

EMS Operations Committee
Agenda
February 9, 2016
1900 hours
DTCI Large Conference Room, First Floor
801 Sycolin Road

1. Call to order
2. Roll Call
3. Approve January meeting minutes
4. Chairman's Report
 - a. Executive Committee packet
5. OMD- Dr. John Morgan
6. Reports
 - a. LCFR– DC Jose Salazar
 - i. EMS Billing – Danielle Brosan
 - ii. EMS Training – Bill Toon
 - b. Committee reports
 - i. Communications Committee – Chief Bennett
 - ii. Training Committee-Chief Mino/Chief Aycock
 - 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
 - f. Autism Risk and Safety Management
8. New Business
 - a. Rules of Order
 - b. Chaplain By-Laws, Procedural Manual and SWP
 - c. Heavy Rescue Service Delivery Workgroup
 - d. Deener-Carr Banquet, May 2016
9. Committee Member Comments
10. Announcements

**EMS Operations Committee Minutes
January 12, 2016
DTCI- Large Conference Room
801 Sycolin Road
1900 Hours**

Co. 4	Cheryl Aycock
Co. 6	Absent
Co. 9	Derrick Bennett
Co. 12	Absent
Co. 13	Anthony Mino
Co. 14	Sue Johnson
Co. 15	Byron Andrews
Co. 17	Rodney Krone
EMS Council	David Beatty
LCFR	AC Johnson, AC Tobia, DC Salazar, Bill Toon, 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 1904 hours.

2. Roll Call

3. Approve December meeting minutes

A motion to approve the December 8, 2015 minutes was made. The motion was made by Chief Mino and was seconded by Cheryl Aycock. All are in favor with no opposition or abstentions. Motion carries.

4. Chairman's Report

Chairman Andrews took an opportunity to welcome guests Jaime Wolfin and Keith Morrison and reiterated that the EMSOC is an open meeting. Participation is welcomed, however, voting rights are limited due to the County ordinance.

The EC will meet on January 26, 2016. (Due to inclement weather, the Executive Committee meeting was rescheduled to January 28, 2016)

5. OMD-Dr. John Morgan

Dr. Morgan stated that there have been a few minor issues regarding facility. Dr. Morgan would encourage people to be patient as people get used to new facilities. Hospital staffs will work with crews to ensure decisions are made in the best interest of the patient. Flexibility will remain and a spirit of cooperativeness will preside.

6. LCFR- DC Jose Salazar

Chief Salazar advised that we were denied the RSAF grant, however, we are still getting the grant from NVERS. In addition, as of January 2, 2016, medic 617 has been staffed on a 7/12 schedule.

Recently, Chief Salazar, OMD Morgan, Assistant Chief Keith Johnson and Captain Brown (LCSO: Eastern end) met regarding concerns with several calls. The LCSO started a new crisis intervention program with those that are in need of psychological evaluations. In one incident, a child was violent thus EMS was called to sedate the child and place him in the back of a deputy's car. Another issue revolved around a child in need of a psychological evaluation, however, the deputy did not have a car seat. Captain Brown was receptive to the information being provided and agreed that the incidents identified were not proper in utilizing an EMS transport unit and/or EMS resources. Please advise of any additional incidents, should they arise, so they can be promptly reported to LCSO.

Another issue that was discussed was a possible DOA in which a crime scene needs to be secured. Certainly we do not want a delay in patient care to occur. Discussion ensued regarding having one provider enter with the remaining crew available just outside the door.

Lastly, regarding the RTF training and clearing a house, the possibility exists for patient care to be given after securing a room, thus this was discussed. The meeting resulted in good dialogue.

Chief Johnson stated they also talked about unified command based on the incident that occurred in Sterling across from COSTCO whereby a gentleman had barricaded himself inside his apartment and spread flammable liquids all over the entrance way and threatened to burn it down. The gentleman escaped out of the back of the apartment. Chief Johnson stated that LCSO had their command as we had ours, but we did not exercise good unified command. This is a work in progress and has been identified.

Chief Bennett stated that good communication occurred previously with the LCSO regarding an autistic child that had left the home in a fit. During that call, it was discovered that there are specially trained deputies for the autistic population. Would it be a possibility to work with dispatch when we get a call involving one who is autistic? It appears it would be easier

for the trained deputies to tell the other deputies to back off and turn their lights off as opposed to fire and rescue personnel. Chief Andrews stated that the crisis intervention curriculum goes into autism a little, however, there is another program that educates and trains those on the autistic population. Chief Bennett stated he believes that the program the deputies are involved with is different as it is his understanding the officers have additional interaction with the children. Several contacts may be Officer Cerniglia or Joy Dotson. Chief Andrews stated that perhaps we can take this opportunity to take a look at applicable training courses.

(It should be noted that additional training information in conjunction with Autism Risk and Safety Management has been provided to Chief Andrews for his review.)

Chief Salazar stated regarding ImageTrend, on July 1st, we will be going to the elite platform. Tracy will need to manually go in and transfer all members from all agencies into the new platform. Tracy is asking for all System Administrators for each agency to go in and make necessary changes to the membership. There are some people that are known to be no longer be in the system. Those members can be de-activated. For active members, please ensure that their credentials and email addresses are up to date. We do not want to transfer members to the new platform if they are no longer in the system. Chief Salazar stated he would forward instructions on how to make changes.

Chief Salazar stated in February, the possibility exists to do a presentation on the Standards of Coverage Committee. The intent will be to attend the EMSOC, FOC and AOC and present.

a. EMS Billing- Danielle Brosan

Danielle reported that they have gone through the last two quarters regarding unfinished EPCR's. Emails will be sent out tomorrow. As a reminder, the EPCR can be unlocked for twenty-four hours. The Rescue Chief can unlock it or the provider can contact Danielle to unlock it.

Chief Bennett stated he has a concern about calls are being left unlocked for twenty-one days. Technically, someone can run a call, post it, and then they can go in two days later, make changes and it is not audited in any way. It is not audited if it has not been posted as completed. Chief Salazar stated it should prompt and ask why the change is being made. Chief Bennett stated the prompt did not occur. Chief Andrews suggested additional conversation regarding this issue should occur.

Distributions should occur by the end of January. The spreadsheet has been completed.

b. EMS Training-Bill Toon

Dr. Toon advised that his report is attached. Dr. Toon stated that this past fall, 27 people took the state test; 20 passed; 7 did not pass; 4 of the 7 have retested and passed; 1 has failed and is in remediation; 1 has yet to test and the remaining one we have lost contact with and is not returning calls and emails.

The Spring EMT class will begin on March 20th and will end on June 22nd. The TA will go out this week and will be a hybrid format EMT class. This class will meet Tuesdays, Thursdays and on Sundays. An overall goal will be to run three EMT classes a year with the current staff in the hybrid format. These classes will tentatively begin in 2017.

A closer relationship with the Companies is desired. In saying that, a set of skills will need to be completed at the Company level, mainly centered on ambulance equipment. Dr. Toon stated the skills will be taught in the classroom and then they will be reinforced at the station level. Documentation will accompany the student. Repetition is important. Another challenge is that individuals that come from fire companies alone and do not have ambulance experience do not do well, on average, in the program. Due to this data, Dr. Toon stated that a field internship program may be established. It is believed that this will be essential for students to comprehend ambulance operations. Ambulance exposure will lead to students that struggle less in the program. Dr. Toon stated they would be exploring options regarding best approaches.

Dr. Toon also mentioned that feedback is being requested regarding students that take the practical exam. The question posed is: How can we provide the encouragement that is needed for students to follow-up to take the written examination which leads to certification? Quite possibly, consideration may want to be given to having students sign a memorandum of understanding with the school as well as their sponsoring agency reference a commitment to take the written exam. Dr. Toon stated that the number of students across the Commonwealth that do not go on to take their written exam may be as high as 30%. Dr. Toon stated that additional interaction between the students and the schools would be advantageous. On a side note, student progress reports have been sent out in the past, however, responses are rarely received. Dr. Toon stated that approximately 80-90% of replies are not received and this presents a challenge. For clarification, for students that are not doing well, responses are preferred. For students that are doing fine, no reply is necessary. The progress report reporting system will also be strengthened in the future, according to Dr. Toon.

Chief Tobia inquired regarding testing assistance prior to taking the written examination and inquired specifically if practice examinations are given. Dr. Toon

said several tools are offered and made available, but there is currently no measuring mechanism in place to determine how many students are taking advantage of these. Chief Tobia also inquired whether or not people are surveying this issue as it appears to be a statewide problem. Chief Andrews stated that the State has made attempts, however, responses have not been received. Chief Johnson submitted that in a locality with a similar problem, they limit the ability of the provider to ride after program completion which encourages certification. When you stop the ability to ride on the operational unit, the impact could be greater. Chief Andrews advised that challenges have been identified and it will be important to collectively examine solutions which will lead to better outcomes.

Another topic that came from this dialogue is the ability to join a crew: career or volunteer. Discussion ensued. A MOU may be needed. Education and a notification process will also be required.

Chief Johnson made a recommendation that the Training Committee take a look at several issues. Chief Andrews stated others may also be willing to assist and participate. Chief Salazar will refer this to BC Gottholm. Input from Training Officers are desired.

7. Committee Reports

a. Communications Committee (Chief Bennett)

Regarding the MDC project, a demo will be expected in late January. The AD training was delayed. Emails should be forthcoming regarding training at the end of January. Users of accounts will either be using soft tokens on smartphones or physical tokens for members that do not have smartphones. The tokens will allow for external access to email. The radio updates will be coming around in February to include the normal channel updates along with the hospital channel zones. We will also get channel announcements for all the Loudoun zones. A radio time stamp button will also be upcoming. Referring to the side button below the push to talk button; there are two buttons and the top one will be activated as a feature so your patient transfer time will be recorded. Chief Salazar stated that in many areas, the concerns included delays in patient transfer and length of time it was taking for crews to clear. Similar to: *arrived on scene and arrived at patient*; we will now have *arrived at hospital and turned over to staff*.

