

Atmospheric Monitoring for Carbon Monoxide

308.1 PURPOSE AND SCOPE

Best Practice

This policy establishes procedures for measuring atmospheric concentrations of carbon monoxide (CO) at an incident for the safety of members working in potentially hazardous conditions.

308.1.1 DEFINITIONS

Best Practice

Definitions related to this policy include:

Calibration - The process of resetting the values for each sensor in the instrument.

Spanning - The process of using the calibration gasses to check the calibration of the instrument, also known as bump testing.

308.2 POLICY

Best Practice

Exposure to CO can be hazardous to the health of those exposed. It is the policy of the Farmington Fire Protection District to mitigate the health risks associated with exposure to CO by its members and the public.

308.3 RESPONSIBILITIES

Best Practice MODIFIED

Fire Chief or designee should ensure that atmospheric monitoring instruments are spanned or calibrated to manufacturer's specifications on a monthly basis, if they have not been used, and prior to use.

The instruments should be stored in operating condition.

The Incident Commander or the authorized designee is responsible for measuring atmospheric concentrations of CO at any location containing or suspected of containing elevated levels of CO.

308.4 PROCEDURES

Best Practice

Carbon monoxide may be present as a by-product of combustion, an emission from internal combustion engines, a chemical reaction or a leak from an industrial process. Carbon monoxide has approximately the same vapor density as air. When measuring for atmospheric concentrations of CO at an incident, instruments do not have to be placed near the floor or ceiling to obtain accurate readings.

Positive pressure ventilation may be used to reduce the CO concentration, as well as the presence of other toxic gases in the atmosphere. Gasoline-powered smoke ejectors should not be used to positive-pressure ventilate.

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All members shall use self-contained breathing apparatus (SCBA) in any atmosphere containing 35 parts per million or greater of CO (National Institute for Occupational Safety and Health (NIOSH)). An atmospheric concentration of CO that is below the threshold limit value (TLV) does not necessarily indicate an adequate level of oxygen or eliminate the possibility of other toxic gases or products of combustion being present.

Members shall also use a SCBA in any atmospheric concentration of CO that is below the TLV where there is also the presence of visible smoke and in any atmosphere containing less than 19.5 percent oxygen (8 CCR 5144; 29 CFR 1910.134).

308.5 EMERGENCY MEDICAL TREATMENT

Best Practice

A person with acute CO exposure may exhibit the signs and symptoms of headache, flushing, nausea, vertigo, weakness, irritability, unconsciousness, and in persons with pre-existing heart disease and atherosclerosis, chest pain and leg pain.

An affected or incapacitated person should be removed from further exposure and have appropriate emergency medical procedures implemented, including any listed on the Safety Data Sheet (SDS) for CO.

All personnel with the potential for becoming exposed to CO or being present during an exposure should be familiar with emergency procedures, the location and proper use of emergency equipment, and the methods of protecting themselves during rescue operations.

308.6 DOCUMENTATION

Best Practice **MODIFIED**

Each time an atmospheric monitoring instrument is spanned or calibrated, the testing will be entered on a log. The log should be submitted to the Fire Chief once a month and retained in accordance with established records retention schedules. The log documents will serve as a history of an instrument's performance.

Carbon Monoxide Detector Activations

317.1 PURPOSE AND SCOPE

Best Practice

This policy establishes guidelines for the safe and efficient handling of calls associated with carbon monoxide (CO) detector activations.

317.2 POLICY

Best Practice

Exposure to CO can be hazardous to health. It is the policy of the Farmington Fire Protection District to respond to all reports and alarms indicating the presence of CO and mitigate the health risks associated with exposure to CO by its members and the public.

317.3 RESPONSIBILITIES

Best Practice

317.3.1 VRECC RESPONSIBILITIES

Best Practice

Any dispatcher who determines that a call for service involves a CO detector activation should inform responding personnel of this information via voice over the radio and by a notation in the electronic event (if the responding apparatus are equipped with Mobile Data Computers). The dispatcher should attempt to ascertain if people at the scene are displaying symptoms of CO poisoning and consider whether a medical aid response should also be dispatched. The responding medical aid personnel should also be advised of the CO detector activation.

317.3.2 ARRIVING UNITS

Best Practice

Arriving units should establish National Incident Management System/Incident Command System (NIMS/ICS) practices according to the Incident Management Policy. In addition, arriving units shall:

- (a) Assess for necessary rescue and safely move potential victims from the affected location. Activate a medical response if necessary.
- (b) Evaluate the situation through interviews prior to entering the building.
- (c) Assess airflow ventilation conditions and general building conditions.
- (d) Wear structural turnouts and self-contained breathing apparatus (SCBA) to investigate the building using a CO detector, if available.
 1. Atmospheric monitoring results require the use of SCBA pursuant to the Atmospheric Monitoring for Carbon Monoxide Policy.
- (e) Have face pieces on and air flowing:
 1. Whenever information is inadequate to rule out toxic levels of CO.

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2. If anyone has displayed symptoms of CO poisoning.

317.3.3 INVESTIGATING PERSONNEL

Best Practice

Personnel investigating a reported CO detector activation should take the following actions:

- (a) Remove occupants and unnecessary personnel from the affected area.
- (b) Utilize a Handling Carbon Monoxide Calls information card, if available.
- (c) Examine the activated detector to ensure that it is a CO detector and is in good condition.
- (d) Determine if the activated detector is low-oxygen or CO-detecting, if possible.
- (e) Interview the occupant and/or reporting party to obtain background information on the activation, the past history of the activated detector and activities in the building at the time of the activation.
- (f) Check the premises and adjoining areas for CO sources, such as vehicles, open flame devices or closed fireplace dampers.
- (g) Check appliances for improper use, poor maintenance or obvious faulty installation or operation.
- (h) If responding personnel carry a CO detector, it may be used to assist in determining a source of CO.
- (i) If the source of CO is identified, personnel should take the following actions:
 1. If the source is a vehicle, open flame device or other source not intended for interior use, remove the source from the building or shut off the device and ventilate the building thoroughly.
 2. If the source is an improperly operating appliance, shut off the appliance and the appliance's main line valve and ventilate the building thoroughly.
 - (a) Encourage the occupant to have the appliance serviced by a reputable service technician or a plumbing and heating contractor.
 - (b) Do not attempt to repair or alter an appliance or heating unit.
 3. Do not ventilate the building with gasoline-powered smoke ejectors.
 4. Do not shut off the building's main gas valve unless necessary to control the problem.
- (j) If the source of CO is not identified, personnel should take the following actions:
 1. Consider requesting a response by the gas company. If it is necessary to leave the scene prior to arrival of the gas company, the occupants should be advised to remain out of the building until a gas company representative arrives.

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2. Complete any required property notification and provide a copy to the property owner or tenant.

Hazardous Materials Response

320.1 PURPOSE AND SCOPE

Federal

Hazardous materials HAZMAT may include toxic, flammable, corrosive, explosive, radioactive, or reactive materials; materials that can cause health hazards; or a combination of these materials. The purpose of this policy is to provide a general framework for handling a HAZMAT incident.

Training related to HAZMAT response is addressed in the Hazardous Materials Training Policy.

320.2 POLICY

Federal

It is the policy of the Farmington Fire Protection District to protect the safety of the public and responders to HAZMAT incidents and to comply with all applicable state and federal laws during the management and mitigation of all HAZMAT incidents (29 CFR 1910.120).

320.3 RESPONSIBILITIES

State

All HAZMAT responses should be managed using the National Incident Management System (NIMS) and the Incident Command System (ICS) in accordance with California regulations for emergency response and applicable federal laws.

320.3.1 INITIAL ACTIONS

Best Practice

If available, information should be provided by VRECC to the units responding to a HAZMAT incident including the name and type of the material involved (e.g., hydrochloric acid and corrosive), the size and quantity of the containers involved, the nature of the problem (e.g., spill, leak) and any known dangerous properties of the materials.

The first arriving unit approaching the incident should use caution, approach from upwind and upgrade of the incident, establish Incident Command (ICS), and begin a size-up of the situation. The purpose of the size-up by the first-in company is to determine the nature and severity of the HAZMAT incident and formulate an initial Incident Action Plan (IAP). While it may be necessary to take immediate action to make a rescue or evacuate an area, any action should be taken with an awareness of the risk to district personnel and making appropriate use of available protective equipment. It is important to avoid the premature commitment of personnel to potentially hazardous locations. In some cases, isolating the incident and denying entry until more resources arrive may be the safest approach.

In assessing the incident, all available references should be used to determine the hazards that are or potentially could be present. These references may include, but are not limited to, the U.S. Department of Transportation (DOT) Emergency Response Guidebook, the National Institute for Occupational Safety and Health (NIOSH) Pocket Guide to Chemical Hazards, Safety Data

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Sheets (SDS), HAZMAT business plans, shipping papers, National Fire Protection Association (NFPA) placards, U.S. DOT placards, and United Nations substance identification numbers. Other sources of information may be available, such as the Chemical Transportation Emergency Center (CHEMTREC®), facility personnel, district specialists, or manufacturers of the materials involved.

The hazards presented by a HAZMAT incident may change significantly as the materials interact with other materials, the surrounding environment, and the actions taken by responders. Responders should consider site topography, surroundings, other potential hazards, and prevailing weather conditions. The initial perimeter established for the incident may need to be expanded to establish the appropriate control zones for the response (e.g., exclusion zone, contamination reduction zone, support zone).

320.4 INCIDENT ACTION PLAN

Best Practice

The primary goal of the IAP will be to protect the safety of the public and responders. The initial IAP should focus on identifying a safe approach for other arriving units, determining the type of hazard and the scope of the incident, isolating the area and denying entry to the public, determining incident-specific personal protective equipment (PPE), and initiating notifications. The initial IAP may be a written document or may be notes kept and controlled by the Incident Commander (IC). The initial IAP should include the following minimum information:

- (a) Incident name, agency or unified command, and command post location.
- (b) Information for responding units on the best route of travel, staging locations, and minimum isolation distances to maintain the safety of responding members.
- (c) The information available on the products involved or an indication that the products are not yet known.
- (d) The incident control objectives and goals.
- (e) An incident site safety plan and designation of an Incident Safety Officer.
- (f) A communications plan including radio frequencies and contact telephone numbers.

When a HAZMAT incident response will be prolonged and will extend beyond an initial operational period, a written IAP should be developed. The written IAP should utilize standard NIMS/ICS forms that may include but are not limited to:

- ICS-201 Incident Briefing.
- ICS-202 Incident Objectives.
- ICS-203 Organization Assignment List.
- ICS-204 Assignment List.
- ICS-205 Incident Radio Communications Plan.
- ICS-206 Medical Plan.
- ICS-207 Incident Organization Chart.

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- ICS-208 Safety Message/Plan.

320.5 RESOURCE CONSIDERATIONS

Best Practice

Most HAZMAT incidents will require the Incident Commander IC to request additional resources in order to implement the IAP and safely mitigate the hazard.

The response to a HAZMAT incident may require numerous specialized resources to achieve incident stabilization and return to normal operations. The IC should consider involving:

- (a) Specialized HAZMAT teams at the technician and/or specialist levels for assistance with mitigating the release of material. Teams may be operated by local or regional fire agencies, military, or private industry.
- (b) Specialized operators or contractors to address post-response mitigation, removal, cleanup, and required disposal of material.
- (c) Local law enforcement for assistance with scene security and evacuation, if necessary.
- (d) Activation of local or regional California HAZMAT emergency response teams for assistance.
- (e) United States Coast Guard assistance for spills affecting waterways.
- (f) Public works and road departments for diking, diversion, or other activities.

