

Agenda
EMS Operations Committee
January 12, 2016
DTCI Large Conference Room, First Floor
801 Sycolin Road
1900 Hours

1. Call to order
2. Roll Call
3. Approve December meeting minutes
4. Chairman's Report
5. OMD- Dr. John Morgan
6. Reports
 - a. LCFR– DC Jose Salazar
 - i. EMS Billing – Danielle Brosan (*No Report*)
 - ii. EMS Training – Bill Toon (*Report attached*)
 - b. Committee reports
 - i. Communications Committee – Chief Bennett
 - ii. Training Committee-Chief Mino/Chief Aycock (*Report attached*)
 - a. Draft document in progress: Orientation to the OR Dubé Training Academy
 - iii. SWP Committee-Chief Krone
 - c. EMS Council –Leo Kelly
7. Old Business
 - a. Physio Lease Option Update
 - b. Ambulance Standards Committee
 - c. Medication Security
 - d. Drug Bag Policy
 - e. Bariatric Response Plan
8. New Business
 - a. EMS Cost Recovery Financial Hardship Waiver SWP
 - b. Station and Equipment Security SWP
 - c. 2016 Official Delegates
9. Committee Member Comments
10. Announcements

**EMS Operations Committee Minutes
December 8, 2015
StoneSprings Conference Room
24440 Stone Springs Boulevard Dulles, Virginia 20166
1900 Hours**

Co. 3	Absent
Co. 4	Cheryl Aycock
Co. 6	Absent
Co. 9	Derrick Bennett
Co. 12	Absent
Co. 13	Anthony Mino
Co. 14	Earl Hall
Co. 15	Absent
Co. 17	Rodney Krone
EMS Council	David Beatty
LCFR	DC Salazar, Kevin Stiles, Danielle Brosan, Christine Langley-Obaugh
OMD	Dr. John Morgan
StoneSprings Hospital	Jaime Wolfin
Reston Hospital Center	Keith Morrison

1. Call to order

Chairman Andrews called the meeting to order at 1903 hours.

2. Roll Call

Introduction of Jamie Wolfin of StoneSprings Hospital

3. Approve October meeting minutes

A motion to approve the November 10, 2015 minutes with one correction was made by Chief Salazar. The motion was seconded by Derrick Bennett. All are in favor with no opposition or abstentions. Motion carries.

4. Chairman's Report

Chairman Andrews took an opportunity to congratulate Dr. John Morgan as the recipient of the Governor's Award for Excellence.

Chairman Andrews also reported that the Executive Committee has established Rules of Order in which the EMSOC will have an opportunity to review. Chief Andrews is in favor of the EMSOC also establishing Rules of Order.

Regarding Company 3, Chief Tobia has advised to retain Company 3 on the roll as they have not completely dissolved. In addition, Chairman Andrews has emailed the President of Company 3 to determine if there is interest in participating in the EMSOC.

Lastly, all should be aware that there is a Standards of Coverage Committee. Chairman Andrews expressed his concerns to the committee that the EMSOC was not included in the initial invitation.

5. OMD-Dr. John Morgan

Dr. Morgan stated that the Destination Determination Directive, #5, as well as Policy #21 (StoneSprings) have been distributed. It should be noted that there are several variable to take into consideration regarding policy #5 to include road conditions, traffic and patient requests.

Dr. Morgan also stated that he plans on meeting with the Pharmacy Director to discuss the medication exchange policy.

6. LCFR- DC Jose Salazar

Chief Salazar submitted that the EMS Officer Class is back on track. In addition, there is a new program entitled Standards of Excellence and it can be found on the OEMS website through this link: <http://www.vdh.virginia.gov/OEMS/Agency/SoE.htm>.

The purpose of the Virginia Standards of Excellence (SoE) program is to identify and recognize EMS agencies that strive to operate above the standards and requirements of the Virginia EMS Regulations (12VAC5-31). The evaluation addresses several areas that collectively make up the operations of an EMS agency from several perspectives.