Additional radio options discussed.

b. Training Committee (Chief Aycock/Chief Mino)

Chief Mino stated that the committee will be putting together a document that defines the parameters associated with the academy. Student and Instructor expectations will be detailed. The project should take several months.

c. SWP Committee (Chief Krone)

The SWP Ad-Hoc Committee did not meet this week.

8. EMS Council

No report.

9. Old Business

a. Update on New Medication Security System

Chief Salazar provided an update. We will not know what issues are until they are identified through the pilot program.

b. Physio Lease Option Update

Chief Salazar stated that procurement advised that the lease option be placed out for bid. Physio is on the State contract which may alleviate the need for bids as the best price is typically presented, however, Chief Salazar will need to determine if the State contract allows for leasing. A follow up will be provided.

Chief Salazar also mentioned that we will need to explore our options regarding funding sources for maintenance contracts.

c. Ambulance Standards Committee

Chief Andrews stated he has heard from everyone with the exception of Company 6. Chief Andrews will work with Chief Salazar to establish the committee and schedule the first meeting prior to the next EMSOC meeting. Chief Tobia stated there is room for individual identity and individual needs while still recognizing that we are operating as a system.

d. Drug Bag Policy

Per Chairman Andrews, Christine will send an email to determine drug bag needs per agency.

e. CentreLearn

A productive meeting with Administrators was held on December 9th per Chief Johnson. Comments have been collected and a meeting with Target Solutions will be held (Target Solutions and CentreLearn have merged) on January 19th.

10. New Business

a. EMS Cost Recovery Financial Hardship Waiver SWP

According to Danielle Brosan, the SWP needs to be put in place. For audit purposes, the policy is necessary. The policy was modeled after INOVA's Financial Hardship Policy.

Chairman Andrews stated that this SWP will be brought before the EC at the end of January. Dr. Morgan stated his concerns were addressed.

A motion was made by Chief Andrews that the EMSOC supports the EMS Cost Recovery Financial Hardship Waiver and further, that the SWP move forward to the Executive Committee. The motion was seconded by Chief Bennett. No one opposed. The motion carried.

b. Station and Equipment Security SWP

Chief Tobia stated that recent events in other countries have heightened awareness. The reality is that, on a daily basis, apparatus and ambulances are stolen in this country. The intent of this policy is not to isolate ourselves from the citizens we protect, but it is designed to make it more difficult to take advantage of our good will. Standardized expectations are outlined in this policy regarding ways we can make it more difficult for others to take advantage of us. Chief Andrews stated there have been some thwarted events that have taken place. Chief Johnson stated it is somewhat difficult to write a generic policy to cover nineteen companies and all the vehicles. Chief Johnson requested that this policy be examined in general terms and for those to focus on the intent of the policy. Failure to adhere to policy was also discussed.

Chief Andrews made a motion that the EMSOC accept and move forward with the Station and Equipment Security SWP. Chief Bennett seconded the motion. No one opposed. The motion carried.

c. 2016 Election of Chair and Vice Chair

Chief Bennett nominated Chief Andrews for Chair. Nominations closed. Chief Andrews will assume the position of Chair for the EMSOC through 2016.

Chief Bennett was nominated for Vice Chair. Chief Mino was also nominated for Vice Chair. Chief Bennett will assume the position of Vice Chair for the EMSOC for 2016.

11. Committee Member Comments

None noted.

12. Announcements

Chief Johnson stated that Chief Salazar will dedicate 100% of his time to EMS effective 2/11/16. Chief Shank will transition to Training and Chief Nally will go to Operations.

Adjourn: With no other business to discuss, the meeting is adjourned at 2050.

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

DRAFT

**LOUDOUN COUNTY EMS ADVISORY COUNCIL, INC.
ADVANCED LIFE SUPPORT COMMITTEE
MINUTES**

Monday, January 18, 2016

The regular meeting of the ALS Committee was held at the Ashburn HealthPlex 22505 Landmark Court Ashburn, Virginia on January 18, 2016, with the following members in attendance:

Co. 4	Excused	Co. 15	Stewart McLaren
Co. 6	Julius Horvath	Co. 17	Absent
Co. 8	Nick Croce	Loudoun Hospital	Excused
Co. 9	Derrick Bennett	LCFR	Jose Salazar, Michelle Beatty
Co. 12	Karen Deli	OMD	John Morgan, MD
Co. 13	Steve Porter	Chair	Leo Kelly
Co. 14	Robert Ritchie	Reston Hospital	Keith Morrison
		StoneSpring	Jaime Wolfen

The meeting was called to order at 19:40 hours by Leo Kelly.

Public Comments - None

Delegate Comments - None

Minutes

A motion was made by S. McLaren (Co. 15) and seconded by D. Bennett (Co. 9) to accept the December, 2015 committee meeting minutes..

Motion: To accept the December 21, 2015 ALS Committee minutes.
Vote: Approved

**Inova Loudoun Hospital Center – Jamie Stephens, RN, April Brown, RN,
Eileen Bowie, RN**

Welcome to 2016! It was a hectic holiday at the Inova Loudoun Hospital Emergency Department, many patients coming through, and we continue to have new staff joining our department. We have a lot of great things in store for 2016, so keep an eye on the announcements. One of the biggest things that we are very excited about is the renovation and expansion of the Adult Emergency Department at Lansdowne. This project is a part of the overall hospital expansion, and we are hoping to start in the near future. Mind the dust!

Upcoming Events:

ILH Emergency Department Public Safety Education Day.

The ILH Emergency Department Public Safety Education Day that was scheduled for Saturday, 1/23/2016 has been **CANCELLED**. The cancellation was prompted out of safety concerns associated with the prediction of a very significant winter weather event for Friday and Saturday. .

Commonwealth Emergency Physician's Case Study:

This is a new initiative being spearheaded by Dr. Bernier and myself, to bring case studies back to Public Safety on patients with critical or interesting case studies. One of our CEP providers will go over the details of the case, the pre-hospital and hospital treatment, diagnoses, and outcome. There will then be a general discussion and Q&A. This is open to ALL public safety providers, and is a way to learn more about what happens to the patients you leave with us, and a way to meet and interact with our providers outside of the hospital. Date/Time/Location to be announced – expect late January for our first session.

News and Announcements:

Construction Notice:

Construction continues on the east side of the hospital near the Birthing Inn. Please note that the East Entrance has been closed, but you may enter through the entrance at Physicians Office Building II (to the right of where the hospital entrance by the cafeteria used to be). Also note that the round-about in front of TBI has been closed, but there is a pull up area directly in front of the building where you may unload your patient.

Provider Recognition

In recognition of the outstanding work our public safety providers do, each month ILH ED will award a “Provider of the Month,” and every few months a “Crew of the Quarter.” This award will recognize work that went above and beyond, saved a life, or showcased exemplary technical skill or medical knowledge. Expect the first award at the end of January!

We wish to extend a welcome to Stephanie Boese who is our new Trauma Program Coordinator! Stephanie comes with many years of experience in Trauma ICU. She was

also involved in the Sim-Lab and education, and will be familiar face to many of our recent ALS students. Stephanie has a lot of great ideas to go along with our renovation and expansion, and will surely have more details down the line.

This week we started a new initiative with the Loudoun County Sheriff's Office, where we will hold DUI Blood Draw kits at each of our departments. These kits will be stored in the EMS offices, available for any Law Enforcement Officer in need of one.

Older (but important) Announcements:

Inova Loudoun is available for your meetings and classes! If you are interested in a formal meeting place, or need a classroom, and your usual facilities are booked, Lansdowne and Ashburn HealthPlex have both conference rooms and classrooms. Simply let me know the day/time, number of students/attendees, and any special needs and I can look into reserving the appropriate space. Rooms book quickly, so be sure to express your interest early!

Expiring medications can be exchanged at any Inova Loudoun ED at any time, but for a larger quantity or a less common medication, it may be better to take them directly to the Pharmacy at Lansdowne, during normal weekday hours. You can call your closest ED ahead of time to see if they will be able to accommodate a medication exchange. Reminder, you may be asked to provide a copy of your report if you take the patient to another facility, but need to replace medications at a Loudoun facility.

Tips, Tricks, and Reminders:

Available for your personal smart phone, the **INOVA application** provides estimated wait times for all Inova Emergency Departments, and can be a valuable resource that can be beneficial in making transport destination decisions.

Remember, a patient sticker needs to be placed in the EMS binder for every patient brought in.

Did you know? Ashburn HealthPlex is an AHA certified Stroke Center, and with 17 beds, full radiology and laboratory, and often very short wait-times, open 24/7, the Emergency Department there is an excellent destination for patients of all ages. Remember, the Ambulance Entrance is on the north side of the building, visible as you are driving south on Loudoun County Parkway and crossover 267.

Thank you again for everything you all do for our community, and thank you for your continued partnership with Inova Loudoun Emergency Department. As always, if there is anything I can do to assist you with your work and your interactions with the Emergency Department, please do not hesitate to ask.

From everyone here at Inova Loudoun Hospital Emergency Departments to everyone in our Public Safety family, we wish you all a happy and successful New Year!

Reston Hospital ED/Stone Spring Hospital – Keith Morrison, NREMT, Teresa Kreider, RN, Tonya Kelly, RN, Jaime Wolfen

Keith said that with the arrival of the cold weather they realize the importance of having the units continue to run after the patient is off loaded at the ER. However he asked that the delegates to please remind their members to please move the vehicles to the designated parking spaces as soon as possible at Reston ER to avoid fumes entering the ER. He also asked that the restocking forms be completed for supplies.