Resources shall be coordinated using NIMS/ICS as the response is reinforced. It is important that duties assigned to personnel are suitable for their level of training under federal regulations and California law (Government Code § 8607). It is also important to consider the limitations of available (PPE) and the limitations of chemical detection or monitoring equipment on hand when preparing to commit personnel to a potentially hazardous area.

320.6 NOTIFICATIONS

Best Practice

Managing the response to a HAZMAT incident may involve required notifications to various local, regional, state, or federal agencies. ICs should consider notifying the following agencies when applicable or required:

- (a) The public, media, and other affected entities, such as schools and businesses
- (b) Adjoining jurisdictions that may be impacted by incident activities
- (c) Local and regional elected officials and emergency management personnel
- (d) California Governor's Office of Emergency Services
- (e) California Office of the State Fire Marshal
- (f) California State Department of Public Health
- (g) California Environmental Protection Agency
- (h) California State Department of Transportation

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- (i) California Highway Patrol
- (j) United States Coast Guard National Response Center

Traffic Collisions

327.1 PURPOSE AND SCOPE

Best Practice

The purpose of this policy is to provide guidelines for the reporting and investigation of traffic collisions involving district vehicles and district personnel on official business. This policy applies to collisions involving any district-owned vehicle and to collisions any time district business is being conducted, regardless of who owns the vehicle involved.

327.2 POLICY

Best Practice

It is the policy of this district to investigate all district traffic collisions, with the intent of learning the cause of the collision, identifying contributing factors and implementing corrective measures when appropriate.

327.3 REPORTING RESPONSIBILITIES

Best Practice

All district members involved in a traffic collision in a vehicle owned by the District or while conducting district business, regardless of who owns the vehicle, shall immediately report the collision to the appropriate local law enforcement agency and notify an on-duty supervisor.

All district members involved in a traffic collision shall also complete and submit to the supervisor a report of the collision, in addition to any report taken by law enforcement. If the member is incapable, the immediate supervisor shall complete the form. Supervisors are responsible for notifying the Fire Chief of traffic collisions.

Once notified of a traffic collision, the Fire Chief is responsible for ensuring that the district investigation and review occurs in a timely manner.

327.4 TYPES OF REVIEWS

Best Practice

Traffic collisions subject to this policy will be classified, investigated and reviewed as follows.

327.4.1 COLLISION LEVELS

Best Practice

Traffic collisions subject to this policy will be classified, investigated and reviewed as follows.

- (a) A Level I collision is any traffic collision involving:
 - 1. Minor injury to any district member, a contract employee or an employee of another public agency when the injury does not result in treatment at an emergency treatment facility or in subsequent hospitalization.
 - 2. Minor damage to district property or vehicles.

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3. Minor damage to non-district property or vehicles while conducting district business.
- (b) A Level II collision is any traffic collision involving:
1. Any injury to persons other than district members, except contract and other public agency employees noted in Level I.
 2. Any injury requiring immediate transport and treatment of any district member, contract employee or an employee of another public agency at an emergency treatment facility.
 3. Major damage to a vehicle owned or operated by the District or major damage to district property.
- (c) A Level III collision is any traffic collision involving:
1. The death or anticipated disabling injury of a member of this district.
 2. The death or anticipated disabling injury of other than a member of this district, a contract employee or other public agency employee when the traffic collision involves any district member, vehicle or property.

327.4.2 REVIEW TEAMS

Best Practice

Reviews shall be conducted by the on-duty Fire Chief or respective manager for Level I collisions.

Level II and Level III collisions will be reviewed by a Fire Chief or respective manager and a Fire Chief selected by the Fire Chief, a designated safety officer or risk manager and a labor representative of the involved member. The Fire Chief or manager is the team leader.

327.5 COLLISION REPORTS

Best Practice

The investigation team leader is responsible for the preparation and completion of a written report that describes the traffic collision, any contributing factors, all persons and equipment involved and recommendations for preventing a recurrence.

Reports involving Level I collisions will be submitted through the chain of command to the Fire Chief in charge of the involved member. Reports involving Level II and Level III collisions will be submitted through the chain of command to the Fire Chief.

Following review by the Fire Chief or Fire Chief, the completed report and all related documentation from the investigation will be forwarded to the district's custodian of records for filing.

A completed report should include the following:

- (a) Investigation methods: Identify the members of the investigation team and the agencies involved in the investigation and describe the process of the investigation, including the names of any persons interviewed.

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- (b) People, vehicles and equipment: List and identify all people, vehicles and equipment involved in the traffic collision.
- (c) Collision scene and environmental conditions: Describe the location, roadways, vehicle positioning, weather conditions, road/ground surface condition and/or visibility. Include diagrams, drawings, photographs and reports from any investigating law enforcement agencies.
- (d) Collision description: Describe the collision based on the facts gathered. Provide time frame sequence, movements, relative positioning, performance of vehicles and equipment and the actions of persons involved.
- (e) Policies and procedures assessments and recommendations: Identify any district policies and procedures that are relevant to the collision. Assess the effectiveness of such policies and procedures as applied to the collision and, with the intent of preventing future injury, property loss or liability, make recommendations regarding changes.
- (f) If it is determined that an employee may have violated any district policies or procedures, the Fire Chief should recommend that the matter be submitted for the initiation of possible administrative action.

327.6 CONFIDENTIALITY OF DISTRICT COLLISION INVESTIGATION

State

All internally generated reports, statements, photographs, diagrams and other materials shall be considered confidential and may not be released except as required by law. Copies of any collision reports obtained from involved law enforcement agencies shall also be considered confidential and subject to release only as authorized by law (Vehicle Code § 20012).

National Emergency Response Information System (NERIS)

329.1 PURPOSE AND SCOPE

Best Practice

The purpose of this policy is to provide guidance regarding National Emergency Response Information System (NERIS) reporting to ensure district response information is properly reported to NERIS.

329.2 POLICY

Best Practice

The Farmington Fire Protection District is committed to improving fire reporting and analysis capability both locally and on the national level. Therefore, it is the policy of the Farmington Fire Protection District to participate in NERIS.

329.3 COORDINATOR RESPONSIBILITIES

Best Practice **MODIFIED**

The Fire Chief should designate a NERIS coordinator, who should develop and maintain familiarity with NERIS resources and reporting requirements and ensure district information is compliant with the NERIS reporting format.

329.4 COMPANY OFFICER RESPONSIBILITIES

Best Practice **MODIFIED**

The Company Officer should ensure a NERIS report is completed for each response as soon as practicable, but no later than the end of the shift.

Pre-Hospital Care Reports

500.1 PURPOSE AND SCOPE

State

The purpose of this policy is to establish the requirements for documentation of patient responses, and the related document distribution, storage, and disclosure (Health and Safety Code § 1797.200; Health and Safety Code § 1797.227; 22 CCR 100096.03; 22 CCR 100097.01).

500.1.1 DEFINITIONS

Best Practice **MODIFIED**

Definitions related to this policy include:

Patient - A person who meets any one of the following criteria:

- Has a chief complaint
- Has obvious symptoms or signs of injury or illness
- Has been involved in an event that the average first responder would believe could cause an injury
- Appears to be disoriented or to have impaired psychiatric function
- Has evidence of suicidal intent
- Is deceased

Patient refusing medical care against medical advice (AMA) - A competent patient who is determined by an Emergency Medical Technician (EMT) or base hospital to have a medical problem that requires the immediate treatment and/or transportation capabilities of the Emergency Medical Services (EMS) system, but who declines medical care despite being advised of their condition and the risks and possible complications of refusing medical care.

500.2 POLICY

Best Practice

It is the policy of the Farmington Fire Protection District to follow the patient documentation and distribution guidelines developed by the local, regional, or state EMS authority.

500.3 PROCEDURE

State **MODIFIED**

A Pre-Hospital Care Report (PCR) shall be completed for every patient response (22 CCR 100097.01). This includes a patient who is released at the scene, meets the criteria for pronouncing death in the field, is an inter-facility transport, or is involved in a multi-casualty incident.

A PCR and a patient release form must be completed for all patients who refuse evaluation, treatment, and/or transport.

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Contact with persons who do not meet the criteria required for the definition of a patient should be recorded in the district's incident reporting system to document that assistance was offered and declined. The district's reporting requirements concerning personal identification information, including a person's name, age, date of birth, and sex, should be followed.

The PCR should be completed as soon as possible after providing patient care. ~~A brief written or electronic report must be given to the receiving hospital after the patient arrives, and a completed PCR must be provided within 24 hours.~~

EMS personnel shall collect an electronic signature from emergency department medical personnel at the receiving hospital documenting the transfer of care for each patient as required by 22 CCR 100006.01.

~~An EMS evaluation, performed minimally by an EMT, may or may not be required for non-medical requests for assistance, such as "service calls" or "back-to-bed" requests. A PCR shall be completed for any person meeting the patient criteria.~~

For continuous quality improvement, the local or regional EMS authority, district EMS supervisors, and the designated hospital receiving center shall review their copies of the PCR and discuss any areas of concern.

500.4 DISTRIBUTION OF PCR COPIES

Best Practice **MODIFIED**

- (a) If a patient is to be transported to a designated hospital receiving center, copies should be distributed as follows:
 - 1. Copy retained by the District
 - 2. Copy sent to the base hospital or alternative base station
 - 3. Copy left at the designated hospital receiving center with the patient
 - 4. Copy given sent to the local transporting ambulance EMS authority
- (b) If a patient is not transported or refuses care and leaves AMA, copies should be distributed as follows:
 - 1. Copy retained by the District
 - 2. Copy sent to the base hospital or alternative base station
 - 3. Other copies sent per local EMS authority policy
- (c) If a patient is declared dead and is not transported, copies should be distributed as follows:
 - 1. Copy retained by the District
 - 2. Copy sent to the assigned base hospital or alternative base station
 - 3. Copy left with the body for the coroner's office
 - 4. Copy sent to the local EMS authority

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5. Other copies sent per local EMS authority policy

500.4.1 FORM OF COPIES

State

Copies should be sent to the local EMS authority in the form required by Health and Safety Code § 1797.227 or any written agreement with the EMS authority entered into before January 2016.

500.5 PCR STORAGE

Best Practice

PCRs shall be maintained and secured in a manner in which they are accessible only to individuals who are members of the health care team, are involved in education and training, are part of the quality assurance review, or are affiliated with the local EMS authority. All copies of the PCRs must be secured to prevent access by non-authorized individuals.

500.6 ADDITIONAL REPORTING REQUIREMENT

State

In addition to a PCR, if the patient contact involves an injury inflicted by a firearm or is a result of assaultive or abusive conduct (as defined by Penal Code § 11160(d)), a report shall be made (Penal Code § 11160):

- (a) By telephone, immediately or as soon as practicable, to local law enforcement.
- (b) By written report to local law enforcement within two working days, on the appropriate form as provided in Penal Code § 11160.

Medical Supplies

501.1 PURPOSE AND SCOPE

Best Practice

The purpose of this policy is to establish a Periodic Automatic Replenishment (PAR) level system for medical supply inventories for the safety and welfare of patients and employees. Adequate PAR levels for ordering medical supplies assists with budgeting and waste management. Adherence to this policy is intended to prevent the depletion of protective supplies for employees and supplies for the treatment of patients, while reducing costly inventory overstock and the inability to obtain critical supplies.