Standards of Excellence frequently asked questions can be located through this link: http://www.vdh.virginia.gov/OEMS/Files_Page/Agency/SoE-FAQ.pdf.

a. EMS Billing- Danielle Brosan

Danielle reported that the error rate has gone down drastically. Also, regarding the Financial Hardship SWP, she met with Dr. Morgan and some of the wording has been changed. It should be noted that this will come through the EMSOC prior to the EC for review and comment.

b. EMS Training-Bill Toon

Dr. Toon advised that his report is attached.

7. Committee Reports

a. Communications Committee (Chief Bennett)

The Communications Committee met this past Thursday.

Chair Andrews reiterated that a Systems Technology update was provided to the EMSOC last month. Please note, Chief Parker is open to suggestions.

As a side note, Chairman Andrews would like the entire EC packet distributed to the EMSOC.

b. Training Committee (Chief Aycock/Chief Mino)

The meeting last month was cancelled.

If anyone has any training items or concerns, please bring them to the attention of the Training Committee.

c. SWP Committee (Chief Krone)

The Fire Enrollment and Wait Lists SWP was approved per Chief Andrews.

Chief Krone stated that a joint meeting was held last week between the EC and the SWP Ad-Hoc Committee whereby justification was sought regarding the retirement of several operational FRG's.

There will be two system wide procedures that will go to the EC in January.

8. EMS Council

No report.

9. Old Business

a. ALS Medication Bag

Chief Stiles indicated that the EMSOC should make a decision as it stands now, there are two different medication bags. If the decision is made, then a policy will be necessary. Stiles stated that the sub-committee previously made a decision to go with the gator bag.

A motion by Chief Salazar was made that the EMSOC support the ALS Committee's recommendation. The motion was seconded by Cheryl Aycocock.

Discussion ensued regarding policy 19 in which Chief Salazar stated it has been updated.

The motion passed with only one in opposition which was Chairman Andrews.

An effective date was tabled.

Discussion also ensued regarding costs. Chairman Andrews suggested waiting to determine if funds will be available.

b. Update on New Medication Security System

Chairman Andrews suggested a policy be developed for the medication security system.

Discussion centered around cost, which would be \$1.00 for each provider for a card. Pin codes and cards were also discussed. The possibility also exists whereby supervisors can be provided with spares.

c. Physio Lease Option Update

Chief Salazar submitted that he has discussed the Physio lease option with procurement. This may need to be put out for bid. Physio control does have a state contract, so we may not need to put it out for bid.

We will plan to discuss costs and implications at the next EMSOC meeting.

d. Four for Life Funding

An email was recently sent out to affirm the actions of the EMS Council. A straw poll occurred and results were reported to the Executive Committee for their December 1st meeting.

e. Ambulance Standards Committee

Please provide a primary and an alternate from each agency to Christine by Friday for the Ambulance Standards Committee.

It will be pertinent for this committee to start with necessary requirement. Safety features are needed as part of the design. This committee will establish a baseline for ambulances in Loudoun County.

10. New Business

a. System-wide Bariatric Response Capabilities

Chief Salazar and Chairman Andrews will discuss a draft General Order.

b. System-wide Ambulance Cot Standardization

This task may be given to the Ambulance Standards Committee once they have formed. Decisions will need to be made as a system.

c. EZIO Funding

The EMS Council approved \$25,000. A discussion needs to ensue regarding what our plan would be after those funds have been depleted.

11. Committee Member Comments

None noted

12. Announcements

None noted

Adjourn: With no other business to discuss, the meeting is adjourned at 2044.

