
 - Conviction or deferred prosecution for driving a motor vehicle under the influence of alcohol or drugs;
 - Arrest for driving a non-commercial vehicle with blood alcohol content of .08 or more (.02 or more if driver is under age 21), or a commercial vehicle with blood alcohol content of .04 or more;
 - Refusal to submit to a breath or blood test while driving a motor vehicle;
 - Leaving the scene of an accident involving a motor vehicle; and
 - Conviction for using a motor vehicle in the commission of any felony.
- b) **Certified Driver/Operator:** a Member that meets all requirements established in Policy Section III and IV below.
- c) **Emergency Mode:** traveling in a District vehicle while making use of visual and audible signals.
- d) **Heavy Vehicles:** All vehicles with a gross vehicle weight (GVW) over 26,000 lbs. (e.g. engines, tenders etc.).
- e) **Light Vehicles:** vehicles with a GVW of 26,000 lbs. or less (e.g. utility vehicles, rescue,



Thurston County Fire Protection District 8

DISTRICT PROCEDURE MANUAL

POLICY TITLE:	Utility Vehicle Use
POLICY NUMBER:	2-61-PR-01
REVISION:	2
DATE ISSUED/REVISED:	1 December 2006
FIRE CHIEF APPROVAL:	

Purpose: The purpose of this document is to establish guidelines for all members who wish to use District utility vehicles. Members who are not certified under the District driver training & certification program shall not operate the District utility vehicle under emergency mode conditions.

Utility Vehicles: are light vehicles the District owns for support functions, which, may be used in an emergency, but, are not considered apparatus or first-line response units.

Night & Weekend Use:

- Prior to driving any utility vehicles, the Duty Officer must be advised of the destination and purpose of its use.
- The utility vehicles may be used as Duty Officer response vehicles as necessary.

Extended Use:

- Utility vehicles are available for extended periods (more than one-day or overnight) for meetings, training and conferences.
- Requests for extended use shall be coordinated with the Fire Chief or designee and approved prior to its use. The approving chief officer will note the same in the Shift Log Book for the Duty Officer(s).
- Utility vehicles are available on a first-come/first-serve basis. Utility vehicle use requests should be made as far in advance as possible.

Operator Expectations: when you operate a utility vehicle, you agree to:

- Clean and wash the vehicle as needed to maintain a positive appearance.
- Keep the interior and exterior of the vehicle free from items that could cause slips, falls, or could be tossed around and otherwise cause injuries.
- Fuel the vehicle upon return from trips and as needed (the tank should be no less than half-full); the vehicle should be ready for its next use.
- Promptly report any maintenance issues using the District Maintenance Request form.

Utility Vehicle Use Restrictions:

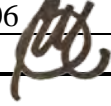
- Vehicles may be used for official District business only.
- Unless in emergency mode, operators must always obey all traffic laws and regulations. All driving by a certified driver in emergency mode shall conform to conditions in Section VI of the Policy.
- Operators must always observe accepted rules of common courtesy toward pedestrians and other drivers. The operator is an "ambassador" from the District and must behave as one.
- Operators must use the vehicle in a manner that will not reflect unfavorably on the District.

Accident Reporting: In any event of an incident involving injury or damage to property through use of utility vehicles, follow procedures for reporting per NET Safety & Accident Prevention protocols. A package explaining this process is included in the vehicle.



Thurston County Fire Protection District 8

HR/LF PROCEDURE

POLICY TITLE:	Safely Backing Apparatus
POLICY NUMBER:	2-61 – PR-02
REVISION:	0
DATE ISSUED/REVISED:	16 March 2006
FIRE CHIEF APPROVAL:	

PURPOSE:

Backing accidents injure and kill firefighters, civilians and damage apparatus every year. This Operating Guideline will provide rules and information pertinent to safe backing operations for District vehicles and apparatus.

GUIDELINES:

Vehicle Backing

Backing of District vehicles and apparatus should be avoided whenever possible. Where backing is unavoidable Spotters shall be used. In addition, Spotters shall be used when vehicles must negotiate forward turns with restrictive side clearances and where height clearances are uncertain. When backing is necessary the Driver will slowly back the apparatus with the anticipation that something may go wrong.

When operating a vehicle or apparatus alone, the Driver shall attempt to utilize any available District personnel to act as Spotters. Where no personnel are available to assist, the Driver shall get out of the vehicle and make a complete 360 degree survey of the area around the vehicle to determine if any obstructions are present.

Normal Backing

When backing apparatus with a crew, at least one member of the crew will dismount as a Spotter. The Spotter should be located approximately 10 feet behind and on the left side of the apparatus in plain view of the Driver. A secondary Spotter may be necessary and should be located approximately 10 feet behind and to the right of the apparatus in a position that can be seen by the Driver and the primary Spotter. The secondary Spotter may also be located at the front of the apparatus in a position where they can be seen by the Driver through the windshield.