For controlled medications see the Controlled Substance Accountability Policy.

501.2 POLICY

Best Practice

It is the policy of the Farmington Fire Protection District to use a PAR level system for medical supply inventories.

501.3 PROCEDURES

Best Practice **MODIFIED**

The PAR level should be based on normal inventory usage for a two-week period at career stations and a four-week period at reserve stations. The PAR level should include all medical supplies maintained in fire stations and carried on units, with the exception of controlled substances, airway bags and monitor/defibrillator carrying cases.

A delivery schedule for supplies should be created and distributed to all stations one month in advance. If a scheduled delivery date falls on a District holiday or furlough day, the delivery should be rescheduled.

501.3.1 BASIC LIFE SUPPORT (BLS) FACILITIES

Best Practice **MODIFIED**

Facilities with one or more paramedic assessment and basic life support units should order medical supplies as follows:

- (a) On the delivery date, a visual inspection of the medical supply inventory should be conducted. When inspecting the medical supply inventory, expiration dates on existing inventory should be checked. Supplies that expire soon should be ordered in advance to prevent a shortage.
- (b) Medications with pending expiration dates should be exchanged with an ALS unit.
- (c) Do not obtain supplies on a one-for-one exchange from non-district units.
- (d) A BLS order form should be completed to bring inventory to PAR levels.
- (e) One BLS order form per facility should be completed. When possible, the BLS order form should be completed and posted at the designated location prior to the delivery

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- date. This will reduce the potential of missing a delivery. The order should include all medical supplies needed for all units at the facility.
- (f) The supplier should include a new BLS order form when making a delivery or picking up an order form. Use only original BLS order forms delivered by the supplier. Photo copies should not be used.
 - (g) Upon delivery of medical supplies, the receiving member should reconcile the delivered supplies with the packing slip and immediately alert the supplier of any discrepancies.
 - (h) When putting medical supplies away, any items with expiration dates should be stored so that older supplies are used first.

501.3.2 MEDICATIONS

Best Practice **MODIFIED**

The following guidelines should be observed with regard to medication storage, security, distribution and disposal:

- (a) Only district members who have received medication distribution training may handle and distribute medications.
- (b) Medications shall be kept secure from unauthorized handling or use. No medications shall be sent via the district mail system.
- (c) All medications should be inventoried daily by the designated paramedic for each facility.
- (d) All medications should be kept in their original packaging.
- (e) All medications shall be protected from high temperatures by utilizing shaded areas for prolonged parking of vehicles.
- (f) Medication packaging shall be protected to ensure the integrity of the medication and that the lot numbers and expiration dates are legible.
- (g) Medications with expiration dates indicating only a month and year, shall be removed from the inventory on the last day of the month shown.
- (h) Out-of-date medications should be exchanged for current medications.
- (i) The Emergency Medical Services (EMS) supervisor should provide direction to members regarding the disposition of medications that are subject to product alerts or recalls.

501.4 SUPPLY OVERSTOCK

Best Practice

Overstock should be returned to the supplier. Items should be properly packaged and labeled. A written list of items being returned should be attached to the box or container with the returned items. Do not return individual items that are normally supplied as units in a case, bottle or box.

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501.5 BACK-ORDERED SUPPLIES

Best Practice

If the supplier is unable to fill an order, the supplier may indicate that the supply is back-ordered. Do not continue to order items that are on back-order. Any questions concerning back-ordered supplies should be directed to the supplier. If the needed items cannot be obtained in the normal manner, contact the EMS supervisor.

Patient Refusal of Pre-Hospital Care

502.1 PURPOSE AND SCOPE

Best Practice

This policy establishes guidelines to be followed any time a patient refuses pre-hospital emergency medical evaluation, care and/or transport.

502.1.1 DEFINITIONS

State

Definitions related to this policy include:

Competent - The patient has the capacity to understand the circumstances surrounding his/her illness or impairment and the risks associated with refusing treatment or transport. The patient is alert and his/her judgment is not significantly impaired by illness and/or injury. Mental illness, drugs, alcohol intoxication or physical/mental impairment may significantly affect a patient's competence. Patients who have attempted suicide or verbalized suicidal intent, or if other factors lead pre-hospital care personnel to suspect intent, should not be regarded as competent.

Emancipated minor - An individual under the age of 18 years who is married, on active duty in the military, or is 14 years or older and emancipated by declaration of a court.

Mental health hold or 5150 hold - A patient who is held against his/her will for evaluation because the patient is a danger to him/herself, a danger to others, and/or is gravely disabled or unable to care for him/herself (Welfare and Institutions Code § 5150). This hold may be written by a law enforcement officer, a county mental health worker or an emergency room physician certified by the county to place an individual on a 5150 hold.

Patient - A person who meets any one of the following criteria:

- Has a chief complaint
- Has obvious symptoms or signs of injury or illness
- Has been involved in an event that the average first responder would reasonably believe could cause an injury
- Appears to be disoriented or to have impaired psychiatric function
- Has evidence of suicidal intent
- Is deceased

Patient not requiring transport or release at the scene - A patient who, after an assessment by an Emergency Medical Technician (EMT), does not appear to have a medical problem that requires the immediate treatment and/or transportation capabilities of the Emergency Medical Services (EMS) system.

Patient refusing medical care against medical advice (AMA) - A competent patient who is determined by an EMT or base hospital to have a medical problem that requires the immediate

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treatment and/or transportation capabilities of the EMS system, but who declines medical care despite being advised of his/her condition and the risks and possible complications of refusing medical care.

502.2 POLICY

Best Practice

It is the policy of the Farmington Fire Protection District that a Pre-Hospital Care Report (PCR) and a patient release form be completed any time a patient refuses emergency medical evaluation, care and/or transportation.

502.3 PROCEDURE

Best Practice **MODIFIED**

In the pre-hospital setting of the sick and injured patient, these guidelines may be interpreted and applied broadly. The EMT should err on the side of providing patient care, even if the patient is later found to have been competent to refuse care. Patients likely to have a serious medical problem should be evaluated more carefully for their decision-making capacity.

- (a) A competent adult or an emancipated minor has the right to determine the course of his/her own medical care and shall be allowed to make decisions affecting his/her medical care, including the refusal of care.
- (b) Spouses or relatives, unless they are a legal representative, cannot necessarily consent to the refusal of care for their spouse or relative. They may provide insight into what an incompetent relative would desire and may be used as surrogates for decision-making after an incompetent patient enters the hospital. Patients less than 18 years old must have a parent or legal representative present to refuse evaluation, medical care and/or transport unless they are an emancipated minor. The parent or legal representative must be competent to make this decision. If the parent or legal representative's decision seems to grossly endanger the minor, or the parent or legal representative does not appear to be competent, the EMT should make contact with the base hospital for further guidance.
- (c) The EMT must evaluate and document the patient's ability to comprehend and whether his/her ability to do so is impaired by the medical condition. The EMT should assess the patient with particular attention to:
 - 1. The patient's complaint or the reason for the call.
 - 2. Any important circumstances surrounding the call for assistance.
 - 3. Significant patient medical history.
 - 4. Complete physical assessment, including vital signs and mental status.
 - 5. Signs of drug and/or alcohol use/intoxication and physical or mental conditions affecting judgment, such as injury, developmental disability or mental illness. Examples of conditions affecting the patient's decision-making capacity include, but are not limited to, a significantly altered level of consciousness or blood pressure, hypoxia or severe pain.

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Patient Refusal of Pre-Hospital Care

- (d) The EMT should establish to the best of his/her ability what treatment the patient requires and the potential risks/consequences if the patient refuses care, and should communicate to the patient the benefits and risks of the proposed medical care or transport.
- (e) If the patient refuses treatment or transport and the EMT believes the patient is competent, the EMT should make reasonable efforts to ensure that the patient understands the risk and consequences of refusing medical attention and to understand why the patient is refusing care. The EMT should present to the patient alternatives to obtaining care, transport or modification of services offered, and attempt to overcome the patient's objections, if reasonable. Any evaluation, including base hospital contact, should be thoroughly documented for conditions the EMT believes are potentially serious.
- (f) ~~The base hospital should be contacted regarding any patient exhibiting symptoms meeting the base hospital criteria for treatment and transport. If the patient refuses treatment and/or transport and there is some question on the part of field personnel as to the capacity of the patient, base hospital consultation should be obtained prior to leaving the scene.~~
- (g) A patient who meets the criteria for release at the scene may be released by an EMT. However, the patient should be advised, if applicable, to seek alternate medical care. If the patient requires additional medical advice, the base hospital should be contacted.
- (h) When a patient exhibits signs of being a danger to him/herself or others, is gravely disabled or cannot care for him/herself and cannot be treated and/or transported, the EMT should notify the proper authorities to obtain a 5150 hold. The EMT should remain with the patient until the proper authorities have made a determination regarding the hold. Patients on a 5150 hold cannot be released at the scene.
- (i) If the ambulance crew ~~base hospital~~ and/or the EMT determine that the patient is not competent to refuse evaluation or transport, the following alternatives exist:
 - 1. The patient should be transported to an appropriate facility under implied consent. In this case a 5150 hold is not necessary.
 - 2. If the base hospital determines it is necessary to transport the patient against his/her will and the patient resists or the EMT believes the patient will resist, the EMT shall call for law enforcement assistance in transporting the patient. Law enforcement may consider the placement of a 5150 hold on the patient but a 5150 hold is not required for transport.
 - 3. At no time are members to put themselves in danger by attempting to transport or treat a patient who refuses treatment. At all times, good judgment should be used and appropriate assistance obtained.

502.4 DOCUMENTATION

Best Practice

The EMT should document the following for all patients who refuse medical care AMA:

- (a) All relevant patient medical history and assessment

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- (b) A description of the patient that clearly indicates his/her decision-making capacity
- (c) Reasons given why the patient refused care, treatment or transport
- (d) A statement that the patient was advised of the risk/consequences of refusing medical attention and that he/she acknowledged understanding those risks
- (e) Any alternatives that were presented to the patient
- (f) A description of base hospital contact, including information given and received

After advising the patient and any associated witnesses concerning the consequences of refusing medical care, the EMT should obtain the signature of the patient and one witness on the patient release form. Preferably the witness should be a member of the patient's family, if available at the scene.

If the patient is a minor, the parent or legal guardian should sign the patient release form.

If the patient refuses to sign the patient release form, that fact should be documented on the form. The release should include the district-specific incident number, the signature of the field personnel and that of any witnesses.

A PCR for a patient refusing care shall be reviewed by the EMS supervisor to ensure compliance with this policy. The patient release form and copy of the PCR should also be sent to the base hospital for review.

Fire Equipment Driver/Operator Training

600.1 PURPOSE AND SCOPE

State

The purpose of this policy is to enhance the safety of members and the public by ensuring that all Farmington Fire Protection District members, including tiller operators, who operate firefighting equipment as part of their duties, receive appropriate training.

600.1.1 DEFINITIONS

State

Definitions related to this policy include (Vehicle Code § 12804.11):

Firefighting equipment - A motor vehicle that meets the definition of a class A or class B vehicle as described in Vehicle Code § 12804.9(b), that is used to travel to and from the scene of an emergency situation or to transport equipment used in the control of an emergency situation, and that is owned, leased, rented by, or is under the exclusive control of this district.