Respectfully submitted:
Christine Langley-Obaugh, M.Ed., CVA
Executive Liaison



Loudoun County, Virginia
Department of Fire, Rescue, and Emergency Management

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DATE: January 11, 2016
TO: EMSOC
FROM: William F. Toon, EMS Training Manager
SUBJECT: Monthly EMS Training Report

6aii

SEPTEMBER 2015 CLASSES

Intermediate to Paramedic

- 16 registered – 09/13/15 start, state practical 04/02/16
 - 606=1; 613=1; 615=5; LCFR=9
 - 14 current
 - 2 withdrew

EMT to Intermediate (night/ weekend)

- 12 registered – 09/14/15 start, 05/14/16 county practical, 05/21/16 NREMT
 - 604=1; 606=1; 613=2; 615=6; LCFR=1
 - 10 current
 - 1 withdrew
 - 1 academics

OCTOBER 2015 CLASSES

2nd EMT Winter 2015

- 15 registered – 10/18/15 start, state practical 01/28/16, NREMT written 02/2016
 - 606=3; 611=1; 613=4; 615=4; 617=3
 - 14 current
 - 1 withdrew

Data is not available for the number of registrants for 2016 classes at this time.

JANUARY 2016 CLASSES

2016 PRIDE

- 0 registered – 01/14, 01/21, 01/23, 01/26, 01/28, 01/30; closed

BLS Challenge

- 0 registered – 01/11/16 start; closed

Hybrid EMT-Refresher

- 0 registered – 01/11/16 start; closed

Hybrid EMR-Refresher

- 0 registered – 01/16/16 start; closed

ACLS Provider (weekend)

- 0 registered – 01/30/16 start; closing 01/21/16

ACLS Renewal

- 0 registered – 01/31/16 start; closing 01/21/16

FEBRUARY 2016 CLASSES

ALS Challenge

- 0 registered – 02/16/16 start; closing 01/29/16

Hybrid EMT-Refresher

- 0 registered – 02/22/16 start; closing 01/29/16

PALS Provider (weekend)

- 0 registered – 02/06/16 start; closing 01/28/16

MARCH 2016 CLASSES

BLS Challenge

- 0 registered – 03/12/16 start; closing 02/19/16

Hybrid EMT-Refresher (weekend)

- 0 registered – 03/12/16 start; closing 02/19/16

Hybrid EMT-Refresher (weekday)

- 0 registered – 03/14/16 start; closing 02/19/16

Hybrid EMR-Refresher (weekend)

- 0 registered – 03/12/16 start; closing 02/19/16

PALS Provider (weekday)

- 0 registered – 03/04/16 start; closing 02/25/16

APRIL 2016 CLASSES

EMR-Provider

- 0 registered – 04/04/16 start; closing 03/11/16; state practical 06/22/16

MAY 2016 CLASSES

Hybrid EMR-Refresher (weekend)

- 0 registered – 05/16/16 start; closing 04/22/16

LC-CFRS – Training Committee
Meeting Minutes January 5, 2016

Meeting convened January 5th at 1900

Attendees

Committee Chair		LCFREM – Field Reps	
Bernard Gottholm	Present	Troy Gittings	Excused
		Marc Nicholson	Excused
Fire Operations Committee Reps		LCFREM – Training Division Reps	
Bill Graham – Co 11	Excused	Scott Brazier	Excused
Scott Radcliffe – Co 2	Present	Bill Toon	Present
EMS Operations Committee Reps		Guests	
Cheryl Aycock – Co 4	Present		
Tony Mino – Co 13	Present		

Meeting minutes approved for November

Agenda

- Review newly developed Training Center manual.
- Committee reports and discussion

Training – Scott Brazier

- If any crews want to use the Training Center for a duty crew drill please email Capt. Brazier at Scott.Brazier@loudoun.gov to check availability.
- Lots of classes going on and enrolment seems to be going up

Fire OPS – Bill Graham and Scott Radcliffe

- No report

EMS OPS – Cheryl Aycock and Tony Mino

- No report

LCFR Field –

- No Report

Old Business

Both EMS and Fire wait list and enrolment policies were submitted as a SWP at the request of the Executive Committee. BC Gottholm did so and submitted as requested.