Also discussed was the recently updated drug replacement form that was recently released by the Northern Virginia EMS Council. Keith said that he believes that this may have been updated by the pharmacists from the area during the summer months to ensure that all replaceable medications from each jurisdiction were included on the list.

Chief Salazar said that they would check to ensure all Loudoun's medications are included on the new list.

Jaime reported that the census at StoneSpring continues to grow as more residents become aware of their presence and capabilities as a new hospital in the area.

Medical Director – Dr. John Morgan

Dr. Morgan reported that he received a call from Dr. Crowell at Stone Spring and they discussed the destination of stroke patients who fall outside the 4-4 ½ hour window of opportunity for the use of TPA. Dr. Morgan said that in potential stroke patients who fall outside the window for the use of TPA that it may be appropriate for the field provider to seek consultation from the Medical Control Physician as to the appropriate destination.

Dr. Morgan stated that he also received an e-mail from staff to consider the testing of ALS Providers on a three year schedule to renew their local authorization. The e-mail pointed out that there are a greater number of ALS Providers within the county system who are no longer National Registry certified and that there is significant confusion. It also appears that some providers are slipping through the cracks and are not being evaluated to renew their local authorization. Kelly stated that the National Registry certification is used for the ease of receiving reciprocity for a level of certification across state lines when a provider is relocating. He said that all providers in Virginia must maintain their Virginia OEMS certification and that local authorization expiration is based on the Virginia OEMS certification and not National Registry. It was the general consensus of the committee that this needs to be explored further with staff to discuss the benefits to both scheduling and also toward ensuring that everyone's local authorization is maintained and enforced. Chief Salazar will explore the issue and report back.

Derrick Bennett brought up for discussion EMS Policy #7 – Authorization as AED/King Airway Instructors. Bennett said that he has sent an e-mail to Dr. Morgan regarding this

policy and felt that it was out-of-date and not longer applicable. Dr. Morgan concurs and stated that the use of the AED is now taught as part of CPR instruction and that the King Airway has become part of practice for use by BLS providers. He agreed that there is no longer a necessity for Policy #7..

A motion was made by Derrick Bennett, Co. 9 and seconded by Nick Croce, Co. 8 to recommend to the Medical Director that EMS Policy #7- Authorization as AED/King Airway Instructors be rescinded.

Motion: A motion was made by Derrick Bennett, Co. 9 and seconded by Nick Croce, Co. 8 to recommend to the Medical Director that EMS Policy #7- Authorization as AED/King Airway Instructors be rescinded.

Vote: Passed Unanimously

OMD: Approved by /Dr. Morgan

Working Groups

ALS Technician Status (Tracy Lane, Nick Croce, Michelle Beatty, Stewart McLaren)

Leo Kelly reported that Tracy could not be at the meeting this evening but provided following updates and information.

1. The only recommendation to be considered for a reviewer was for Kymber Weese that was submitted by Derrick Bennett, Co. 9. We would ask that more names be submitted for consideration. Chief Salazar said that he will explore individuals for consideration and bring them back to the next meeting.

Tracy anticipates a minimum of two (2) books for the next couple months and will benefit from the additional support for reviews.

2. Jason. Shepko – has requested to be placed on ‘Hold’ pending his successful completion of the I-P Upgrade. Placed on “Hold” January 3, 2016. Days in at Hold = 309. Many thanks to Nick Croce for meeting and discussing the situation with Jason..

3. Kelly Frye's preceptorship status was discussed at the last meeting. Once again, many thanks to Nick Croce who followed up with Kelly Frye to outline the concerns of the committee. An e-mail has been received from Francis Rath her Mentor that Kelly has now been in contact with him via e-mail and wishes to expand her preceptorship locations to busier stations.

4. The preceptorship of Jake Kline, Co. 15 at the /P level has been submitted for consideration. His book was submitted and reviewed by Nick Croce and Michelle Beatty. He has received the recommendation for release from his Mentor Stewart McLaren and his Chief Byron Andrew. The review was presented by Nick Croce for the Review Committee. Nick stated that he had a large variety of EMS calls, including cardiac arrest, GSW, amputation, stemi, medical and trauma calls, etc. and had a very impressive preceptorship.

A motion was made by Nick Croce, Co. 8 and seconded by Jose Salazar, LCFR to recommend to the Medical Director that Jake Kline, Co. 15 be released at the EMT-I/P level.

Motion: A motion was made by Nick Croce, Co. 8 and seconded by Jose Salazar, LCFR to recommend to the Medical Director that Jake Kline, Co. 15 be released at the EMT-I/P level.

Vote: Passed Unanimously

OMD: Approved by Dr. John Morgan

Jake Kline will be assigned Communications Number 1538.

Nick suggested that the report submitted by Stewart McLaren for Jake be redacted to remove any identity and that it be used as a model report for other Mentors.

5. A continuing discussion from the December 2015 meeting on the preceptorship status of Travis Orrison, Co 9 was reopened.

At the December meeting, a motion was made passed and approved by the OMD for the following conditions to be met by this meeting:

- Complete a scheduled ER Rotation to demonstrate a minimum success IV rate of 70% or better. This percentage will be based upon the completion of a minimum of 10 IV cannulations in the Emergency Department.
- Complete the preceptor book to include all outstanding preceptor review forms.
- Demonstrate field IV cannulation proficiency of 70% or better.

December Motion:

To extend Travis Orrison until the next ALS Committee Meeting to provide additional time to satisfy the above requirements. Travis' book is required to be turned into the ALS Committee for review no later than January 11, 2016.

A motion was made by Chief Stiles (LCFR) and seconded by Chief Bennett (Co. 9), to extend the preceptorship of Travis Orrison until the next ALS Committee Meeting. Failure to successfully complete all items below will result in Travis' preceptorship being terminated. No further extensions will be approved.

It was reported that Travis's book was received by Tracy for review however Jonathan Whitbey., his Mentor said that he could not recommend him for release.

A lengthy discussion took place to determine if the preceptee had complied with the markers from the last meeting. In addition, the failure of his Mentor to recommend him for release was also discussed and taken into consideration.

Following the discussion:

A motion was made by D/C Jose Salazar (LCFR) and seconded by Nick Croce, Co. 8 that Travis Orrison has not fulfilled the markers that had been set at the December 2015 meeting. In addition, he failed to receive the recommendation of his Mentor for Release. Based on these facts it is recommended to the Medical Director that his preceptorship be terminated.

Motion: A motion was made by D/C Jose Salazar (LCFR) and seconded by Nick Croce, Co. 8 that Travis Orrison has not fulfilled the markers that had been set at the December 2015 meeting. In addition, he failed to receive the recommendation of his Mentor for Release. Based on these facts it is recommended to the Medical Director that his preceptorship be terminated.

Vote: Passed with one No Vote (Co. 9)

OMD: Approved by Dr. John Morgan

Tracy Lane prepared the following update for the meeting tonight on those currently precepting. There are currently 11 preceptees at the EMT-I/P level.

No.	Preceptee	Company	Days In	Mentor	Report?
1	Jeffery Grim	LCFR	187	Herb Rundgren	Yes
2	Angela Lauck	LCFR	187	Herb Rundgren	Yes
3	Charles Evangelisti	LCFR	187	Andrew Hopkins	Yes
4	Joel Sauer	LCFR	187	Michael Mahoney	Yes
5	Stephen Shuyada	LCFR	187	Andrew Hopkins	Yes
6	Bill Toon	LCFR	154	Michelle Beatty	Yes
7	Christopher Dolese	15/25	187	Kathleen Leary	Yes
8	Kelly Frye	17	187	Frances Rath	Yes
9	Augustine Rosas	13	180	Patty Russell	Yes
10	Susan Truba	6	187	Kathy Haresak	No
11	James Stephens	6	187	Matt Webb	Yes

A reminder to everyone that Preceptorship Books (with all appropriate release forms and documentation) must be received by Tracy Lane at least one week prior to the ALS Committee so that an adequate period of time is allocated for the Review Committee to the review candidate's preceptorship.

Training – EMS Training Manager Bill Toon

EMS Training Manager, Bill Toon provided the following training schedule:

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

Old Business

Semi-Annual Skills non-compliance suspensions

Leo Kelly reports that he has received a long list of ALS Providers from EMS T/O Stephanie Corbin. Since 01/15/2016 was on Friday and today is a county Holiday some of the sheets may have crossed in the mail. Kelly stated that several of the members from Co. 13 were sent by Chief Mino who copied him on the e-mails. McLaren said that the spreadsheet was sent on Friday evening and Chief Bennett reported the same for his members.

It was the consensus of the committee that suspensions be delayed until February 1, 2016 after the list and compliance has been re-evaluated from Stephanie.

New Business

None

Announcements

Steve Porter, Co. 13 that there are still slots available for the GEMS class on 2/21/2016. Interested individuals should contact him at Co. 13.

Steve also announced that Co. 13 will be hosting a Cadaver Advanced Airway Class conducted by outside providers at their station on April 23, 2016. The cost of the course is approximately \$330.00 per student.

There being no further business to discuss a motion was made by Steve Porter, Co. 13 and seconded by Stewart McLaren (Co. 15) to adjourn the meeting.

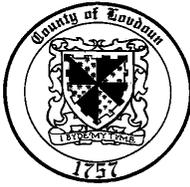
Motion: Motion to adjourn meeting at hours by S. Porter and seconded by S. McLaren (Co. 15)

Vote: Passed Unanimously

The next ALS Committee meeting will be held on February 15, 2016 at the Ashburn HealthPlex.