Tiller operator - The driver of the rear free-axle portion of a ladder truck.

600.2 POLICY

State

It is the policy of the Farmington Fire Protection District that all members who operate firefighting equipment, including tiller operators, shall successfully complete driver training that meets or exceeds the requirements of the State Fire Marshal Fire Apparatus Driver/Operator 1A course (Vehicle Code § 12804.11).

600.3 PROCEDURES

State

All members who operate firefighting equipment, including tiller operators, shall have a valid class A, B or C California Driver License (CDL), with a firefighter endorsement. To qualify for a firefighter endorsement, the member shall complete the following (Vehicle Code § 12804.11):

- (a) Provide the California Department of Motor Vehicles (DMV) with proof of current employment as a firefighter by providing a letter from the Fire Chief or the authorized designee.
- (b) Provide the DMV with proof of successful completion of either the Fire Apparatus Driver/Operator 1A course taught by an instructor registered with the Office of the State Fire Marshal or fire department driver training that meets all of the requirements in Vehicle Code § 12804.11. This proof should be in the form of a letter from the Fire Chief or the authorized designee.
- (c) Pass the written firefighter examination that has been developed by the DMV with the cooperation of the Office of the State Fire Marshal.
- (d) Submit a report of medical examination on a form approved by the DMV.

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A member is not required to obtain and maintain a firefighter endorsement if the member is operating the firefighting equipment for training purposes, during a non-emergency or while under the direct supervision of a member who is properly licensed to operate the equipment and is authorized by the District to provide training (Vehicle Code § 12804.11).

600.4 TRAINING OFFICER RESPONSIBILITIES

Best Practice

It shall be the responsibility of the Training Officer to ensure that any member required to drive fire apparatus as a part of his/her normal duties has received the mandated training. The Training Officer shall coordinate with the district member appointed to monitor driver license status to ensure members have valid driver licenses with the proper endorsements, in accordance with the Driver License Requirements Policy.

Hazard Communication Program Training

605.1 PURPOSE AND SCOPE

State

The purpose of this policy is to establish the required training regarding the district's hazard communication program. This policy identifies who must receive training, training content requirements, when additional or supplemental training is required and what record keeping is necessary to comply with state law (8 CCR 5194).

605.1.1 DEFINITIONS

State

Definitions related to this policy include:

Hazardous substance - Any substance that is a physical hazard or a health hazard or is included in the list of hazardous substances (Labor Code § 6382).

Health hazard - Any substance for which there is statistically significant evidence that acute or chronic health effects may occur in exposed employees. Such effects include acute toxicity, skin corrosion or irritation, serious eye damage or eye irritation, respiratory or skin sensitization, germ cell mutagenicity, carcinogenicity, reproductive toxicity, specific target organ toxicity, aspiration toxicity or simple asphyxiant (8 CCR 5192).

605.2 POLICY

State

It is the policy of the Farmington Fire Protection District, in accordance with the Hazard Communication Policy, to provide members with effective information and training on hazardous substances in their work area at the time of their initial assignment and whenever a new hazard is introduced (8 CCR 5194).

605.3 TRAINING REQUIREMENTS

State

The initial hazard communication program training shall include, but is not limited to, the following topics (8 CCR 5194):

- (a) Members shall be informed of any operations in their work area where hazardous substances are present.
- (b) Members shall be informed of the location and availability of information regarding any hazardous substances and Safety Data Sheets (SDS), as required by the state.
- (c) Members shall be trained in the methods and observations that may be used to detect the presence or release of a hazardous substance in the work area.
- (d) Members shall be trained in the physical and health hazards of the substances in the work area and the measures they can take to protect themselves, including specific procedures the District has implemented to protect them from exposure to hazardous

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- substances. These include appropriate work practices, emergency procedures and personal protective equipment (PPE).
- (e) Members shall be provided with an explanation of the labeling system and the SDS, and how they can obtain and use the appropriate hazard information.
 - (f) The District shall inform its members of the following rights:
 - 1. Members have the right to personally receive information regarding hazardous substances to which they may be exposed.
 - 2. Members have the right for their physician or collective bargaining agent to receive information regarding hazardous substances to which the member may be exposed.
 - 3. Members are protected against discharge or other discrimination that may result from the exercise of their rights, as afforded pursuant to the provisions of the Hazardous Substances Information and Training Act.
 - (g) Whenever the District receives a new or revised SDS and the new information indicates significantly increased risks or identifies different protective measures than those stated on the previously provided sheet, such information shall be provided to members in a timely manner, not to exceed 30 days after receipt by the District.

605.4 TRAINING RECORDS

Best Practice

The Training Officer shall be responsible for maintaining records of all hazard communications program training provided to members. Records should include, but are not limited to:

- (a) The dates of the training sessions.
- (b) A list of the topics or a summary of the content of the training sessions.
- (c) The names or other identifiers and job titles of the members who received the training.
- (d) The names, certificate numbers and qualifications of persons conducting the training.

The Training Officer should maintain the training records in accordance with established records retention schedules.

Hazardous Materials (HAZMAT) Training

606.1 PURPOSE AND SCOPE

State

The purpose of this policy is to establish training that will meet state requirements regarding the Farmington Fire Protection District Hazardous Materials (HAZMAT) response program. This policy identifies the level of training members must receive, when additional or supplemental training is required, and the training records required to meet the provisions of the code (8 CCR 5192).

606.2 POLICY

State

It is the policy of the Farmington Fire Protection District that any member whose duties include a role in the HAZMAT response program shall receive training to the level in which they are expected to operate in a HAZMAT environment or at an incident involving hazardous materials. Members shall be trained by the District to the California Hazardous Substances Incident Response Training and Education Program standards (Government Code § 8574.19 et seq.).

606.3 TRAINING REQUIREMENTS

State

HAZMAT training shall be based on the duties and functions to be performed by each member. The skill and knowledge levels required for all new members shall be conveyed to them through training before they are permitted to take part in actual emergency operations on an incident. Any member who participates or is expected to participate in an emergency response involving hazardous materials shall objectively demonstrate competency in the following areas (8 CCR 5192(q)(6)).

The California Office of Emergency Services manages the standardized statewide HAZMAT training at the California Specialized Training Institute (CSTI) (Government Code § 8574.20).

606.3.1 FIRST RESPONDER AWARENESS (FRA)

State **MODIFIED**

First responder awareness level training should be provided to all individuals who are likely to witness or discover a hazardous substance release and who have been trained to initiate an emergency response sequence by notifying the proper authorities of the release. A member with this level of training should take no further action beyond notifying the authorities of the release.

606.3.2 HAZMAT FIRST RESPONDER OPERATIONS (FRO)

State

First responder operations (FRO) level training should be provided for individuals who respond to releases or potential releases of hazardous substances as part of the initial response to the site for the purpose of protecting nearby persons, property, or the environment from the effects of the release. Members with this level of training can respond in a defensive fashion without actually

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trying to stop the release. Their function is to contain the release from a safe distance, keep it from spreading, and prevent exposures.

606.3.3 HAZMAT TECHNICIAN

State

HAZMAT technician level training should be provided to all individuals who respond to releases or potential releases of hazardous substances for the purpose of stopping the release. A member with this level of training would assume a more aggressive role by approaching the point of release in order to plug, patch, or otherwise stop the release of a hazardous substance.

606.3.4 HAZMAT SPECIALIST

State

HAZMAT specialist level training should be provided to all individuals who respond with, and provide support to, HAZMAT technicians. A member with this level of training has a more directed or specific knowledge of the various hazardous substances requiring containment. A HAZMAT specialist may also act as a site liaison to government authorities regarding site activities.

606.3.5 HAZMAT INCIDENT COMMANDER

State

HAZMAT Incident Commander level training should be provided to all individuals who could be responsible for all decisions relating to the management of a HAZMAT incident.

606.3.6 TREATMENT, STORAGE, AND DISPOSAL (TSD) FACILITIES

State

Employers conducting operations at treatment, storage, and disposal (TSD) facilities shall provide and implement the following training programs (8 CCR 5192(p)):

- (a) **New employees** - The employer shall develop and implement a training program, which is part of the employer's safety and health program, for employees exposed to health hazards or hazardous substances at TSD operations to enable employees to perform their assigned duties and functions in a safe and healthful manner so as not to endanger themselves or other employees. The initial training shall be for 24 hours, and refresher training shall be for eight hours annually. Employees who have received the initial training required by this subsection shall be given a written certificate attesting that they have successfully completed the necessary training.
- (b) **Current employees** - Employers who can show by an employee's previous work experience and/or training that the employee has had training equivalent to the initial training required by 8 CCR 5192(p)(7)(B) shall be considered to have met the initial training requirements of 8 CCR 5192(p)(7)(B) with respect to that employee. Equivalent training includes the training that existing employees may have already received from actual site work experience. Current employees shall receive eight hours of refresher training annually.
- (c) **Trainers** - Trainers who teach initial training shall have satisfactorily completed a training course for teaching the subjects they are expected to teach, or they shall have

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the academic credentials and instruction experience necessary to demonstrate a good command of the subject matter of the courses and competent instructional skills.

606.3.7 HAZMAT EMERGENCY RESPONSE PLAN

State

An emergency response plan shall be developed and implemented to handle anticipated emergencies prior to the commencement of emergency response operations. The plan shall be in writing and available for inspection and copying by employees, their representatives, and division personnel. Employers who will evacuate their employees from the danger area when an emergency occurs, and who do not permit any of their employees to assist in handling the emergency, are exempt from the requirements of 8 CCR 5192(q) if they provide an emergency action plan in accordance with 8 CCR 3220 (8 CCR 5192(q)(1)).

606.3.8 HAZMAT ANNUAL REFRESHER TRAINING

State

Members who receive an initial level of training in accordance with this policy shall receive annual refresher training of sufficient content and duration to maintain their competencies, or shall demonstrate competency in those areas at least yearly.

606.4 BASELINE PHYSICAL FOR HAZMAT TEAM MEMBERS

Federal

The federal Occupational Safety and Health Administration (OSHA) requires medical examinations and consultations be made available to members of HAZMAT teams within prescribed time periods. All members of a designated HAZMAT team shall receive medical examinations and consultations on the following schedules (29 CFR 1910.120(b)(1)(ii)(E), 8 CCR 5192(q)(9)(A)) and 8 CCR 5192(f) et seq.):

- (a) Prior to assignment
- (b) At least once every 12 months
- (c) At termination of employment or reassignment to duties not covered by this policy
- (d) As soon as possible upon notification that the employee has developed signs or symptoms indicating possible overexposure to hazardous substances or health hazards
- (e) As soon as possible upon notification that the employee has been injured or exposed above the permissible exposure limits or published exposure levels in an emergency situation.

The frequency of a member's examinations may be increased if the examining physician determines that it is medically necessary. Medical examinations should include medical and work history. Emphasis should be placed on any symptoms related to the handling of, or exposure to, hazardous substances or health hazards. Medical examinations should address fitness for

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duty, especially as it pertains to wearing personal protective equipment under conditions that may be encountered on duty. The content of medical examinations should be made available to the employee as determined by the attending physician.

606.4.1 HAZMAT MEDICAL SURVEILLANCE FOLLOWING EXPOSURE

State

Members of an organized and designated HAZMAT team and HAZMAT specialists shall receive a baseline physical examination and be provided with medical surveillance (8 CCR 5192(q)(9)(A) and 8 CCR 5192(f) et seq.).