New Business

- Working on new Training Center Manual for Students, Part time instructors and guests. This is the next project to be worked on by the Committee.
- EMS Manager Toon discussed the upcoming EMT course being a hybrid course. TA will be out next week
- Discussed and approved moving forward with having students from outside jurisdictions either reimburse the County for books or have them provide their own book for the class. Class Coordinator will be responsible for notification. BC Gottholm will notify staff of such and work with Mary Maguire to develop process for reimbursement.
 - Discussion on how much money was lost each year providing outside jurisdiction students with text books.

Meeting adjourned at 2030

Next meeting Tuesday February 2, 2016

**Loudoun County Combined Fire-Rescue System
FINANCIAL HARDSHIP WAIVER POLICY**

I. POLICY

Loudoun County Combined Fire-Rescue System (LC-CFRS) EMS Transportation Reimbursement Program's mission is to provide emergency medical care and transportation to persons regardless of their ability to pay. LC-CFRS has established this Policy for the provision of Financial Hardship Waiver in accordance with Chapter 1097 of the Loudoun County, VA Code of Ordinances. This Financial Hardship Waiver Policy applies to emergency transportation services provided by LC-CFRS.

As further described below, this Financial Hardship Waiver Policy:

1. Includes eligibility criteria for the Financial Hardship Waiver.
2. Describes the basis for calculating eligibility based on current Federal Poverty Guidelines for Financial Hardship Waiver under this Policy.
3. Describes the method by which patients may apply for Financial Hardship Waiver.
4. Describes how LC-CFRS will publicize the Policy to their patients.

LC-CFRS's Financial Hardship Waiver Policy provides a 100% waiver (full coverage) for those with incomes at or below 300% of the current Federal Poverty Levels (FPL).

Financial Hardship Waiver applications must be completed for each emergency ambulance transport. The LC-CFRS Financial Hardship Waiver program is not an insurance policy. LC-CFRS encourages uninsured and underinsured patients to apply for public programs for which they may be eligible; however, failure to apply for public health insurance or medical assistance programs will not disqualify patients from applying for Financial Hardship Waiver for the current date of service.

In terms of scope, LC-CFRS will provide Financial Hardship Waiver for eligible patients according to this Policy, as follows:

1. The Financial Hardship Waiver is available to low-income patients who meet LC-CFRS's guidelines and who have partial coverage (e.g., no fault care insurance, secondary Medicaid or Medicare) but who are still unable to pay the remainder of their EMS transportation fee.
2. Financial Hardship Waiver does not include contractual allowances (the difference between the hospital/physician total charge and the negotiated insurance rate) with Medicare, Medicaid, or health plans.
3. Both non-residents and permanent residents are eligible to receive a Financial Hardship Waiver.
4. Patients are expected to cooperate with and provide appropriate and timely information to LC-CFRS to obtain the Financial Hardship Waiver or other forms of payment, and are also expected to contribute to of the cost of their care based on their ability to pay.

II. DEFINITIONS

For the purpose of this Policy, the terms below are defined as follows:

- A. Eligible Services:** Services provided by LC-CFRS, which are eligible for a Financial Hardship Waiver includes Emergency Ambulance Transportation and Mileage to: (1) Closest, most appropriate hospital emergency facility; (2) Transfer of care to an emergency medical helicopter (landing zone); (3) Transfer of care to another emergency ambulance unit.
- B. Emergency Services:** Defined within the meaning of Title 42, § 422.113 of the Code of Federal Regulations.
- C. Family:** Using the Census Bureau definition, a group of two or more people who reside together and who are related by birth, marriage, or adoption. According to Internal Revenue Service rules, if the patient claims someone as a dependent on their income tax return, they may be considered a dependent for purposes of the provision of Financial Hardship Waiver.
- D. Family Income:** Family Income is determined as follows:
- Includes earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources;
 - Determined on a pre-tax basis;
 - Excludes capital gains or losses; and
 - If a person lives with a family, includes the income of all family members (non-relatives, such as housemates, do not count).
- E. Gross Charges:** The total charges at the LC-CFRS' full established rates for the provision of patient care services before deductions from revenue are applied.
- F. Income Documentation:** Acceptable family income documentation shall include one (1) of the following:
- a copy of the most recent tax return;
 - a hospital determination of financial assistance for the date of transportation;
 - copies of the 2 most recent pay stubs;
 - written income verification from an employer if paid in cash; or
 - one other reasonable form of third party income verification deemed acceptable to LC-CFRS.