For the ALS Committee:

**Leo C. Kelly, PA, Office of the Medical Director
Advanced Life Support Committee
The Loudoun County EMS Council, Inc.
Recorded by Tracy Lane**



Loudoun County Combined Fire and Rescue System

Executive Committee

PO Box 7100

801 Sycolin Road, Suite 200, Leesburg, VA 20175-7000

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**EXECUTIVE COMMITTEE
RULES OF ORDER**

I. Business & System Hearing Meetings

- A. Business Meetings shall be held on the last Tuesday of each month at 7:00 p.m.
- B. An option for advanced sign-up for System input is available on the agenda. Interested parties must contact the Department of Fire, Rescue and Emergency Management (“DFREM”) at (703) 777-0333 and request the Executive Liaison, or Chair of the Executive Committee (“the Chair”) in the absence of the Liaison. Sign-up is open until the Business Meeting begins and may be completed in person prior to the start of the meeting.
- C. Each party signed-up in advance to speak shall have no more than five minutes allotted.
- D. The Executive Committee may provide for additional meetings as deemed appropriate by the Chair. Said meetings shall be referred to as “special meetings” and must be scheduled no less than 72 hours in advance of proposed meeting times. Special meetings will be announced to System members by electronic communication.
- E. Meetings shall be held at the Oliver Robert “O.R.” Dube’ Fire and Rescue Training Academy, 16600 Courage Court, Leesburg VA (“the Academy”). Meeting location, date, and times are subject to change due to holidays, inclement weather, and lack of availability of space at the Academy. Changes to meetings shall be communicated no later than noon the day of the scheduled meeting.
- F. No meetings shall be convened during the month of December, except in cases of emergency or when timely action is needed.

- G. All cell phones, pagers, and other electronic devices shall be set on silent mode while in the meeting room.
- H. Smoking is only permitted in the designated areas outside of the Academy.
- I. If a reasonable accommodation for any type of disability is required to participate in the meeting, please contact DFREM at (703) 777-0333 and request the Executive Liaison, or Chair in the absence of the Liaison. It is requested that three business days advance notice be given.

II. Order of Business at Regular Meetings

- A. The Chair or designee shall establish the order of business for all meetings in the form of an Agenda, and copies shall be available in a printed format. The Chair, or designee, may change the order of business as necessary based on the agenda. The order of business shall include, but not be limited to, the following items:
 - 1. Call to Order
 - 2. Pledge of Allegiance
 - 3. Adoption of Consent Agenda
 - 4. Requests for Additions/ Deletions to the Agenda
 - 5. Closed Session (if needed)
 - 6. Chairperson's Comments/ Information Items
 - 7. System Chief Comments/ Information Items (if present)
 - 8. Information Items
 - 9. Standing & Ad-Hoc Committee Reports
 - 10. Action Items
 - 11. Presentation of Special Recognition Certificates / Awards
 - 12. System Input
 - 13. Executive Committee Member Comments
 - 14. Adjourn

III. Duties of the Chair

- A. The Chair shall preside at Business Meetings and Special Meetings, call the same to order, enforce these rules of order, and enforce time limits imposed by the rules of order.
- B. In the absence of the Chair, the Vice-Chair shall perform the duties of the Chair. In the absence of both the Chair and Vice-Chair, the Chair shall designate another

member of the Executive Committee to serve as the Chair for the purpose of conducting and presiding over the Meeting.

- C. The Chair shall decide all questions of order, subject to an appeal from any Executive Committee Member.
- D. The Chair, or designee, shall be responsible for preparation of the Committee agenda for each meeting or hearing of the Committee, in consultation with the members of the Committee and the System Chief.
- E. The Chair shall nominate standing and ad-hoc sub-committees, with endorsement by a majority of Executive Committee members (present and voting) and approval of the System Chief. The Chair shall nominate system appointments subject to the Executive Committee endorsement and approval by the System Chief.

IV. General Rules Governing Placing Items on the Committee Agenda

- A. Committee Members shall receive sufficient advance notice of agenda items to enable them to study the item, request and receive additional information, and consult stakeholders as considered appropriate by Committee Members.
- B. The Chair shall set the tentative agenda for Committee meetings approximately one week prior to the regularly scheduled meeting.
- C. A copy of the tentative agenda and packet of supporting materials shall be electronically mailed to each Committee Member by 5:00 p.m. on the Wednesday before the Tuesday meeting.
- D. Reports that are not received and included in the EC Packet shall not be placed on the consent agenda but they can appear on the regular agenda.
- E. The Executive Liaison shall be responsible for notifying individual Committee Members of new agenda items, both Action and Informational, which pertain to that Committee Member's Area of Responsibility.
- F. Agenda items may be added by Committee members, with the approval of the Chair, in accordance with deadlines established herein.
- G. Agendas shall be posted by 5:00 p.m. on the Wednesday before the scheduled monthly meeting. Special meeting agendas shall be published when notification is sent to System members of the scheduling of such meetings. The subsequent Action Report

(written minutes) of Business and Special meeting is usually available by close of business five days following the Committee Meeting. If assistance is required accessing this information, contact the Executive Liaison or the Chair in their absence, through the Department of Fire, Rescue and Emergency Management at (703) 777-0333.

V. Debate

- A. Committee members shall, at all times, conduct themselves with professionalism and respect, adhering to the LC-CFRS Code of Conduct.
- B. When any Committee or System Member desires to speak, or deliver documents, on any matter to the Committee, the Member shall respectfully address the Chair, and on being recognized by the Chair, may address the Committee, and shall confine his/her comments to those questions under debate.
- C. All comments, criticisms, etc., will be addressed to the Chair. Cross debate between Members will be conducted through the Chair.
- D. When two or more Members seek recognition at the same time, the Chair shall name the Member who is to speak first.
- E. During Executive Committee meetings, Committee deliberations will be held among Committee Members unless the Committee consents to invite other participants as outlined in section F below.
- F. Committee members may request the Chair to recognize a System member present to be permitted to speak. Upon recognition by the Chair, and without objection from any Executive Committee member, the System member may speak on the matter before the Executive Committee.
- G. Following all debate and when the motion is brought to a vote, the Chair will proceed with a roll call vote if requested by a Committee Member and seconded by another.

VI. Motions and Their Precedence

- A. Every motion made to the Committee and entertained by the Chair shall be reduced to writing on the demand of any Member, and shall be entered in the Minutes with the name of the Member making it.

- B. When a motion has been made, the Chair shall state it, or (if it be in writing) cause it to be read aloud before being debated. The motion may be withdrawn at any time before a decision or amendment.
- C. A motion to object to consideration of a question must be made prior to the Committee's entering into discussion on the question.
- D. When a question is under debate, no motion shall be received by the Chair but:
 - 1. To adjourn.
 - 2. To adjourn to a day certain or when the Committee adjourns, it shall be to a day certain.
 - 3. To take a recess.
 - 4. To proceed to the consideration of other business.
 - 5. To lay on the table.
 - 6. To postpone indefinitely.
 - 7. To postpone to a day certain.
 - 8. To commit to a sub-committee of the Committee.
 - 9. To amend.
- E. If in the judgment of the Chair a motion to amend or to substitute is essentially the opposite of the motion on the floor, then it shall be out of order.

VII. Reconsideration

- A. When a question has been decided by the Committee, it shall be in order for any Committee Member voting with the prevailing side or who has not voted on the question, to offer a motion for reconsideration. Such motion shall be made during the same meeting or the next succeeding business meeting and such motion shall take precedence of all other questions except a motion to adjourn.

VIII. Amendments and Motions

- A. Any motions or amendments shall be reduced to writing at the request of any Committee Member, and shall be read aloud before it shall be debated.
- B. In the event a Committee Member, including the maker, believes that an item warrants further discussion than allowed under paragraph B, the Chair may move for further discussion.

- C. Any motion, amendment, or resolution may be withdrawn or modified by the mover at any time before a decision, amendment or vote has been taken on the motion, amendment, or resolution.
- D. When a motion or proposition is under consideration, a motion to amend and a motion to amend that amendment shall be in order.
- E. Votes will be taken on amendments as they are brought up.
- F. It shall not be in order to consider any proposed committee amendment, which contains any significant matter not within the jurisdiction of the committee proposing such amendment, unless determined proper by the Chair of the Committee.
- G. On the demand of any Committee Member, before the Chair puts the question, a question shall be divided, if it includes propositions so distinct in substance that, one being taken away, a substantive proposition remain.
- H. The Chair of the Committee, while a motion is under consideration, shall entertain no motion or proposition on a subject different from that under consideration.

I. The votes to carry a motion shall be as follows:

<u>Members Present and Voting</u>	<u>Majority</u>	<u>Two-Thirds</u>
7	4	5
6	4	4
5	3	4
4	3	3

Note 1- Four Committee Members in attendance are needed for a quorum. The Executive Committee operates without the use of a tiebreaker.

Note 2- Tie vote on a motion will not carry the motion.

Note 3- A Committee Member who abstains is counted for a quorum meeting purposes but is not counted as a Member present and voting.

Note 4- Failure of a motion framed in the negative does not authorize positive action.

J. All motions to forward an item to a business meeting, standing committee, or ad-hoc committee meeting are in order and do not require suspension of these rules.

IX. Record Keeping

- A. Official minutes, known as the Action Report, shall be kept by the Executive Liaison, or designee made by the Chair, as a summation of all actions of the Executive Committee and its subcommittees. In addition, the Chair shall cause the maintenance of all system hearing, standing committee, and ad-hoc committee meeting records.