Any emergency response member who exhibits signs or symptoms which may have resulted from exposure to hazardous substances during the course of an emergency incident, either immediately or subsequently, shall be provided with medical consultation (8 CCR 5192 (q)(9)(B)).

Accurate records of the medical surveillance required by this policy shall be retained for the duration of the employee's employment plus 30 years. This record shall contain at least the following information (8 CCR 3204(d) et seq.):

- (a) The name of the employee.
- (b) The physician's written opinions, recommended limitations, and results of examinations and tests.
- (c) Any employee medical complaints related to exposure to hazardous substances.
- (d) A copy of the information provided to the physician by the department, with the exception of district policies and OSHA standards.

606.5 TRAINING RECORDS

State

The Training Officer shall be responsible for maintaining records of all HAZMAT training provided to members. Records should include but are not limited to:

- (a) Dates of the training sessions
- (b) A list of the topics or a summary of the content of the training sessions
 - 1. Specific content required by regulation covered
 - 2. Manufacturer's recommendations (as applicable)
 - 3. Manufacturer's operations/service/maintenance manuals (as applicable)
- (c) The names or other identifiers and job titles of all members who received the training.
- (d) The names, certificate numbers, and qualifications of persons conducting the training
- (e) Demonstration that learning took place (e.g., evaluation, quiz, test)

The Training Officer should maintain the training records in accordance with established records retention schedules.

Health Insurance Portability and Accountability Act (HIPAA) Training

609.1 PURPOSE AND SCOPE

Federal

The purpose of this policy is to ensure all members receive proper training in recognizing and handling Protected Health Information (PHI), as set forth in the Health Insurance Portability and Accountability Act (HIPAA) and its implementing regulations (42 USC § 201 and 45 CFR 164.530).

609.1.1 DEFINITIONS

Federal

Definitions related to this policy include:

Health information - Information, whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan or employer and relates to a person's past, present or future physical or mental health or condition, or past, present or future payment for the provision of health care (45 CFR 160.103).

Individually identifiable health information - Health information, including demographic information, created or received by a covered entity or employer that relates an individual's past, present or future physical or mental health or condition, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual, that can either identify the individual or provide a reasonable basis to believe the information can be used to identify the individual (45 CFR 160).

Protected Health Information (PHI) - Individually identifiable health information that is created or received by a covered entity or employer. Information is protected whether it is in writing, in an electronic medium or is communicated orally (45 CFR 160).

609.2 POLICY

Federal

It is the policy of the Farmington Fire Protection District to provide HIPAA privacy training to all members as necessary and appropriate for their duties, and to apply appropriate sanctions against members who violate the privacy policies and procedures (45 CFR 164.530(b) and 45 CFR 164.530(e)).

It is also the policy of the District that no member shall be retaliated or discriminated against for filing a complaint about violations of the HIPAA regulations (45 CFR 164.530(g)).

609.3 TRAINING REQUIREMENTS

Federal

To ensure confidentiality and compliance with the HIPAA regulations, the District shall provide training to all members likely to have access to PHI. The training shall be completed for all newly

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hired members prior to them being allowed access to PHI. Training for all current members shall also occur any time material changes are made to the district's privacy policies and procedures.

The Training Officer shall be responsible for establishing a periodic schedule for retraining and a method of ensuring that all members acknowledge receipt of all HIPAA training (45 CFR 164.530(b)).

Training should include a review of the:

- (a) District's statutory obligations imposed by HIPAA.
- (b) Patient Medical Record Security and Privacy Policy , including a thorough treatment of the security procedures the District uses to protect written and electronic health information.
- (c) Methods and procedures to be used during the collection of PHI.
- (d) HIPAA-imposed statutory limitations on the dissemination of PHI to the family members of patients.
- (e) Proper procedures when responding to media requests for information regarding incidents at which the District provided medical services.
- (f) Procedures for the secure destruction of written instruments containing PHI, including handwritten field notes, pre-hospital care records or other documents containing PHI.
- (g) Approved method for transferring PHI to receiving hospitals or other receiving medical facilities.
- (h) Photography and Electronic Imaging Policy as it pertains to PHI.
- (i) District's procedures for protecting employee health information.

609.4 TRAINING RECORDS

Federal

The Training Division shall be responsible for maintaining the records of all HIPAA-related training for all members for six years (45 CFR 164.530(j)).

Vehicle Inspections, Testing, Maintenance, and Security

702.1 PURPOSE AND SCOPE

Best Practice

The purpose of this policy is to establish guidelines for the testing, inspection, repair maintenance, and security of district vehicles.

702.1.1 DEFINITIONS

State MODIFIED

Definitions related to this policy include:

Ambulance ~~→ A vehicle specially designed to respond to medical emergencies and used to provide acute medical care and transport the sick and injured (13 CCR § 1100.2). The vehicle shall comply with state and local laws and be equipped with the following:~~

- (a) Emergency warning devices
- (b) Telecommunications equipment
- (c) A stretcher, including linens
- (d) Emergency medical supplies and equipment, including oxygen

EMS first response vehicle (fly car) ~~→ An emergency vehicle that is equipped with emergency medical equipment and is staffed by medical personnel but does not have patient transporting capabilities.~~

Fire apparatus - Any district vehicle that is designed to be used under emergency conditions to transport personnel and equipment and support the suppression of fires and mitigation of other hazardous situations, including but not limited to vehicles equipped with (13 CCR § 157.00):

- Specialized rescue tools and appliances.
- Air refill capability.
- Pump (portable or mounted).
- Hose.
- Water tank (internal, mounted, or trailered).
- Ground ladders.
- Hydraulic aerial ladder, platform, or tower.

In-reserve - Any vehicle that, while not currently staffed, is ready for service or deployment as needed, regardless of whether it is fully equipped with tools and equipment.

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In-service - Any vehicle that is either staffed or cross-staffed by members of the Fire Operations Division or that is pre-positioned to be readily available to on-duty Fire Operations personnel for calls for service (e.g., airport rescue or firefighting apparatus).

Staff vehicles - Passenger vehicles modified for emergency response or administrative use.

Vehicle - Any motorized means of conveyance owned or leased by the Farmington Fire Protection District and used for district business.

702.2 POLICY

Best Practice

It is the policy of the Farmington Fire Protection District that all vehicles comply with the applicable federal and state vehicle operating criteria .

702.3 INSPECTIONS GENERALLY

Best Practice

The Fire Chief shall identify members qualified to perform inspections. Vehicles should be inspected daily by qualified members using a checklist to identify:

- (a) Compliance with applicable provisions of state law and National Fire Protection Association (NFPA) 1910.
- (b) Compliance with applicable provisions of state law and California Department of Public Health regulations for ambulances.
- (c) Equipment that should be available.
- (d) Reasonably identifiable maintenance issues.
- (e) Fuel level.
- (f) Professional appearance.
- (g) That equipment is properly stowed and secured.

Vehicles that are out of service for testing, maintenance, or repair need not be inspected until they are returned to an in-service or in-reserve status.

The Fire Chief shall identify members qualified to perform inspections.

702.3.1 DAILY INSPECTIONS

Best Practice **MODIFIED**

Operators of fire apparatus, EMS first response vehicles, and ambulances are responsible for conducting a daily inspection of their assigned vehicles. The inspection list should be established by the District and include all the items and provisions identified to help ensure safe operational status. An inspection list is detailed in the current version of the California Commercial Driver Handbook or in the applicable sections of NFPA 1010 and 1910. The daily inspection list shall be approved by the Fire Chief.

When an apparatus becomes inoperative or in need of a repair that affects safe operation, it shall be immediately removed from service.

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Vehicle Inspections, Testing, Maintenance, and Security

Members who are assigned staff vehicles are responsible for the inspection and daily maintenance of their assigned vehicles. Daily maintenance should include checking and maintaining engine and transmission fluids, checking and maintaining tire inflation pressure, monitoring tire wear, and any other inspection needed to help ensure the cleanliness and safe operation of the vehicle.

When a vehicle becomes inoperative or in need of a repair that affects safe operation, the Company Officer shall be immediately notified. Based on the determination of the Company Officer, if the vehicle cannot be used in a safe manner, it shall be immediately removed from service.

A vehicle shall be considered unsafe and placed out of service if deficiencies are detected in one or more of the following areas:

- Brake system
- Cab and/or body mounting
- Steering
- Door latches
- Suspension
- Seat belts
- Wheels or tires
- Windshield, windshield wipers, or defroster
- Throttle
- Transmission or driveline

~~Additionally, ambulances shall be considered unsafe and placed out of service if deficiencies are detected in any of the following areas:~~

- ~~(a) On-board oxygen delivery system~~
- ~~(b) Patient stretcher~~
- ~~(c) Patient stretcher straps~~
- ~~(d) Patient stretcher retention mechanism~~
- ~~(e) HVAC system~~

Other deficiencies may or may not require a vehicle to be placed out of service. Any safety-related deficiency that does not require the vehicle to be taken out of service shall be repaired as quickly as possible.

702.3.2 MONTHLY INSPECTIONS

Best Practice

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Vehicle Inspections, Testing, Maintenance, and Security

Members also are responsible for completing a monthly inspection and equipment inventory for each assigned vehicle and documenting it on the appropriate inspection form. When completed, the form should be forwarded to the Fire Chief in the member's chain of command.

702.3.3 TESTING AND REPAIR

Best Practice

Pumps, aerial devices, and all other systems on fire apparatus shall be tested as specified in the applicable sections of NFPA 1910.

All repairs and preventive maintenance to apparatus shall be made by personnel deemed qualified by the registered owner of the apparatus.

702.4 VEHICLE CLEANING

Best Practice

At the beginning of each shift, vehicles should be inspected for cleanliness. Patient and crew spaces should be cleaned, including but not limited to:

- (a) Trash removed and disposed of properly.
- (b) Windows cleaned.
- (c) Interior surfaces wiped or sprayed with disinfectant, as appropriate.
- (d) Exterior of the vehicle washed, as appropriate.

702.5 VEHICLE SECURITY

Best Practice **MODIFIED**

~~ambulances, EMS first response vehicles, District~~ and staff vehicles shall be locked when not parked inside a secure district facility or otherwise unattended.

702.6 RECORDS

Best Practice

Equipment testing records should be maintained in accordance with the Records Management Policy.

Use of District Vehicles

703.1 PURPOSE AND SCOPE

Best Practice

The purpose of this policy is to establish the procedures for the off-duty use of district take-home vehicles. The use of take-home vehicles is an essential component of the district's recall program, which ensures resources are available in the event of an emergency or critical incident. To facilitate faster response to recalls or for other legitimate district needs, members may be allowed to take district vehicles home. These vehicles provide the means to respond directly to an incident without first diverting to a fire station to retrieve a vehicle and/or needed equipment.

703.1.1 DEFINITIONS

Best Practice

Definitions related to this policy include:

Take-home vehicle - A vehicle owned by the District that is authorized for commuting between work and home and/or off-duty use. District vehicles secured at a location other than the member's assigned work location for the purpose of shortening a member's commute shall also be considered take-home vehicles.

703.2 POLICY

Best Practice

It is the policy of the Farmington Fire Protection District to authorize take-home vehicles for members under certain specific conditions:

- **Emergency recall** - A member's assignment requires immediate response during off-duty hours to other than the member's normal work location to handle an emergency action.
- **Investigative recall** - A member's assignment requires timely response during off-duty hours to other than the member's normal work location to handle a fire investigation.
- **Maintenance use** - A member's assignment routinely necessitates transporting and/or housing a vehicle or resource owned by the District.