- G. Medically Necessary: As defined by Medicare (services or items reasonable and necessary for the diagnosis or treatment of illness or injury).
- H. Uninsured: The patient has no level of insurance or third party assistance to assist with meeting his/her payment obligations.
- I. Underinsured: The patient has some level of insurance or third-party assistance but still has out-of-pocket expenses that exceed his/her financial abilities.

III. PROCEDURES

- A. Financial Hardship Waiver will be provided for Eligible Services for those patients who are uninsured, underinsured, ineligible for any government health care benefits program, or who are otherwise unable to pay for their care, based upon a determination of Financial need in accordance with this Policy. The granting of Financial Hardship Waiver shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, national origin, social or immigrant status, sexual orientation or religious affiliation.
- B. Financial Hardship Waiver Eligibility Determinations.
 - 1. It is preferred but not required that a request for Financial Hardship Waiver contain an approved Financial Assistance waiver from the emergency facility where patient care was transferred.
 - 2. Eligibility for Financial Hardship Waiver will be determined in accordance with procedures that involve an individual assessment of financial need. These procedures include:
 - a. An application process, in which the patient or the patient's guarantor supply personal, Financial and other information and documentation relevant to making a determination of Financial need;
 - b. Individuals who are deemed eligible by the Virginia Uninsured Patient Discount Act. The Federal Poverty Guidelines calculations will also be updated annually in conjunction with the published updates by the United States Department of Health and Human Services;
 - c. An accounting of the patient's available assets, and other financial resources available to the patient.
 - 3. LC-CFRS handling of a patient's Protected Health Information (PHI) through the HIPAA Policy and Notice of Privacy Practices shall be reflected in the application process, the financial need determination and the granting of a Financial Hardship Waiver. Requests for a Financial Hardship Waiver shall be processed promptly and LC-CFRS shall make reasonable efforts to notify the patient or applicant in writing within 30 days of receipt of completed applicant documentation.

- C. Once a patient has been determined by the manager of the EMS Transportation Reimbursement Program to be eligible for the Financial Hardship Waiver, that patient shall not receive any future bills for the incident date of which the waiver was granted.
- D. Notification about the Financial Hardship Waiver is available from LC-CFRS, which shall include a contact number for the program manager, and will be disseminated by LC-CFRS by various means. These include, but are not limited to: the publication of notices in patient bills LC-CFRS will also publish and widely publicize a summary of this Policy on LC-CFRS's websites (with a link to this full Policy). Such notices and summary information and this full Policy shall be provided in the five most frequent languages spoken by the population serviced by LC-CFRS.
- E. The LC-CFRS shall comply with the program guidelines for Federal and State Laws and Regulation governing healthcare billing and collections. LC-CFRS collections policies take into account the extent to which the patient qualifies for Financial Hardship Waiver and a patient's good faith effort to comply with his or her payment agreements. For patients who qualify for Financial Hardship Waiver and who are cooperating in good faith to pay their bills, LC-CFRS may offer extended payment plans. LC-CFRS will not impose any collection actions such as: decisions to deny or defer Financial Hardship Waiver based on a patient's outstanding accounts receivable and a patient's payment history, wage or bank garnishments, liens on primary residences or estates, or other legal actions against any patient. Reasonable efforts shall include:
1. Multiple invoices (3) to the patient to inform them of the amount owed;
 2. Attempts to contact non-responsive patients via telephone or other means of communication to inform the patient of the amount owed and to discuss payment options, including eligibility for Financial Hardship Waiver;
 3. Validation that the patient owes the unpaid amount and that all sources of third-party payment have been identified and billed by LC-CFRS;
 4. Documentation that LC-CFRS has or has attempted to offer the patient the opportunity to apply for Financial Hardship Waiver care pursuant to this Policy and that the patient has not complied with the LC-CFRS's application requirements;
 5. Documentation that the patient has been offered a payment plan, but has not honored the terms of that plan.
- F. In implementing this Policy, the LC-CFRS shall comply with all other federal, state, and local laws, rules, binding agreements, and regulations that may apply to activities conducted pursuant to this Policy.
- G. Patient may apply for Financial Hardship Waiver by completing an application form. The form is available for download at <http://www.loudoun.gov/emscostrecovery> and may be requested by calling 703-737-8782 or emailing emscostrecovery@loudoun.gov. Instructions for completion and submission of the application form are on the form itself. A request for Financial Hardship Waiver may be made by the patient, a family member, close friend, or an associate of the patient, subject to applicable privacy laws.