X. Establishment and Jurisdiction of Standing and Ad-Hoc Committees

- A. The Executive Committee shall have the following standing committees: Administrative Operations Committee, Emergency Medical Services Operations Committee and Fire Operations Committee. The Chair, subject to approval of System Chief, shall appoint such other committees as deemed necessary by the Executive Committee as a whole.
- B. In order to assist the Executive Committee in its analysis, appraisal and evaluation of the Loudoun County Combined Fire & Rescue System, the standing committees shall have oversight responsibilities for specific areas of concern. Upon approval by the Executive Committee, each standing committee shall review and study, on a continuing basis, the application, administration, execution and effectiveness of System policies, procedures and programs within the jurisdiction of that standing committee.
- C. Each Standing Committee shall establish Rules of Order to guide meetings. Each Committee shall appoint a Chairperson to lead the Standing Committee and serve as a member of the Executive Committee representing that committee. The selection shall take place at the regular meeting of the committee annually during the month of January, and shall take effect with the regular Business Meeting of the Executive Committee in January.
- D. All Standing and Ad-Hoc Committees shall review and/or work on only those items or topics that are under their jurisdictions or referred to them by the Executive Committee. Any item not sanctioned by the Executive Committee, or System Chief, that will require substantial time and/or cause a change in the agenda, shall first receive approval of the System Chief.
- E. All committees shall establish regular meeting dates. If this schedule would cause a regular meeting to fall on an official County Holiday, then the meeting shall be held the next day at the same time and place, or as otherwise scheduled. All committee meetings and hearings shall be open to System Members.

- F. Standing and Ad-Hoc Committee Chairpersons shall be recognized to present reports and will yield to Executive Committee Members wishing to ask questions. All questions from the Executive Committee Members shall be addressed to the Committee Chair who is presenting the report.

XI. Attendance at Business and Special Meetings of the Executive Committee

- A. Executive Committee members may participate in Business and Special meetings via electronic communication device with the approval of a simple majority of Executive Committee members present. The Executive Committee member shall count for the purposes of establishing a Quorum and may participate in voting, but must be recognized by the Chair in order to speak.
- B. Executive Committee members who are absent from a Business or Special Meeting shall not be represented by another person as a substitute.

XII. Amendments to Rules

- A. These rules may be altered, amended or repealed and new rules may be adopted by a 2/3 majority of the Executive Committee Members, with approval of the System Chief, in such manner and at such times as the Executive Committee may determine.

XIII. Executive Committee Appointment and Removal

- A. The Executive Committee shall be comprised of the following:
 1. Assistant Chief, Support Services and Volunteer Administration, Chair
 2. Assistant Chief of Operations
 3. Career Chief Officer Appointment selected by the System Chief
 4. Chair, Fire Operations Committee
 5. Chair, Emergency Medical Services Operations Committee
 6. Chair, Administrative Operations Committee
 7. Operational Medical Director of the LC-CFRS
- B. The System Chief may, at his/her sole discretion, remove any member of the Executive Committee. Removal of the Chair of one of the Standing Committees shall cause that committee to select and appoint a new representative to the Executive Committee.

XIV. Robert's Rules of Order

- A. The latest edition of Robert's Rules of Order will apply to the extent consistent with these Rules.

Chaplains Committee 'By-Laws'

ARTICLE I –Title

The name of this organization shall be the Loudoun County Public Safety Chaplains Committee (Referred to as "Chaplains Committee" throughout this document).

ARTICLE II –Composition of the Chaplain Committee

1. One member of the Chaplain Committee representing each volunteer company, law enforcement department, or the Department of Fire and Rescue shall be voting members. Where more than one member from a given organization is present, those present shall form a consensus among themselves such that one vote from the organization represents that consensus.
2. The Chaplain Committee shall be made up of station chaplains and response chaplains as defined in Loudoun County Fire and Rescue System Wide Policies. Loudoun County law enforcement agency chaplains may be required to meet additional requirements by their respective departments.
3. The use of a proxy will be restricted to one member of the Chaplain Committee providing their vote on a matter via another member. Proxies may not be borne by a person who is not a member of the Chaplain Committee.
 - a. Such proxy shall be in the form of an e-mail or other written form from the chaplain to the Chairperson and the Secretary of the Chaplain Committee and shall state the exact date the delegate will attend as well as the name of that delegate.
 - b. Delegation by proxy can only be made for one meeting per proxy. Multiple meetings requiring a delegate require a separate proxy notice for each meeting date.
 - c. Delegation may be specific to a particular agenda item(s) in either the affirmative, negative, or abstention, or be granted as a general proxy on all matters presented at the meeting. If not specified, proxies will be considered to be general.

ARTICLE III –Officers

Chairperson:

1. The Chairperson shall preside over all meetings and other proceedings of the Chaplain Committee.
2. The Chairperson shall have and exercise the general supervision of affairs of the Chaplain Committee and the administration of the Chaplain Response Program (CRP).
3. The Chairperson shall represent the Chaplain Committee in front of the Board of Supervisors and other relevant organizations.

4. The Chairperson shall authorize all Chaplain Committee meetings, work sessions and associated agendas.
5. The Chairperson shall establish subcommittees and appoint associated chairpersons and members as necessary.

Vice-Chairperson:

1. In the absence of the Chairperson, the Vice-Chairperson assumes the Chairperson's duties (above).
2. Any other duties as assigned by the Chairperson or by vote of the Chaplain Committee.

Secretary:

1. The Secretary shall keep records of membership, including elected officers.
2. The Secretary shall develop and keep minutes of meetings of the Chaplain Committee.
3. The Secretary shall keep minutes prepared and submitted for any sub-committees, as appropriate, by the scribe for such meetings if not the Secretary himself/herself.
4. The Secretary shall ensure that call reports are completed by the responding chaplain and retained for a period of seven years.
5. Any other duties as assigned by the Chairperson or by vote of the Chaplain Committee.

Treasurer:

1. The Treasurer shall control records and disbursement of County Funding dedicated to the Chaplain Committee.
2. The Treasurer shall receive any other donations made to or collected on behalf of the Chaplain Committee, prepare deposits of same, and make such deposits in the Chaplain Committee accounts.
3. The Treasurer shall assist in the development of a budget for approval by the Executive Committee of the Chaplains Committee.
4. Any other duties as assigned by the Chairperson or by vote of the Chaplain Committee.

Chairman Emeritus

1. An honorary position held for members of high esteem.
 - a. The Chairman Emeritus shall have served a minimum of five years as a chaplain.
 - b. Shall have served as Chairman of the Chaplains Committee a minimum of three years.
2. There shall be only one Chairman Emeritus at any point in time.
 - a. The Chairman Emeritus shall vacate the position at such time as they become inactive with the operations of the Chaplains Committee.

Quartermaster:

1. Orders and procures all equipment needed by CRP members not donated or provided by the stations.
2. Coordinates purchases with (Department of Fire Rescue Emergency Management) DFREM and the Treasurer.
3. Maintains records of equipment issued to chaplains.
4. Any other duties as assigned by the Chairperson or by vote of the Chaplain Committee.
5. The quartermaster is a position appointed by the Chairperson.

Training Officer:

1. Seeks out and develops means of delivering basic and ongoing training to members of the CRP.
2. Maintains training records on all chaplains as they pertain to the CRP.
3. Provides input to the budget process for training needs.
4. Any other duties as assigned by the Chairperson or by vote of the Chaplain Committee.
5. The training officer is a position appointed by the Chairperson.

Scheduling Officer(s)

1. Coordinates the schedules of chaplains to ensure coverage.
2. Provides coverage schedules to the ECC.
3. Acts as liaison to the ECC.
4. Any other duties as assigned by the Chairperson or by vote of the Chaplain Committee.
5. The training officer(s) is a position appointed by the Chairperson.

Executive Committee of the Chaplain Committee

1. The chairperson, vice-chairperson, treasurer, secretary, and chairman emeritus shall constitute the Executive Committee of the Chaplain Committee.
2. The Executive Committee of the Chaplain Committee may convene
 - a. To decide, initiate, review, and guide corrective actions necessary by any chaplain found to be in violation of the Code of Conduct of their respective organization (LCFR or the law enforcement agency).
 - b. To suspend any chaplain from participation in the CRP should they fail to follow corrective actions prescribed until corrective action is undertaken.
 - c. To remove any chaplain from participation in the CRP as appropriate and for cause.
 - i. The actions in items a., b., and c. above shall apply to both response and station chaplains, whether declared or acting in that capacity.

- d. To conduct such business as the chairperson may deem appropriate due to its sensitive nature, provided the nature of the issue is described to convey the necessity for privacy on the matter to other members of the Executive Committee of the Chaplains Committee and the majority of the members concur as to the sensitivity of the matter.

ARTICLE IV –Election of Officers

All Officers described in ARTICLE III shall be elected by a simple majority of the organizations present to vote with the exception of Scheduling Officers, the Training Officer, the Quartermaster, and the Chairman Emeritus.

1. Nominations for officers shall be submitted to the Secretary and made known at the November Chaplains Committee meeting. Nominations from the floor will be accepted during the November meeting. Nominees must state willingness to accept the nomination either in person at the November meeting or via written notice submitted to the Secretary by the evening prior to the November meeting date.
 - a. The Chairperson shall appoint three members to serve as a Nominating Committee whose charge it shall be to verify the nominees qualifications for the office to which they are nominated as outlined below:
 - i. All officers shall meet SWP 1.5.
 - ii. The Chairperson and Vice-Chairperson shall be limited to released response chaplains who have been released a minimum of two years.
 - iii. The Secretary shall be limited to released response chaplains who have been released a minimum of one year.
 - iv. The Treasurer may be either a station or response chaplain who has been an active participant in the Chaplains Committee meetings for a minimum of one year.
2. In December of each year, each organization present shall cast one vote for the candidate of their choice for each office. A candidate must receive a simple majority of the votes cast to be elected to the post. If no candidate receives a majority vote, the organizations present shall vote again, choosing between the two (or more, in the event of a tie) candidates receiving the most votes in the first ballot.
3. Terms of office shall commence on January 1st and run through December 31st.
4. In the event of a vacancy, the chairperson will appoint an interim chaplain to fill the post until the following monthly meeting at which a special election will be held to select a chaplain to complete the vacated term.