The assignment of take-home vehicles is at the sole discretion of the Fire Chief or the authorized designee and is subject to change without notice.

703.3 PROCEDURE

Best Practice

District members authorized to use take-home vehicles must adhere to the following guidelines. District members may use the vehicle to:

- Commute between their residence and workplace.

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- Conduct legitimate district-related business that occurs outside normal working hours, including, but not limited to, attendance at special meetings and recall to duty.
- Firefighters authorized to use take-home vehicles are to monitor the radio whenever they are operating the vehicle. They are to make appropriate notification or take appropriate action on any fire-related matter that may come to their attention via the radio or through personal observation.
- District members are prohibited from driving district vehicles any time their driving ability may be impaired by prescription or non-prescription drugs or alcoholic beverages.
- Passengers must be those required for district business unless otherwise authorized by the Fire Chief.
- District take-home vehicles are to be left at a fire facility during vacations or other period of leave in excess of seven days.
- District members shall not relinquish control of, nor allow any person to operate district vehicles if that person is not a member of the District, except in the case of an emergency where the member is unable to drive him/herself.
- District members should not use district vehicles for personal errands or business, except for minor deviations from official business for personal reasons and with the approval of the member's supervisor and within the district's jurisdiction.

Take-home vehicles authorized as part of a management compensation package may be used for personal business only if authorized by the Fire Chief.

703.3.1 ASSIGNED VEHICLE AGREEMENT

Discretionary

Members who are assigned a take-home vehicle shall be required to sign an assigned vehicle agreement stating the vehicle has been assigned for a member's use within the job assignment and may be used to transport the member to and from his/her residence for work-related purposes. The agreement will also specify where the vehicle shall be parked when the member is not on-duty.

The agreement will require the member to be responsible for the vehicle's care and maintenance. The District will provide necessary care/maintenance supplies.

The agreement shall state that the member agrees to comply with this policy.

703.3.2 VEHICLES SUBJECT TO INSPECTION

Discretionary

All district-owned vehicles are subject to inspection and/or search at any time by a supervisor. No member assigned to or operating such a vehicle shall be entitled to any expectation of privacy with respect to the vehicle or its contents.

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Use of District Vehicles

703.3.3 VEHICLE SECURITY

Discretionary

Take-home vehicles shall be subject to the following criteria:

- (a) Off-street parking shall be available at the member's residence.
- (b) Vehicles shall be locked when not attended.
- (c) Investigators with peace officer powers shall secure any firearm in the lockbox in the trunk or inside the residence when the vehicle is not attended.

703.3.4 ACCESSORIES AND/OR MODIFICATIONS

Discretionary

No modifications, additions or deletions of any equipment or accessories shall be made to district vehicles without written permission from the designated vehicle manager.

703.3.5 TOLL ROAD USAGE

Discretionary

Members responding to an emergency or incident on the toll roads, while on-duty, are exempt from paying the toll. All members passing through a toll plaza or booth during a response to an emergency shall draft a memo to the Fire Chief within two working days explaining the circumstances.

Commuting, or returning to the station after an emergency does not qualify for this exemption and members operating district-owned vehicles are responsible for the toll charge. All members operating a take-home vehicle off-duty on a toll road shall pay all appropriate toll charges.

Information Technology Use

704.1 PURPOSE AND SCOPE

Best Practice

The purpose of this policy is to provide guidelines for the proper use of district information technology resources, including computers, electronic devices, hardware, software and systems.

704.1.1 DEFINITIONS

Best Practice

Definitions related to this policy include:

Computer system - All computers (on-site and portable), hardware, software, and resources owned, leased, rented or licensed by the Farmington Fire Protection District that are provided for official use by members. This shall include all access to, and use of, Internet Service Providers (ISP) or other service providers provided by or through the District or district funding.

Hardware - Includes, but is not limited to, computers, computer terminals, network equipment, electronic devices, telephones including cellular and satellite, pagers, modems or any other tangible computer device generally understood to comprise hardware.

Software - Includes, but is not limited to, all computer programs, systems and applications, including shareware. This does not include files created by the individual user.

Temporary file, permanent file or file - Any electronic document, information or data residing or located, in whole or in part, on the system, including, but not limited to, spreadsheets, calendar entries, appointments, tasks, notes, letters, reports or messages, photographs or videos.

704.2 POLICY

Best Practice

Farmington Fire Protection District members shall use information technology resources, including computers, software and systems, that are issued or maintained by the District in a professional manner and in accordance with this policy.

704.3 RESTRICTED USE

Best Practice

Members shall not access computers, devices, software or systems for which they have not received prior authorization or the required training. Members shall immediately report unauthorized access or use of computers, devices, software or systems by another member to their supervisor or Fire Chief.

Members shall not use another person's access passwords, logon information and other individual security data, protocols and procedures unless directed to do so by a supervisor.

704.3.1 SOFTWARE

Best Practice

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Information Technology Use

Members shall not copy or duplicate any copyrighted or licensed software except for a single copy for backup purposes, in accordance with the software company's copyright and license agreement.

To reduce the risk of a computer virus or malicious software infection, members shall not install any unlicensed or unauthorized software on any district computer. Members shall not install personal copies of any software on any district computer. Any files or software that a member finds necessary to install on district computers or networks shall be installed only with the approval of district information systems technology (IT) staff and only after being properly scanned for malicious attachments.

No member shall knowingly make, acquire or use unauthorized copies of computer software that is not licensed to the District while on district premises, computer systems or electronic devices. Such unauthorized use of software exposes the District and involved members to severe civil and criminal penalties.

Introduction of software by members should only occur as a part of the automated maintenance or update process of district- or District-approved or installed programs by the original manufacturer, producer or developer of the software. Any other introduction of software requires prior authorization from IT staff.

704.3.2 HARDWARE

Best Practice

Access to technology resources provided by or through the District shall be strictly limited to district-related activities. Data stored on or available through district computer systems shall only be accessed by authorized members who are engaged in an approved district-related project or program or who otherwise have a legitimate district-related purpose to access such data. Any exceptions to this policy must be approved by a supervisor.

704.3.3 INTERNET USE

Best Practice

Internet access provided by or through the District shall be strictly limited to district-related activities. Internet sites containing information that is not appropriate or applicable to district use and which shall not be intentionally accessed include, but are not limited to, adult forums, pornography, gambling, chat rooms, and similar or related Internet sites. Certain exceptions may be permitted with the express approval of a supervisor as a function of a member's assignment.

Downloaded information from the Internet shall be limited to messages, mail and data files.

704.3.4 OFF-DUTY USE

Best Practice

Members shall only use technological resources related to their job while on-duty or in conjunction with specific on-call assignments unless specifically authorized by a supervisor. This includes the use of telephones, cell phones, texting, email or any other "off-the-clock" work-related activities.

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Information Technology Use

704.3 PROTECTION OF SYSTEMS AND FILES

Best Practice

All members have a duty to protect the computer system and related systems and devices from physical and environmental damage and are responsible for the correct use, operation, care and maintenance of the computer system.

Members shall ensure district computers and access terminals are not viewable by persons who are not authorized users. Computers and terminals should be secured, users logged off and password protections enabled whenever the user is not present. Access passwords, logon information and other individual security data, protocols and procedures are confidential information and are not to be shared. Password length, format, structure and content shall meet the prescribed standards required by the computer system or as directed by a supervisor and shall be changed at intervals as directed by IT staff or a supervisor.

It is prohibited for a member to allow an unauthorized user to access the computer system at any time or for any reason. Members shall promptly report any unauthorized access to the computer system or suspected intrusion from outside sources (including the Internet) to a supervisor.

704.3 PRIVACY EXPECTATION

State

Members forfeit any expectation of privacy with regard to emails, texts, or anything published, shared, transmitted, or maintained through file-sharing software or any Internet site that is accessed, transmitted, received, or reviewed on any district technology system.

The District reserves the right to access, audit, and disclose, for whatever reason, any message, including attachments, and any information accessed, transmitted, received, or reviewed over any technology that is issued or maintained by the District, including the district email system, computer network, or any information placed into storage on any district system or device. This includes records of all keystrokes or Web-browsing history made at any district computer or over any district network. The fact that access to a database, service, or website requires a username or password will not create an expectation of privacy if it is accessed through district computers, electronic devices, or networks.

The District shall not require a member to disclose a personal username or password for accessing personal social media or open a personal social website; however, the District may request access when it is reasonably believed to be relevant to the investigation of allegations of work-related misconduct (Labor Code § 980).

704.3 INSPECTION OR REVIEW

Best Practice

A supervisor or the authorized designee has the express authority to inspect or review the computer system, all temporary or permanent files, related electronic systems or devices, and any contents thereof, whether such inspection or review is in the ordinary course of his/her supervisory duties or based on cause.

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Information Technology Use

Reasons for inspection or review may include, but are not limited to, computer system malfunctions, problems or general computer system failure, a lawsuit against the District involving one of its members or a member's duties, an alleged or suspected violation of any district policy, a request for disclosure of data, or a need to perform or provide a service.

The IT staff may extract, download or otherwise obtain any and all temporary or permanent files residing or located in or on the district computer system when requested by a supervisor or during the course of regular duties that require such information.

Photography And Electronic Imaging

709.1 PURPOSE AND SCOPE

Federal

The purpose of this policy is to authorize district members to utilize photography and electronic imaging to document incidents while also protecting the privacy of citizens and ensuring district compliance with the mandates of the Health Insurance Portability and Accountability Act (HIPAA).

This policy establishes legal ownership of all photographs and electronic images collected by district members, establishes the parameters for the types of incidents, subjects, and activities that may be photographed or electronically imaged, and establishes restrictions on the use of such photographs and electronic images.

This policy does not apply to media captured through the use of body-worn cameras (see the Body-Worn Cameras Policy).

709.2 POLICY

Federal

It is the policy of the Farmington Fire Protection District to authorize members to utilize photography and electronic imaging to document incidents and district activities that are subject to compliance with specific regulations, conditions, restrictions, and guidelines.

The use of photography or electronic imaging of medical patients, injured victims, or other people who are medically evaluated or treated by district members must also comply with the requirements of HIPAA.

The Farmington Fire Protection District shall respect the privacy rights established in the state and federal constitutions.

709.3 OWNERSHIP AND COMMERCIAL USE OF PHOTOGRAPHS AND ELECTRONIC IMAGES

Federal

All photographs and electronic images taken by district members while on-duty or acting in an official capacity are the sole property of the District and may not be sold, transferred for commercial use, bartered, or otherwise distributed for profit by any member of the District without the express prior approval of the Fire Chief (17 USC § 201).

709.4 AUTHORIZED USE OF PHOTOGRAPHY AND ELECTRONIC IMAGING

Best Practice

709.4.1 NON-INCIDENT EVENTS

Best Practice **MODIFIED**

Photography and electronic imaging may be utilized by district members for non-incident events, including:

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- (a) Documentation of district training events, exercises, lectures, classes, or activities, and all fire academy-related activities.
- (b) Documentation of internal district events and activities, such as promotional ceremonies, member recognition or award presentations, meetings, seminars, workshops, and other activities involving district members.
- (c) Documentation of public events, such as safety seminars, fire station open house events, Fire Prevention education events and activities, school safety presentations, and club or service organization events.
- (d) Documentation of all district vehicles, apparatus, tools and equipment, facilities, and other district-owned property.
- (e) Creating and maintaining a photo/image bank depicting all district members.
- (f) Documentation of all buildings, structures, facilities, infrastructure components, landmarks, and recreational areas within the district's jurisdiction for later use in disaster mitigation, recovery, and cost-recovery efforts.
- (g) To document any condition, activity, or event related to the district's code enforcement responsibilities.
- (h) To document inspections, code compliance activities, or any other activity of Fire Prevention.
- (i) Unless prohibited elsewhere in this policy, to document any district activity for future use in training.
- (j) For any other purpose authorized by the Fire Chief or designee.