Congested and Tight Areas

In congested or tight areas all crew members (except the Driver) will dismount the apparatus and act as Spotters, including the Officer of the apparatus who will oversee the safety of the operation. When only a single Spotter is available, the Spotter should be located approximately 10 feet off the left rear corner, and will act as the primary Spotter.

Spotters are not permitted to ride on steps or tailboards at any time while backing fire apparatus.

Spotters may have portable radios and should discuss the backing plan (hand signals, flashlights, radio) with the Driver before proceeding. The communication method and warning process should be agreed upon by the Driver and Spotter prior to backing.

The apparatus shall not be backed until all Spotters are in position and communicate their readiness to start backing. Spotters should surround the apparatus at all four corners and remain visible to the driver at all times. All Spotters should remain visible to each other to ensure a safe backing operation. ***Anytime the driver loses sight of the primary Spotter, the vehicle shall be stopped immediately until the Spotter is visible, and the communications to continue backing is given.***

When the apparatus must be backed where other vehicle traffic exists, day or night, the apparatus emergency lights shall be operating and traffic safety vest shall be worn by all Spotters.

The Officer of the apparatus is responsible for compliance with procedure and the safe backing of the apparatus. All crew members must share responsibility for safe backing operations.

SAFETY TIPS:

Officer and Driver Responsibilities

- The Officer is responsible for the operation of the apparatus and its crew.
- The Officer is responsible for following and enforcing the policies and procedures. In this case, deploying Spotters when backing up or as necessary to allow the safe movement of the apparatus.
- The Driver is in control of the apparatus and therefore responsible for its movement. He/she should not move the apparatus until directed by the Officer and all Spotters have been deployed, and are in position in a backing situation.
- If the Driver loses sight of the Spotter, he/she shall stop the apparatus until they are in his/her sight.
- If more than one Spotter is being used, the Driver will need to maintain contact with both of them. This means shifting his/her attention from one Spotter to another frequently so as to safely move the apparatus. This should result in an apparatus that is moving at a slower than normal rate to watch both Spotters.
- If at any time the Driver feels that the situation is not safe, he/she should stop the apparatus until the situation is corrected. This may mean getting out and walking around the apparatus and down the road where the apparatus is headed.

Spotter Responsibilities

- The Spotter is there to direct the Driver while backing up the apparatus.
- The Spotter needs to be constantly aware of the surroundings while performing this function.
- The Spotter needs to be constantly looking and listening for other vehicles and people that may enter the path of the apparatus that is backing up.
- The Spotter must either stop the oncoming hazard or stop the apparatus being backed up.
- The Spotter must be aware of objects and direct the Driver safely around them.
- The Spotter must not only look at the ground level for obstructions, but also look up for overhead hazards such as tree branches, wires, signs or any other obstruction.
- The Spotter shall maintain visual contact with the Driver at all times.
- The Spotter needs to be in the line of the mirrors of the apparatus being backed up at all times.
- At night, the Spotter should position one of the rear spot lights on themselves or use a flash light to help the Driver see them. DO NOT point the flash light directly in the mirror of the Driver, as this may blind him/her.
- The Spotter shall use hand signals to direct the Driver. These hand signals should be exaggerated so that the Driver can be clear as to what the Spotter is signaling.
- When backing onto roadways when heavy or fast moving traffic is present use at least 2 Spotters and wear reflective safety vest. Extreme caution must be exercised to ensure all cross traffic is stopped prior to entering the roadway.
- The use of portable radios to communicate between the Spotter and the Driver may prove beneficial in certain circumstances.
- Spotters must be vigilant in managing their own safety by being alert to traffic and changing traffic conditions.
- In congested or tight areas, the whole crew should be used as Spotters, including the Officer.
- In congested or tight areas, Spotters should surround the apparatus with the Officer acting as safety.
- Spotters should also be used when going forward in tight areas, to avoid hitting objects.


Standard Hand Signals

Refer to the attached chart of hand signals.

Thurston County Fire Protection District 8

DISTRICT PROCEDURE



PROCEDURE TITLE:	Non-Members Riding on Apparatus
PROCEDURE NUMBER:	2-61-PR-03
REVISION:	0
DATE ISSUED/REVISED:	16 June 2023
FIRE CHIEF APPROVAL SIGNATURE:	

I. Procedure: The District may allow non-members the privilege to ride on District apparatus if the non-member agrees to, and conforms with, all terms and requirements as identified in this Procedure, and the ride-along is approved by the Fire Chief or designee.