- a. In the event of a vacancy by the chairperson, the vice-chair shall serve until a special election to be held at the next monthly meeting. At that time, the vice-chair may offer to remain in the chair's position, if the Chaplain Committee supports by majority vote, and a new vice-chair elected. Alternatively, a new chair may be elected and the vice-chair resume their previous role.
 - b. If the vacancy occurs with less than 15 days before the next regularly scheduled monthly meeting, the special election shall take place at the following regularly scheduled meeting.
 - c. Any vacancy occurring after October 15th shall not require a special election.
5. With the exception of the chair, officers may occupy more than one role provided they meet the qualifications of the roles.
6. One chaplain may serve as Chairman Emeritus.
 - a. A chaplain may be nominated for Chairman Emeritus not less than 60 days before a special called agenda item to confirm the honorarium.
 - b. To receive the honorary title, an affirmative vote of 3/4 of the organizations represented at the meeting is required.
 - c. A Chairman Emeritus serves for the balance of his or her life, or until such time as they elect to vacate that post.

ARTICLE V –Quorum/Voting of Agenda Items

1. A simple majority of voting organizations in attendance shall constitute a quorum
 - a. A voting organization (fire or rescue corporation, law enforcement agency, or DFREM) is one with an active representative on the Chaplains Committee.
2. Any issue or action by the Chaplain Committee is deemed to have passed if it receives a majority of votes cast other than election of Chairman Emeritus as described in Article IV or an amendment to the bylaws in which case ARTICLE VI applies.
3. Any issue or action shall be considered defeated if a tie vote occurs
4. An issue or action that has been defeated cannot return to the Committee agenda as an action item unless there has been a material change in the issue or action or circumstances that result in it having a better chance of passing

ARTICLE VI –Bylaw Changes

1. Proposed changes to the bylaws must be submitted in writing to the Chairperson, who shall distribute the proposal to all members of the Chaplain Committee no later than fifteen(15) calendar days prior to the business meeting where action on the proposal will be taken
2. Changes to the Bylaws of the Committee shall only be made with an affirmative vote of 2/3 of Chaplain Committee organizations present for the vote.

ARTICLE VII –Sub-Committees

1. The Chairperson shall establish standing and ad hoc sub-committees
2. Unless specifically authorized by vote of the Chaplain Committee, all members of a sub-committee shall be members of the Chaplain Committee
3. All sub-committees established by the Chairperson will themselves have a Chairperson that is a member of the Chaplain Committee

ARTICLE VIII –Parliamentary Procedure

1. For any specific rules of procedure or order not otherwise discussed herein, Robert’s Rules of Order shall control

ARTICLE IX –Non-Discrimination

1. In administering its affairs the Chaplain Committee shall not discriminate against any person on the basis of race, creed, color, national or ethnic origin, religion, sexual orientation, gender, age or disability, in accordance with EEOC regulations governing the workplace.

ARTICLE X –Financial Controls

The Committee shall be responsible for the proper receiving, spending, and accounting of all funds passed to or set aside for the work of the Committee in accordance with the following.

1. For funds designated for the Committee and managed through the Volunteer Programs Section of DFREM:
 - a. For funds set aside for the work of the Committee and managed through the Volunteer Program Section of the DFREM:
 - i. Procurement will occur according to Loudoun County Government procurement policies, executed by Volunteer Staff.
 - ii. A record of starting balance for each fiscal year, purchases made and amounts with supporting documentation, and remaining balance will be maintained by the Treasurer and reported out at the regular Committee meeting.
 - iii. Records will be kept for not less than three years.
 - b. For any other funds, including those that are held by the Committee directly, a set of Financial Control Policies shall be developed and maintained. Said policies will be reviewed on a bi-annual basis to ensure they are applicable and adequate to provide financial accountability.

8b

Loudoun County Public Safety
Chaplaincy
Manual

Procedures and Guidelines

DRAFT

Document Revision History		
<i>Version</i>	<i>Date</i>	<i>Modification</i>
1.0.0	Sept 25, 2014	Initial version created

DRAFT

Table of Contents

Introduction	2
Membership in the Chaplain Response Program (CRP).....	2
<u>Station Chaplain</u>	2
<u>Response Chaplain</u>	2
<u>Inactive Chaplain</u>	2
CRP Meetings	3
On-boarding of Chaplains	3
Company recommendation	3
Faith group recommendation	3
Station Chaplains	3
Vetting.....	3
Training	4
Release.....	4
Annual Training Requirements.....	4
Response Chaplains	4
Vetting.....	4
Training	4
Release.....	5
Annual Refresher Training.....	5
Training Records.....	5
Qualifications for Chaplains	5
General Qualifications.....	5
Code of conduct.....	6
Inclusion of Faiths and Beliefs.....	6
Confidentiality / HIPPA.....	7

Uniforms	7
Administrative Duties.....	8
Non-Emergency Events.....	8
Fire Department Funerals (SWP 1.5.1)	8
Operational Duties.....	9
Duty rosters	9
Regional Response	9
Radio operations.....	9
Scene Response	9
Transporting Others.....	10
Incident Reporting	10
Death Notifications.....	10
Motor Vehicle Accidents.....	12
House Fires	12
Cardiac Arrest	13
Suicide / Suicidal.....	13
Homicide.....	13
Child / Elder Abuse	14
Substance Abuse.....	14
Other Guidelines.....	14
Attachment 1 – Sample Station Endorsement.....	16
Attachment 2 – Sample Faith Group Endorsement	17

This manual is developed and maintained by the Loudoun County Fire and Rescue Chaplains Committee. Its contents are to be considered binding procedures that enable the Chaplain Response Program to be conducted in a manner that is both consistent and beneficial to those the Program is intended to serve.

INTRODUCTION

The Loudoun County Fire and Rescue System (LCFR) established the Chaplains Committee and the Fire and Rescue Chaplain Response Program (CRP). The Committee and the Program have been designed to provide spiritual support for members of the fire and rescue system (both volunteers and employees of the Department of Fire and Rescue Emergency Management, or DFREM), law enforcement, and the community.

CRP Chaplains bring comfort and consolation to all persons in need with special emphasis on those confronted with fire, death, accidents or natural/man-made disasters. The program includes the provision of pastoral care to members of law enforcement and emergency agencies. CRP Chaplains also assist individuals by carefully and knowledgeably referring them to other care providers or agencies.

MEMBERSHIP IN THE CHAPLAIN RESPONSE PROGRAM (CRP)

Membership in the CRP shall be open to any volunteer or career member of the Loudoun County Fire and Rescue System or Loudoun County law enforcement agencies according to the LCFR SWP Operations 1.5 – Chaplain Committee.

Individuals interested in serving as volunteer Chaplains, must complete a formal application and have the endorsement of their congregation and Chief or President as described below. The Chaplain Committee Chairperson will review all applications submitted, giving careful and prayerful consideration to each one. Once the application has been reviewed and the candidate is found to meet the basic requirements, a personal interview may be conducted by the Chairperson and two committee Members.

There are three classifications of chaplains as described below. Only Response Chaplains are authorized to respond to emergency events.

Station Chaplain

This Chaplain is authorized by their chief or president to support the personnel within their station, to include supporting company meetings, company events, and family members as needed, requested, and/or as appropriate. Station Chaplains *do not* respond to emergency incidents.

Response Chaplain

This Chaplain is authorized by their chiefs to perform the duties outlined in Station Chaplains, but also support emergency personnel in other stations throughout the county, to include on-scene support in the field (emergency response), at other company and county meetings, events, and their family members as needed, requested, and/or as appropriate.

Inactive Chaplain

This Chaplain is temporarily unavailable to perform in station duties or to serve as a Response Chaplain either through their own request or by request of the Chairperson of the Chaplains Committee to allow a period of

review of that Chaplain's actions and activity while representing LCFR on a scene, in a station, or among the public.

CRP MEETINGS

The CRP meets on the second Saturday of each month at 9:00 AM. Each meeting shall be conducted along a general agenda outlined below and subject to adaptation by the presiding chair.

- Call to Order
- Significant Events
- Treasurer's Report
- Training Updates
- Old Business
- New Business
- Adjournment followed by Executive Session as needed.

ON-BOARDING OF CHAPLAINS

All Chaplains are required to have completed a background check consistent with System Wide Policy (SWP)* 3.5.1. Chaplains must therefore authorize the release of their background investigation report results to the CRP for review and record keeping.

**(System Wide Policies were formerly referred to as Fire Rescue Guidelines until a revision in the ordinance concerning the governing structure of LCFR was changed and went into effect on July 2, 2014. Where encountered, the terms Fire Rescue Guideline shall be understood to refer to System Wide Policy and FRG to refer to SWP.)*

Company recommendation

Each Chaplain will need a written endorsement from their company chief (to be a Response Chaplain) or president or chief (to be a Station Chaplain). An example of such an endorsement is in Attachment 1.

Faith group recommendation

Each Chaplain will need a written endorsement from their own house of faith, congregational organization, or spiritual leader to be filed with the CRP. An example of such an endorsement is in Attachment 2.