709.4.2 INCIDENT-RELATED EVENTS

Best Practice

Photography and electronic imaging may be utilized by district members at incident scenes, including:

- (a) Documentation of the conditions on arrival and during suppression activities at any fire incident.
- (b) Documentation of fire, smoke, water, structural collapse, or any other damage or conditions resulting from any fire or fire-related event.
- (c) Documentation of people at the scene of a fire or a fire-related incident for the purpose of future investigation.
- (d) Documentation of anything of evidentiary value found at a fire or incident scene where any type of investigation may be initiated.
- (e) Documentation of the location, position, trauma, injuries, or any other factor of investigative interest related to deceased victims at a fire or fire-related incident or other incidents.
- (f) Documentation of the condition of vehicles, apparatus, bicycles, or other items involved in collisions, accidents, entrapments, or other rescue or medical events.
- (g) Documentation of the extrication of trapped individuals in any rescue situation.

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- (h) Documentation of the cause, location, extent, severity, and nature of traumatic injuries of patients at the scene. These images may be transferred to the receiving physician, nurse, or other authorized representative who assumes medical care for the patient.
- (i) Documentation of all aspects of any incident involving hazardous materials.
- (j) Documentation of severe weather events, including any damage, injuries, or fatalities caused by such events.
- (k) Documentation of any other event, situation, or activity as deemed appropriate and necessary by the Incident Commander of any event.

709.5 PROHIBITED USE OF PHOTOGRAPHY OR ELECTRONIC IMAGING

Best Practice

District members are prohibited from using photography or electronic imaging except as permitted in this policy.

Prohibited use of photography or electronic imaging shall include but is not limited to:

- (a) Photographs and/or electronic images may not be taken, transmitted, or used in violation of any HIPAA regulation.
- (b) Photographs and/or electronic images may not be taken, transmitted, or used for personal purposes.
- (c) Unless requested by the receiving hospital or controlling medical authority or deemed necessary for the future treatment of the patient, no photographs or electronic images should be taken inside a private residence during a non-traumatic medical aid incident.
- (d) Unless requested by the receiving hospital or controlling medical authority or deemed necessary for the future treatment of the patient, no photographs or electronic images should be taken of a minor (under 18 years of age) patient resulting from a medical aid response.
- (e) Unless requested by the receiving hospital or controlling medical authority or deemed necessary for the future treatment of the patient, no photographs or electronic images depicting patient genitalia or the exposed breasts of female patients should be taken by district members.
- (f) Unless requested by the receiving hospital or controlling medical authority or deemed necessary for the future treatment of the patient, no photograph or electronic image should be taken of a patient being treated by district members if the person expresses or indicates that they do not wish to be photographed. In the event that the need arises to take a photograph or electronic image of a medical patient against the patient's wishes, the medical need for taking the image will be explained to the patient with a witness present. Details regarding the need for the photograph or electronic image, the explanation provided to the patient, and the identity of the witness present shall be included in a Patient Care Report and/or incident report for the response.

Patient Medical Record Security and Privacy

803.1 PURPOSE AND SCOPE

Federal

The purpose of this policy is to establish appropriate administrative, technical, and physical safeguards for patient medical records and to provide reasonable safeguards against prohibited uses and disclosures of protected health information (PHI) in accordance with federal and state law, to include the following:

- Health Insurance Portability and Accountability Act (HIPAA) (42 USC § 201 et seq.)
- California Confidentiality of Medical Information Act (CMIA) (Civil Code § 56 et seq.)
- Health and Safety Code § 1797.220
- Health and Safety Code § 1798

803.1.1 DEFINITIONS

Federal

Definitions related to this policy include:

Health information - Any information, whether oral or recorded in any form or medium, that is created or received by the District and relates to a person's past, present, or future physical or mental health or condition, or past, present, or future payment for the provision of health care to a person (45 CFR 160.103).

Individually identifiable health information - Health information, including demographic information, created or received by the District that relates to an individual's past, present, or future physical or mental health or condition, the provision of health care to the individual, or the past, present, or future payment for the provision of health care to an individual that can either identify the individual or provide a reasonable basis to believe the information can be used to identify the individual (45 CFR 160.103).

Limited data set - PHI that excludes the following direct identifiers of an individual or of relatives, employers, or household members of the individual (45 CFR 164.514(e)):

- Names
- Postal address information, other than town or city, state, and ZIP code
- Telephone or fax numbers
- Email addresses
- Social Security numbers
- Medical record numbers
- Health plan beneficiary numbers
- Account numbers

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- Certificate or license numbers
- Vehicle identifiers and serial numbers, including license plate numbers
- Device identifiers and serial numbers
- Web Universal Resource Locators (URLs)
- Internet Protocol (IP) address numbers
- Biometric identifiers, including finger and voice prints
- Full-face photographic images and/or any comparable images

Patient medical records - District records or data containing any information identifying a patient. However, media recorded by district body-worn cameras is for quality assessment and improvement purposes, not patient care, and therefore is not part of a patient's medical records.

Protected health information (PHI) - Individually identifiable health information that is created or received by the District. Information is protected whether it is in writing, in an electronic form, or communicated orally (45 CFR 160.103).

Protected personal information (PPI) - Information that includes but is not limited to PHI, pictures or other forms of voice or image recording, patient address, telephone numbers, Social Security number, date of birth, age, or any other information that could be reasonably used to uniquely identify the patient or that could result in identity theft if released for unauthorized purposes or to unauthorized personnel. This includes an individual's immigration status as provided in Civil Code § 56.05.

803.2 POLICY

Federal

It is the policy of the District to reasonably safeguard PHI and comply with the HIPAA and the implementing regulations through the use of policy and procedures, system access security and passwords, and limited physical access to hard copy files (45 CFR 164.530(c)).

803.3 RESPONSIBILITIES

Federal

Members shall protect the security, confidentiality, and privacy of all patient medical records in their custody at all times.

Possessing, releasing, or distributing PPI, including for unauthorized purposes, is prohibited and may violate the HIPAA and/or other applicable laws. Members who have not received district training on the proper handling of these records shall not access patient medical records.

Members with occupational access to patient medical records shall be trained in the proper handling of PHI in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Training Policy and shall reasonably ensure that no unauthorized person shall have access to PHI without the valid authorization of the patient, except as provided by law (45 CFR 164.530(b); 45 CFR 164.512; Welfare and Institutions Code § 5328(24)).

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Patient Medical Record Security and Privacy

803.4 PRIVACY OFFICER

Federal

The Fire Chief shall designate a privacy officer who is responsible for all matters relating to the privacy of patient medical information, including PHI. The privacy officer shall (45 CFR 164.530):

- (a) Identify who may have access to PPI and PHI.
- (b) Resolve complaints under the HIPAA.
- (c) Mitigate to the extent practicable any harmful effects known to the District regarding any use or disclosure of PHI in violation of this policy or the HIPAA regulations.
- (d) Ensure members are trained in the proper handling of PHI in accordance with the Health Insurance Portability and Accountability Act (HIPAA) Training Policy.
- (e) Ensure technical and physical safeguards are implemented to maintain security and confidentiality of PHI and to allow access to PHI only to those persons or software programs that have been granted access rights.

803.5 PROCEDURE

Federal

Records containing PHI or PPI, including Pre-Hospital Care Reports (PCRs), shall be kept out of view unless the report is being completed during an incident, during input of information into the National Emergency Response Information System (NERIS), or during processing or review at Farmington Fire Protection District facilities by authorized personnel (45 CFR 164.530(c)).

803.6 SECURITY

Federal

All patient records containing PHI or PPI shall be kept secure at all times whether the record is in written, verbal, electronic, or any other visual or audible format (45 CFR 164.306(a)).

Documents provided by a patient or caregiver will receive the same level of confidentiality and security as district records during the time district personnel retain possession of the documents.

No patient record, including documents and electronic images containing PHI, shall be visible to the public.

803.6.1 ELECTRONIC PHI SECURITY

Federal

All computer workstations and servers within the District shall require appropriate security measures, such as user identification and login passwords, to access electronic documents, including electronic PHI (45 CFR 164.308(a)(5)).

Members with access to electronic data shall lock their workstations when left unattended and shall shut down their workstations when leaving for the day to prevent unauthorized access to electronic PHI (45 CFR 164.310; 45 CFR 164.312).

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Remote access to district computer workstations requires that appropriate security measures be provided for access to PHI (45 CFR 164.312).

PHI may be transmitted electronically, provided the transmission occurs through a secure process that allows end-to-end authentication and the recipient is authorized to receive the information. Electronic transmission consists of email, file transfer protocol, internet web posting, and any configurable data stream. End-to-end authentication is accomplished when the electronic referral does not leave a secure network environment and the recipient is known, or when encryption and authentication measures are used between sender and recipient, thus verifying full receipt by the recipient. Any electronic PHI traveling outside a secure network environment, via the internet, requires encryption and authentication measures (45 CFR 164.312(e)).

803.6.2 HARD COPIES

Federal

Hard copies of PCRs shall be kept in a secured area when unattended by authorized personnel. An area of the District is considered unattended when members are physically outside of the area and unable to maintain record security. This includes but is not limited to breaks, lunch, and meetings outside the District.

Hard copies of PCRs should be stored in a locked area whenever practicable for ease of record retention and retrieval.

Patient records shall not be removed from the District without express authorization from the Custodian of Records.

803.7 PHI RECORD REQUESTS

Federal

The following procedures apply to PHI record requests:

- (a) Requests and subpoenas for copies of patient records shall be processed by the Custodian of Records.
- (b) The Custodian of Records or the authorized designee shall not release records containing PHI without a properly completed authorization to release medical records that is signed by the patient or legal representative of the patient.
 1. Verification that the person completing the authorization is the patient or the legal representative of the patient shall be made with government-issued identification and documentation (45 CFR 164.508(c)).
- (c) Unless the request for records is from the patient or the parent of a minor patient, PHI shall be redacted from the record. A photocopy of the record shall be distributed to the requestor.
- (d) Requests for records via a valid subpoena do not require that PHI be redacted.
- (e) Fulfilled records requests shall be placed in a sealed envelope for release to the requestor.

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- (f) A full copy of the valid subpoena or authorization to release medical records form shall be maintained in the file with the PCR.

803.7.1 PROHIBITED DISCLOSURES OF PHI AND PPI

Federal

The District shall not use or disclose PHI or PPI without authorization. Prohibited disclosures include any form of communication, except as permitted in this policy, including but not limited to (45 CFR 160.103):

- (a) PHI or PPI contained in email or other forms of written communication.
- (b) Sharing of PHI or PPI on any website, blog, or other form of social or public media.
- (c) Verbal discussions.
- (d) The use of any imaging device capable of capturing and storing still or moving images, such as digital or other cameras, video cameras, cellular telephones with picture-taking or video-recording capability, or any other device with picture-taking or video-recording capability, while engaged in patient care, while at the scene of a medical emergency or hospital, or at any time when such use could reasonably be expected to result in the inappropriate capture of PHI or PPI.