II. Non-member Requirements: The non-member must understand and agree to the following requirements in order to be considered for approval for a ride-along:

- 1) The non-member must demonstrate a valid purpose for requesting the District ride-along, including but not limited to:
 - a. Non-member or future member training and/or orientation;
 - b. Citizen request for non-profit/civic purpose;
 - c. Authorized and/or sanctioned apprenticeship or cadet program;
 - d. Operational inspection or audit by an authorized organization; or
 - e. Community relations event(s).
- 2) The non-member agrees to waive all rights, claims or causes for action against the District which may arise as a result of participation in a ride-along, understanding that the non-member may be faced with risks due to response to emergency calls, operation of the motor vehicle or hazards on the scene of an incident.
- 3) The non-member agrees to not disclose any protected health information that may be discovered in their presence during a ride-along, and not to breach any patient confidentiality created as such.
- 4) The non-member agrees to remain within the District apparatus unless otherwise instructed by the designated District officer.
- 5) The non-member understands that they must be physically able to enter into, ride in or dismount the District apparatus without any special accommodation, and are physically able to stand, walk, move, listen or otherwise view District members' operation without special accommodation during the ride-along.
- 6) The non-member agrees that they will not require any personal ongoing or prescribed medical attention during their ride-along and are not under the influence of any prescribed drug or other substance that would in any way affect their ability to participate in the ride-along.
- 7) The non-member agrees to remain out of the way of and not interfere in anyway in District members' operational efforts at the scene, pay strict attention to any instructions issued by the District officer-in-charge, and not engage in any communication with patients or customers without approval of the designated District officer.
- 8) The non-member agrees to be properly attired in full-length pants, sturdy shoes (without open toes) and appropriate upper garments depending upon the weather conditions present. The non-member will be provided with and will wear a District garment identifying the non-member as an "Observer".
- 9) The non-member agrees to not, under any circumstance, have any weapon in their possession during the ride-along.
- 10) The non-member agrees to be responsible for all costs for their own meals, their supplies and other incidental costs they may incur during their ride-along.

- 11) The non-member agrees that they will not engage in recording any visual, audio or photographic images unless specifically permitted to do so by the Fire Chief or designee.
- 12) The non-member agrees to abide by any instructions from the designated District officer including safety procedures regarding use of seatbelts in the apparatus, wearing personal protective equipment, location for observing and any other directions.
- 13) The non-member understands that the designated District officer has an obligation to terminate the ride-along if they believe there is an unreasonable risk or potential for harm to the non-member, if the non-member fails to abide by the requirements set forth in this Procedure, or if the non-member's presence in any way impedes the District members from performing their duties
- 14) The non-member agrees to leave the District firestation if, for whatever reason, the Battalion Chief or designated District officer determines the ride-along period is over. The non-member may stay overnight at the firestation *only if specifically approved for in advance* by the Fire Chief or designee.
- 15) The non-member, if under age eighteen (18), must obtain the written approval of a parent or guardian *prior to participating* in the ride-along.
- 16) The non-member agrees to avoid representing themselves to anyone as a member, agent or contractor to the District at any time during or after the ride-along, unless *specifically approved for in advance* by the Fire Chief or designee.

III. Process: The process for application and conducting the ride-along is as follows:

- 1) The non-member will make a request for coordination of a ride-along to the Fire Chief or designee, who then inquires about the possibility of accommodation with the scheduled Battalion Chief.
- 2) If the accommodation is agreed to, the Fire Chief or designee will provide the non-member an *Observer Authorization Form*.
- 3) After completing the form, the non-member will submit it to the scheduled Battalion Chief on the day(s) scheduled for the ride-along.
- 4) The Battalion Chief (or their designated District officer) understands that they will be responsible for the supervision and control of the non-member during the ride-along; the Battalion Chief then signs approval of the form.
- 5) The non-member will be briefed by the designated District officer on safety procedures for riding in District apparatus and observing on the scene of an incident. This briefing will include a review of this Procedure and the non-member requirements.
- 6) At the completion of the non-member's ride-along, any District issue items (e.g., "observer" garments, personal protective equipment) must be returned to the designated District officer.

OBSERVER AUTHORIZATION FORM

PROCEDURE 2-61-03

Name of Requestor: _____ D/O/B: ____/____/____

Home Address: _____

Telephone Number: _____

Emergency Contact Name: _____

Emergency Contact Telephone: _____

Purpose of Ride-along: _____

Date(s) Requested: ____/____/____ ____/____/____ ____/____/____ ____/____/____

NON-MEMBER AGREEMENT:

I have read, understood and agree to abide by all requirements outlined in the Procedure.

In consideration of the granting of such permission and authorization, I hereby waive all claims of liability and agree to defend and indemnify the District, its elected and appointed officers, employees and agents for any injuries, including death, and any claims for property damage resulting or alleged result from participation in any and all activities of the District.

I will not divulge any protected health information I may be witness to, and will abide to the specific confidentiality requirement of the Procedure.

Further, my participation in any given activity of the District may be withdrawn by the officer in command or a chief officer of the District and that permission and authorization for my participation in all activities of the District may be withdrawn by action of the Fire Chief or their designee.

The signature by the participant and the signature by the parent or guardian of any participant under the age of eighteen (18) years, shall certify that such person has read, understood, and agrees to the provisions and limitations contained herein.

Participant Name (*Please Print*): _____

Participant Signature: _____ Date: ____/____/____

(*If under 18*) Parent or Guardian Name (*Please Print*): _____

Parent or Guardian Signature: _____ Date: ____/____/____

AUTHORIZATION:

Approved by District Chief Officer: _____ Date: ____/____/____