STATION CHAPLAINS

Vetting

Chiefs and presidents are asked to vet the choice of Station Chaplain through the Chaplains Committee due to the name *Chaplain* being associated with the Chaplain Program. The chief and/or president are providing their

personal endorsement, attesting to the individual's good character and conformity with the characteristics of a Chaplain outlined herein. Chiefs and presidents are expected to observe that the Station Chaplain acts in accordance with the characteristics for Station Chaplains outlined herein, to seek compliance from the Station Chaplain as it pertains to this manual, and to refer non-conformance to the CRP Chair for further action, including placement on the Inactive Chaplain list and removal from the CRP if appropriate.

Training

Station Chaplains will then be required to attend an Orientation for Chaplains that indicate what responsibilities they may and may not attend to, to provide some basic training on how to act inclusively with members of all faiths in their stations, to provide them with a channel for requesting additional help when dealing with different issues within station life, etc.

Release

Station Chaplains that have completed the Orientation for Chaplains will receive a confirmation letter from the CRP Chair indicating same and a copy of the letter will be forwarded to the company president for company records. A copy will be maintained also by the Training Officer of the CRP.

Annual Training Requirements

Station Chaplains are not required to attend annual refresher training unless recommended for same by their chief or president.

RESPONSE CHAPLAINS

Chiefs are asked to make recommendations on Response Chaplains in particular given the degree of risk associated with on-scene response the necessity to ensure the Chaplain has been briefed at a high level on operations. The overall training of the Response Chaplain will be performed by the CRP, so the essence is not for the chief to train the candidate on response procedures, but to make a personal judgment on the individual's capability to serve in a support role while participating in an environment that is engulfed in emergency activities.

Vetting

Chiefs are asked to recommend the choice of Response Chaplain to the Chaplains Committee. The chief is providing his or her personal endorsement, attesting to the individual's good character and conformity with the characteristics of a Chaplain outlined herein. Additionally, chiefs are expressing confidence that the Chaplain candidate is capable of grasping and interacting with the operations on scene. Chiefs and presidents are expected to observe that the Response Chaplain acts in accordance with the characteristics for Response Chaplains outlined herein and to refer non-conformance to the CRP Chair for further action, including placement on the Inactive Chaplain list and removal from the CRP if appropriate.

Training

Response Chaplains shall participate in a basic chaplaincy program. Basic chaplaincy training shall be obtained through certification of ANY of the following programs:

- Basic, Senior, or Master Level Training Credentials from the International Conference of Police Chaplains (ICPC) or similar organizations or programs
- Certificate of Basic or Advanced Fire Chaplaincy from the Federation of Fire Chaplains (FFC)
- Basic or Advanced Level Certification in Critical Incident Stress Management (CISM) or CISM Resiliency Training
- Basic or Advanced Level Certification in Pastoral Crisis Intervention (PCM)
- Certification in Training in Mass Casualty Incidents/Fatality Response
- Industrial and Commercial Ministries Chaplain Seminar
- LCFR Basic Chaplain Training
- Other program with prior approval of the CRP Executive Committee

Release

Response Chaplains shall be released for operations (1) after completion of their basic training, (2) following the recommendation of their preceptor and (3) with the concurrence of the CRP Executive Committee.

Annual Refresher Training

Response Chaplains are required to complete a minimum of 8 hours of ongoing training each year in order to be allowed to continue to respond to incidents. The CRP will ensure that sufficient training opportunities exist such that each Response Chaplain can meet or exceed this minimum.

Training Records

In addition to keeping a copy of the Orientation for Chaplains completion for Station Chaplains, the CRP Training Officer will also keep a record of initial program training and ongoing annual training requirements for all Response Chaplains. The Training Officer shall be responsible for ensuring each Response Chaplain is taking sufficient training to maintain the eight hour minimum in a given twelve month period.

QUALIFICATIONS FOR CHAPLAINS

General Qualifications

- Must be ordained, licensed as clergy, or a layperson acceptable to their church to work as a chaplain in the community
- Must be able to pass a criminal background check.
- Show a God-like compassion, understanding and love for others.
- Maintain faith-based, ethical and moral standards.
- Demonstrate maturity in judgment, emotional stability and personal flexibility.
- Be tactful and considerate in approach, relating easily to all peoples.

- Be familiar with and/or willing to learn the various helping agencies in the community.
- Have a deep concern for the spiritual and emotional well-being of emergency response personnel, their families and the victims of accidents and disasters.
- Be willing to respond to any and all situations where the presence of a Chaplain is required.
- Possess valid driver's license.
- Network with other clergy, i.e. hospital and other area clergy.

Code of conduct

Chaplains are to adhere to the policies contained in SWP 3.0.2 – Code of Conduct – Criminal and Traffic Offenses and SWP 3.0.3– Code of Conduct – Sexual Harassment. All chaplains are expected to demonstrate behavior consistent with the mission of CRP and the congregation they represent. Any ethical concerns should be immediately addressed with the Chairperson of the Chaplains Committee. The CRP is committed to treating all those to whom they minister with respect for their personal dignity, right to privacy and to protect the confidentiality of all personal information shared with the Chaplain.

In addition, Chaplains are expected to be above reproach as it comes to compliance with the law, avoiding the appearance of misconduct. They are expected to be tolerant of the diversity that exists in our community and stations, treating all with fairness and compassion, and standing for professionalism and fairness under the law and policies of the LCFR system. A Chaplain's personal moral convictions are by necessity not laid aside, however in the capacity of a Chaplain, these moral convictions are shared gently and respectfully when shared, and withheld when the party with whom they are shared asks that they not be shared. This does not excuse unethical or even nonprofessional behavior on the part of our members and the Chaplain should report such behaviors to the appropriate company leadership. As part of spiritual support, it is anticipated that Chaplains will share their own faith and beliefs with others *that are receptive to hearing* and if such is not desired on the part of the listener, the Chaplain will respond appropriately so as not to place the listener in a position of feeling they are in a hostile situation.

Inclusion of Faiths and Beliefs

Chaplains are to use non-denominational, inclusive prayers or a moment of silence if appropriate for ceremonies when the primary purpose of the ceremony is not the advancement of religious beliefs. For example, a Christian Chaplain may begin a non-denominational prayer in a diverse audience with the following:

“As a Christian Chaplain, I invite you to pray in your faith, as I pray in the name of the Father, the Son, and the Holy Spirit....”

A Chaplain may preside, preach, or pray in sectarian language with a like-minded individual that has asked for their assistance or a like-minded congregation that has voluntarily assembled.

Confidentiality / HIPPA

Confidentiality will be maintained within the limits of the law. The Chaplain is **NOT** held to confidentiality in the event of current child or elder abuse or neglect, intended suicide/homicide, the threat of bodily injury to self or danger to others. No promises of confidentiality shall be made of potentially serious situations noted above.

Uniforms

Station Chaplains will adhere to the uniform recommendations of their respective companies, however, the CRP recommends that for the most formal of events, the Station Chaplain wear a dress uniform provided by the company or a jacket and tie (male) or appropriate dress attire (female) reflecting the solemnity of the occasion.

Response Chaplains shall:

- Wear clean long pants or slacks when responding to calls. Shorts are not appropriate.
- Carry County identification with them at all times.
- Wear reflective jacket and/or vest on all scenes during emergency activities involving fire-rescue or police response. Post-emergency activities (hospital visit, notifications, follow up, etc) may be done without the reflective wear.
- Will refrain from entering areas where a helmet is deemed necessary unless wearing a helmet unless consent is given by the officer in charge of the scene (i.e. for an extrication for instance). The color of Chaplains' helmets is orange and will bear a rocker that indicates *Chaplain*. Chaplains will not wear other colored helmets on scene unless certified *and available* in the role the helmet signifies (EMT, officer, firefighter).
- Will refrain from entering an Immediately Dangerous to Life or Health (IDLH).
- Will refrain from crossing police lines/tape unless directed to do so by law enforcement.
- Wear Class A Uniform bearing LCFR and CRP patches when attending county functions, funerals for members of the system, station dedications, or other high-honor ceremonies.

The CRP will provide the following to Response Chaplains:

- Chaplain's jacket with reflective materials for response in cooler months (replacement when deemed necessary by the Quartermaster)
- Chaplain's coat with reflective materials for response in cold months (replacement when deemed necessary by the Quartermaster)
- Chaplain's cap (replacement annually unless damaged or lost)
- Chaplain's badge and holder
- Chaplain's polo for wearing at non-ceremonial events and during response (replacement annually unless damaged)
- Reflective safety vest (replaced as needed)
- Response bag

- Reference book with contacts for various services (funeral homes, counseling facilities, etc).
- Blankets for child comforting efforts (replenished as needed)
- One Class A uniform for Chaplains that support high-ceremonial functions including but not limited to funerals, station dedications, memorials, graduations. This shall include all articles of clothing in a quantity of one that constitutes a Class A uniform. (Replacement as deemed necessary by the Quartermaster.) Class A uniforms will be provided only to those chaplains that serve in a role of high-ceremonial function as representation of the Committee and as determined by the Executive Committee of the Chaplain Committee.

The Quartermaster shall keep an accounting for what articles are issued to Response Chaplains and when (for the purposes of determining when a replacement may be provided).

ADMINISTRATIVE DUTIES

Non-Emergency Events

Both Station and Response Chaplains are authorized to support non-emergency activities of the fire and rescue system upon the request of the event organizer or family member. Examples of non-emergency events include:

- Funerals for members of the fire and rescue system
- Hospital visits for members of the fire and rescue system
- Opening or closing ceremonies for fire and rescue events
- Counseling for members of the fire and rescue system
- Station and other fire and rescue facility or vehicle dedication ceremonies
- Requests from other jurisdictions for support to their fire and rescue system exclusive of incident response
- Other events as requested by volunteer fire and rescue companies or the Department of Fire and Rescue Services.
- It is recommended that Chaplains spend as much time as practical visiting stations.