H. ELIBILITY CRITERIA FOR LC-CFRS FINANCIAL HARDSHIP WAIVER PROGRAM

The tables below are based upon Federal Poverty Levels that are in effect for the 2015 calendar year, and shall be updated annually to reflect the then-current FPL.

The table below is based upon 2015 Federal Poverty Guidelines.

Famil v	2015 Federal Poverty	300%
1	\$11,770	\$35,310
2	\$15,930	\$47,790
3	\$20,090	\$60,270
4	\$24,250	\$72,750
5	\$28,410	\$85,230
6	\$32,570	\$97,710
7	\$36,730	\$110,190
8	\$40,890	\$122,670
9	\$45,050	\$135,150
10	\$49,210	\$147,630

**LC-CFRS EXECUTIVE COMMITTEE
ACTION ITEM**

#8b

SUBJECT: Station and Equipment Security

PRIMARY SERVICE AREA: System-wide

CRITICAL ACTION DATE: January, 2016

SYSTEM CONTACT: Matthew Tobia, Assistant Chief, LC-CFRS

PURPOSE: The purpose of this item is to establish standard procedures for securing Fire and Rescue Stations and Equipment to ensure safety of all personnel.

BACKGROUND: Since September 11, 2001 the Fire Rescue System's perspective on conducting day-to-day business has necessarily changed dramatically. These changes have included the need for heightened situational awareness and the need to be ever vigilant for the potential of domestic terrorism. While many years have passed since 9/11, the threat is absolute and our guard must not be lowered. Recent events have heightened our awareness of the potential for terrorist attacks. The reality of the world that we live in is not if, but when an attack will come.

ISSUES: Fire Rescue stations, equipment and personnel have been the subject of threats, theft and vandalism. A significant component of decreasing the likelihood of an incident centers on making it harder for would-be bad actors to gain access to critical infrastructure and assets. Hardened targets are uninviting to those who might seek to take Fire Rescue equipment and use it for nefarious purposes. It is absolutely possible to remain accessible to our customers without making it easy for criminals to take advantage of our good will and general openness. The establishment of a common sense set of procedures can standardize our approach to the safety and security of stations, equipment and personnel.

FISCAL IMPACT: There are no immediate fiscal impacts to this motion and policy.

DRAFT MOTION(S):

I move that the Executive Committee send the draft SWP: *Station and Equipment Security* to the EMS Operations Committee, Fire Operations Committee, and the Administrative Operations Committee for review. Further, I move that the Executive Committee ask that a recommendation be brought back to the Executive Committee for consideration at the January 2016 meeting.

-or-

I move an alternate motion.