803.7.2 PERMITTED DISCLOSURES OF PHI AND PPI

Federal

The Custodian of Records may release records containing PHI or PPI without authorization from the patient under any of the following circumstances:

- (a) For the district's use to carry out treatment, payment, or health care operations (45 CFR 164.506)
- (b) Where the PHI is requested pursuant to a valid subpoena or court order (45 CFR 164.512(e))
- (c) Where the PHI is part of a limited data set (45 CFR 164.514(e))
- (d) Where the PHI is used for public health activities authorized by law, including when the information is necessary to report child abuse or neglect (45 CFR 164.512(b))
- (e) Where the PHI is disclosed to a government authority because the person is believed to be a victim of abuse, neglect, or domestic violence (45 CFR 164.512(c))
- (f) To law enforcement as provided in this policy (45 CFR 164.512(f))
- (g) Where the District believes that disclosure of the information is necessary to avert a serious threat to the health or safety of a person or the public (45 CFR 164.512(j))
- (h) Where the PHI is required for workers' compensation purposes (45 CFR 164.512(l))

803.7.3 REQUIRED DISCLOSURES

Federal

The District must disclose PHI when:

- (a) The PHI is requested by and provided to the individual to whom the PHI belongs (45 CFR 164.502(a)(2)).

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- (b) The information is required by the U.S. Secretary of Health and Human Services to investigate compliance with HIPAA (45 CFR 164.502(a)(2)).

803.7.4 SUBPOENAS

Federal

Records containing PHI or PPI will be disclosed only if one of the following is present (45 CFR 164.512(e)(1)):

- (a) A court order or subpoena signed (or stamped) by a judge that requires no additional assurances or notification to the individual whose records are requested.
- (b) A subpoena or discovery order signed by an attorney which requires additional proof of service that written notification has been given to the individual whose records are requested. In such a case, the subpoena or discovery order must be accompanied by one of the following:
 - 1. A qualified protective order.
 - 2. A notice to consumer (Code of Civil Procedure § 1985.3) or a declaration by the requesting party showing that reasonable efforts have been made to ensure that notice has been provided to the individual whose records are being requested.
 - (a) No records relating to the person named in the notice will be produced until the time to respond to the notice has lapsed and no objections to the production of the materials requested have been made. If a notice to consumer is not provided, the declaration must establish that:
 - 1. The requesting party has made a good faith effort to provide written notice to the individual.
 - 2. The notice includes sufficient information about the litigation or proceeding for which the PHI is requested to allow the individual to raise an objection.
 - 3. The time for the individual to raise objections to the court or tribunal has elapsed.
 - 4. No objections were filed or all objections have been resolved.
 - (b) In lieu of a declaration, records may be released if there is a court order or a stipulation by the parties to the litigation that both (45 CFR 164.512(e)(1)(v)):
 - 1. Prohibits the parties from using or disclosing the PHI for any purpose other than the litigation or proceeding for which such information was requested.
 - 2. Requires the return to the District or destruction of the PHI (including all copies made) at the end of the litigation or proceeding.

803.7.5 RELEASE OF PHI TO LAW ENFORCEMENT

Federal

The release of PHI to a law enforcement agency is permitted under the following circumstances:

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- (a) In response to a law enforcement officer who completes the district's release of PHI to law enforcement form and requires the PHI (45 CFR 164.512(f)(1)):
 - 1. To report certain types of wounds or other physical injuries.
 - 2. In compliance with a court order or court-ordered warrant, a subpoena or summons, a grand jury subpoena, or an administrative request.
- (b) In response to a law enforcement officer who completes the district's release of PHI to law enforcement form for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person. In such a case, the District may only disclose the following PHI (45 CFR 164.512(f)(2)):
 - 1. Name and address
 - 2. Date and place of birth
 - 3. Social Security number
 - 4. ABO blood type and Rh factor
 - 5. The character and extent of injuries
 - 6. Date and time of treatment
 - 7. Date and time of death, if applicable
 - 8. A description of distinguishing physical characteristics

803.8 INDIVIDUAL RIGHTS

Federal

The privacy officer is responsible for ensuring the District complies with all of the following rights of patients:

- (a) The right to request restrictions on certain uses and disclosures of PHI (45 CFR 164.522(a))
- (b) The right to receive their PHI confidentially (45 CFR 164.522(b))
- (c) The right to inspect and copy their PHI (45 CFR 164.524)
- (d) The right to request amendments to their PHI (45 CFR 164.526)
- (e) The right to receive an account of disclosures of PHI (45 CFR 164.528)

803.8.1 PHI AMENDMENT REQUESTS

Federal

Patients have the right to review their PHI records and, if necessary, request that amendments be made. A patient must make a request in writing to have their medical record amended. Included in the request must be the patient's account of the incident and what specific amendment is being requested (45 CFR 164.526(b)(1)).

The privacy officer has the authority to deny the request for amendment where the PHI (45 CFR 164.526(a)(2)):

- (a) Was not created by the District.

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- (b) Is not part of the designated record.
- (c) Is not available for inspection by the requestor pursuant to 45 CFR 164.524.
- (d) Is accurate and complete.

Within 60 days of receipt of the request for amendment, the privacy officer must provide the basis for its denial in writing or, in the case that the request is approved, provide notice of approval (45 CFR 164.526(b)(2)).

The time for response may be extended for up to 30 days with a written statement to the requestor identifying the reasons for the delay and the date by which the action will be completed (45 CFR 164.526(b)(2)).

Apparatus / Vehicle Backing

905.1 PURPOSE AND SCOPE

Best Practice

The purpose of this policy is to help members avoid the dangers inherent to vehicle backing operations and reduce the high incidence of firefighter injuries and fatalities.

905.1.1 DEFINITIONS

Best Practice

Definitions related to this policy include:

Apparatus - Any district vehicle that is designed and equipped to support firefighting and rescue operations, including those equipped with an aerial ladder, elevating platform or water tower that may position members, handle materials, provide continuous egress or discharge water at positions elevated from the ground.

Driver - The member charged with driving the vehicle or apparatus. This member is in control of the vehicle or apparatus and therefore is responsible for its movement.

Officer - The member responsible for the operation of the vehicle or apparatus and its personnel.

Spotter - A member designated to direct the driver while backing up the vehicle or apparatus. This position may be referred to as a back-up person.

Vehicle - Any automobile or light utility vehicle owned or leased by the Farmington Fire Protection District and used for department business.

905.2 POLICY

Best Practice

It is the policy of the Farmington Fire Protection District that operators, when feasible, will drive around the block rather than backing an apparatus or vehicle. Hose lines shall be picked up by driving forward over the hose rather than backing.

905.3 OFFICER AND DRIVER RESPONSIBILITIES

Best Practice

Firefighter safety is extremely important. Backing operations are the most common cause of fire service vehicle collisions. Training and awareness of the potential dangers of backing operations is anticipated to reduce the incidence of firefighter injuries and fatalities.

Before backing-up an apparatus or vehicle, all potential backing-up impediments should be reviewed to ensure that obstructions are clear to avoid a collision.

The officer is responsible for deploying spotters when backing-up or as necessary to allow the safe movement of an apparatus.

The driver should not move the vehicle or apparatus until the spotters have been deployed in a backing-up situation.

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If the driver loses sight of the spotter, the member shall stop apparatus until the spotter is back in sight.

If more than one spotter is being used, the driver will need to maintain contact with both spotters. This means shifting attention from one spotter to another frequently so as to safely move the apparatus, while maintaining the safety of the spotters. This will require the apparatus to be moving at a slower than normal rate.

If at any time the driver feels that the situation is not safe, he/she should stop the vehicle or apparatus until the situation is corrected. This may mean getting out and physically walking around the apparatus or down the road in the direction the apparatus is headed.

905.4 SPOTTER RESPONSIBILITIES

Best Practice

Spotters are generally used when backing-up large vehicles or fire apparatus.

Voice communication between the spotter and driver is good, but the driver may not hear the spotter over the noise of the vehicle or apparatus and other background noise. The use of portable radios to communicate between the spotter and driver may prove beneficial in certain circumstances. The spotters, the driver and the officer should maintain radio contact as well as eye contact.

In congested or tight areas, one spotter may be needed at the rear and one at the front of the vehicle being moved either forward or backward. Spotters should also be used when going forward in tight areas.

Spotter responsibilities include, but are not limited to, the following:

- (a) Be constantly aware of the surroundings while performing this function.
- (b) Look and listen for other vehicles and people that may enter the path of the vehicle or apparatus that is backing up.
- (c) Stop any oncoming hazard or stop the vehicle or apparatus being backed-up.
- (d) Be aware of objects in the path of the vehicle or apparatus and direct the driver safely around them.
- (e) Be attentive to ground level obstructions as well as overhead hazards (e.g., tree branches, wires, signs, canopies, ladders).
- (f) Maintain visual contact with the driver at all times.
- (g) Be in the line-of-sight of the mirrors of the vehicle or apparatus being backed-up at all times.
- (h) Illuminate him/herself at night with a rear spotlight or flashlight, to remain visible to the driver.

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- (i) Use hand signals to direct the driver. Hand signals should be somewhat exaggerated for clear understanding by the driver.
- (j) Stand on the ground; never on the apparatus.
- (k) Practice skills as time permits.

Hazard Communication

916.1 PURPOSE AND SCOPE

State

The purpose of this policy is to protect the health and safety of district members who may be occupationally exposed to hazardous substances in the workplace (8 CCR 5194).

916.2 POLICY

State

It is the policy of the Farmington Fire Protection District to develop, implement, and maintain a written hazard communication program for members to use as a reference. The program shall minimally describe how district members will receive information and training on the criteria specified for labels and other forms of warning and Safety Data Sheets (SDS) (8 CCR 5194).

916.3 PROCEDURE

State MODIFIED

The Fire Chief will develop, implement, and maintain a written hazard communication program that includes but is not limited to (8 CCR 5194):

- (a) A list of hazardous substances that uses an identifier referenced on the appropriate SDS. The list may be compiled for the workplace as a whole or for individual work areas.
- (b) The methods the District will use to inform members of the hazards of non-routine tasks and the hazards associated with substances in unlabeled containers.
- (c) The District shall make the written hazard communication program available, upon request, to members, to their designated representatives, and to the National Institute for Occupational Safety and Health (NIOSH).
- (d) The District shall ensure that each container of a hazardous substance is labeled, tagged, or marked with the following information:
 - 1. Identity of the hazardous substance
 - 2. Appropriate hazard warnings
 - 3. Name and address of the manufacturer, importer, or other responsible party

916.4 SAFETY DATA SHEETS

State

The District shall have an SDS for each hazardous chemical that is in use in the workplace. The SDS concerning a hazardous chemical shall be readily accessible to members and prepared in accordance with 8 CCR 5194(g).

916.4.1 CLEANING PRODUCT RIGHT TO KNOW ACT

State

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Printable information regarding the ingredients of air care products, automotive products, general cleaning products, or polish or floor maintenance products used primarily for janitorial, domestic, or institutional cleaning purposes used by the District shall be readily accessible to members (Labor Code § 6398.5; Health and Safety Code § 108952(f); Health and Safety Code § 108954.5(c)).

916.5 TRAINING REQUIREMENTS

State

See the Hazard Communication Program Training Policy.