ATTACHMENTS:

Attachment 1: SWP: Station and Equipment Security

	LOUDOUN COUNTY COMBINED FIRE AND RESCUE SYSTEM SYSTEM-WIDE PROCEDURE (SWP)
TITLE	Facilities and Equipment Safety and Security
SECTION	
SWP#	
ISSUED	
REVISED	
APPROVED	System Chief _____ W. Keith Brower, Jr.

PURPOSE: Since September 11, 2001 the Fire Rescue System’s perspective on conducting day-to-day business has necessarily changed dramatically. These changes have included the need for heightened situational awareness and the need to be constantly vigilant for the potential of domestic terrorism. While many years have passed since 9/11, the threat is absolute and our guard must not be lowered. All personnel are directed to maintain the highest level of station and apparatus security possible.

SCOPE: This policy applies to all personnel, facilities and equipment of the Loudoun County Combined Fire and Rescue System (LC-CFRS), including all County and volunteer-owned stations, as well as support facilities.

POLICY: It shall be the policy of the LC-CFRS to ensure the safety and well-being of all System members and assets under the control of the LC-CFRS. The safety and security of all personnel, facilities and assets of the System are essential.

Safety, security and protection of critical infrastructure is central to insuring continuity of operations. The goal is not to restrict the public from accessing and interacting with Fire Rescue personnel in the normal conducting of business. The intent is to make it more difficult for those who would seek to target first responders or disguise themselves as first responders from doing so.

While the directives in this SWP are designed to enhance safety, it is important that they are considered minimum expectations. If you assess a threat, make the appropriate modifications to protect yourself, the public and associated property; thereafter, you should then alert an on-duty Battalion Chief for further guidance as necessary.

PROCEDURE: To make certain security is paramount the following actions shall be followed:

- A. Visitors should be greeted and escorted while inside fire and rescue stations.

#8b

- B. All exterior doors of fire and rescue stations are to be locked at all times.
- C. All bay doors shall be closed when personnel are not working in the immediate area.
- D. Apparatus shall not be left unattended without being properly locked or secured. Incidents involving multiple pieces of equipment should be secured using a Staging Area Manager or Base Manager. Situational discretion should be used on incidents of smaller scale (medical calls - for example); when possible, or if there is a perceived need, an individual should be left with the equipment for security purposes.
- E. Apparatus that cannot be secured and locked during routine operations shall remain attended at all times (e.g. procurement of food at supermarket).
- F. Apparatus moved outside for preventative maintenance check/cleaning shall be secured in the station as soon as the check or cleaning is complete. Apparatus shall not be left unattended on the ramps of the station.
- G. After transfer of a patient from an ambulance to a receiving facility, EMS transport units should be secured and exterior doors locked while the vehicle is unattended.
- H. Be suspicious of individuals claiming to be associated with emergency services that are not properly credentialed. If the person cannot produce identification, they should be denied access to the emergency scene (outside of the defined perimeter) and when appropriate have law enforcement alerted.
- I. Individuals requesting access to work on Fire Rescue resources, apparatus or facilities (without prior knowledge) must produce proper identification before being given access.
- J. Individuals interested in information concerning Fire Rescue System resources, regulations, policies and procedures shall be directed to the PIO for release.
- K. Portable radios must be kept with a Fire Rescue System member or properly secured when not in use.
- L. In an effort to remove the temptation for theft, uniforms should not be left in personal vehicles, especially in plain sight.
- M. Occasionally, residents come across an item that they believe odd. That oddity often takes the form of unidentified ordinance, improvised explosive devices or hazardous materials. When this occurs, the item should be left outside of the station in an area accessible to technicians. Apparatus and personnel from the station shall be relocated to manage the incident. If the item is in a vehicle leave it in place; in all instances secure the area, deny entry and isolate, begin gathering information from the resident. Only personnel trained to do so should move or examine suspicious items - contact FMO and/or Haz-Mat depending on what is described or found.
- N. Personal vehicles are to be secured at all times.
- O. Report any non-functioning access control systems, intrusion detection systems and video surveillance systems to the appropriate/responsible entity for repairs.