Fire Department Funerals (SWP 1.5.1)

Note that for fire department funerals, specific policies and procedures must be followed by the Chaplain in accordance with SWP 1.5.1. As indicated under *Uniforms*, Response Chaplains are required to wear Class A uniforms when attending or conducting the funeral of a system member. Station Chaplains asked to preside over the funeral of a system member must likewise obtain a Class A uniform, equipped with the LCFR and their company patches, to wear during the funeral. If they will only be attending, a suit and tie or appropriate dress are permitted.

OPERATIONAL DUTIES

Duty rosters

The Scheduling Officer(s) shall ensure that one chaplain is available for emergency response at all times. The Scheduling Officer(s) shall provide the Emergency Communications Center (ECC) with a duty roster for the Chaplain Response Program. The roster can be updated as necessary. In the event of multiple requests for chaplain support, any available chaplain can contact the ECC.

Regional Response

Where appropriate, a Response Chaplain may carry a pager or other notification device (cell phone, etc) in support of a broader territory than one first due, referred to as Regional Response. Such a Chaplain agrees to respond to all calls to which he or she is dispatched to while on duty and providing coverage to anywhere within their Region. If a closer Response Chaplain is able to contact the Regional Response Chaplain, the closer Chaplain may replace the responding Regional Response Chaplain with concurrence from the Regional Response Chaplain and notification to the ECC.. Such notification must be made in a closed-loop fashion. For example:

Closer Chaplain "Loudoun, Chaplain 603. I have been in contact with Chaplain 614B and will be responding in his place for the call at _____." ECC will announce the replacement "Chaplain 603 responding in place of Chaplain 614B for the incident at _____."

Radio operations

Response Chaplains shall receive a radio designation as follows:

"CHAPLAIN XX-YY"

Where "XX" is their volunteer station number and "YY" is a unique identifier associated with the Chaplain. Department members participating in the response program shall use station number "99." The list of radio designations shall be maintained by the Chairperson of the Chaplain Committee and shall be provided to the ECC. Station Chaplains will not receive a radio designation as a chaplain.

Scene Response

Members of the Chaplain Response Program shall be dispatched to the following emergency incidents by the Emergency Communications Center (ECC):

- Cardiac or Respiratory Arrests
- Reported Dead-on-Arrival (DOA) patients
- Deaths cause by accident or illness
- Line of duty deaths or serious injuries to members of the fire and rescue system
- Serious automobile accidents, including those involving fatalities or pedestrians stuck by automobiles
- Other incidents at the discretion of the Incident Commander

Upon the request of a Charge Nurse at any hospital, members of the Chaplain Response Program may respond to support a patient transported by the Loudoun Fire and Rescue System or mutual aid agency, their family, a member of the fire and rescue system, or their family. The hospital shall relay their request through the ECC.

Chaplains shall not respond to the scene of an emergency unless dispatched or requested by the Incident Commander. When requested, Chaplains shall respond non-emergency and shall report to the Incident Commander on arrival, providing accountability tags to the Incident Commander. Responding Chaplains will coordinate actions with Incident Commander.

Responding chaplains shall not participate in other emergency or non-emergency activities during an incident. If it is necessary for the Incident Commander to assign a responding chaplain to other scene duties, a replacement chaplain, if needed, shall be dispatched to the scene by the ECC.

Transporting Others

Use of POV Chaplains shall not provide transportation using privately owned vehicles (POV) unless (1) their volunteer agency or the County provides liability insurance coverage for the chaplain while transporting family using a privately owned vehicle, (2) the chaplain has the permission of their Chief to transport family members in their private vehicles from time-to-time, and (3) the Incident Commander consents to the transport.

Company and County vehicles shall be used whenever possible to transport family members from the scene of an incident, residence, or other location to a hospital or other facility.

Incident Reporting

Chaplains shall prepare an incident report for each incident that they support. The incident report shall be done in accordance with station procedures and a copy forwarded to the CRP Secretary. The form of incident report shall be approved by the CRP and shall be an attachment to this guideline.

Death Notifications

1. Law Enforcement is absolutely responsible for determining the identity of the deceased. LE will be the lead agency in all death notifications, chaplains are only assisting and providing spiritual support. Official death or incident notifications shall not be made by members of the Chaplain Response Program unless requested by a supervisor of the Loudoun County Sheriff's Office, a Virginia State Police Trooper, or a supervisor from a Loudoun County police department. When an official death or incident notification is made by a fire and rescue chaplain, a member of the investigating law enforcement agency shall be present during the notification if possible.
2. Notify in person. Don't call. Do not take any possessions of the victim to the notification. If there is absolutely no alternative to a phone call, arrange for a professional, neighbor, or a friend to be with the next of kin when the call comes.
3. If a large group is to be notified, request additional chaplains.
4. Talk about your reactions to the death with your team member(s) before the notification to enable you to better focus on the family when you arrive.
5. Present credentials and ask to come in.

6. Sit down, ask them to sit down, and be sure you have the nearest next of kin (do not notify siblings before notifying parents or spouse). Never notify a child. Never use a child as a translator.
7. Use the victim's name... *"Are you the parents of _____?"*
8. Inform simply and directly with warmth and compassion.
9. Do not use expressions like "expired," "passed away," or "we've lost _____."
10. Sample script: *"I'm afraid I have some very bad news for you."* Pause a moment to allow them to "prepare." *"Name has been involved in _____ and (s)he has died."* Pause again. *"I am so sorry."* Adding your condolence is very important because it expresses feelings rather than facts, and invites them to express their own.
11. Continue to use the words "dead" or "died" through ongoing conversation. Continue to use the victim's name, not "body" or "the deceased."
12. Do not blame the victim in any way for what happened, even though he/she may have been fully or partially at fault.
13. Do not discount feelings, theirs or yours. Intense reactions are normal. Expect fight, flight, freezing, or other forms of regression. If someone goes into shock have them lie down, elevate their feet, keep them warm, monitor breathing and pulse, and call for medical assistance.
14. Join the survivors in their grief without being overwhelmed by it. Do not use clichés. Helpful remarks are simple, direct, validate, normalize, assure, empower, expressing concern. Examples: *"I am so sorry."* *"It's harder than people think."* *"Most people who have gone through this react similarly to what you are experiencing."* *"If I were in your situation, I'd feel very _____ too."*
15. Answer all questions honestly (requires knowing the facts before you go). Do not give more detail than is asked for, but be honest in your answers.
16. Offer to make calls, arrange for child care, call their clergy, relatives, employer. Provide them with a list of the calls you make as they will have difficulty remembering what you have told them.
17. When a child is killed and one parent is at home, notify that parent, then offer to take them to notify the other parent.
18. Do not speak to the media.
19. Do not leave survivors alone. Arrange for someone to come and wait until they arrive before leaving.
20. When leaving let him/her or them know you will check back the next day to see how they are doing and ask if there is anything else you can do for them.

21. Call and visit again the next day. If the family does not want you to come, spend some time on the phone and re-express willingness to answer all questions. They will probably have more questions than when they were first notified.
22. Let the survivor(s) know you care. The most beloved professionals and first responders are those who are willing to share the pain of the loss. Attend the funeral if possible. This will mean a great deal to the family and reinforces a positive image of your profession.
23. Know exactly how to access immediate medical or mental health care should family members experience a crisis reaction that is beyond your response capability.
24. Debrief your own personal reactions with another chaplain or member of your personal clergy on a frequent and regular basis - don't try to carry the emotional pain all by yourself, and don't let your emotions and the stress you naturally experience in empathizing with the bereaved build into a problem for you.

Motor Vehicle Accidents

1. Park your vehicle away from accident scene and off roadway
2. Report to Incident Commander (IC)
3. Assist as requested by the IC
4. In any situation where there is a possibility of bodily fluid contact, don appropriate protective clothing
5. Do not hesitate to request additional Chaplains as needed
6. In vehicle versus pedestrian situations, particular attention should be paid to vehicle operator
7. Assist in transporting non-injured patients to homes or hospitals with permission of the IC
8. In extended extrication situations, request permission of the IC to comfort patient (even if patient appears to be unconscious they may still hear your words of encouragement and hope)

House Fires

1. Park your vehicle away from scene and off roadway
2. Report to Incident Commander and provide accountability tags
3. Assist as requested by the IC
4. In any situation where there is a possibility of bodily fluid contact, don appropriate protective clothing
5. Do not hesitate to request additional Chaplains as needed
6. Assist in transporting non-injured patients to homes or hospitals with permission of the IC

Cardiac Arrest

1. Park your vehicle away from scene and off roadway
2. Identify yourself to Attendant in Charge (AIC)
3. Assist as requested by the AIC. Note that if you do not know or are not willing to perform CPR, you should stand well back from the patient and out of the way of others that may need to jump in and assist.
4. In any situation where there is a possibility of bodily fluid contact, don appropriate protective clothing
5. Do not hesitate to request additional Chaplains as needed
6. Assist in transporting non-injured patients to homes or hospitals with permission of the AIC

Suicide / Suicidal

1. Park your vehicle away from scene and off roadway
2. Report to Law Enforcement or Attendant in Charge. Do not attempt entry until LE deems it is safe to do so.
3. Assist as requested by LE or the AIC
4. In any situation where there is a possibility of bodily fluid contact, don appropriate protective clothing
5. Do not hesitate to request additional Chaplains as needed
6. Assist in transporting non-injured patients to homes or hospitals with permission of LE and the AIC

Homicide

1. Park your vehicle away from scene and off roadway
2. Report to Law Enforcement. Do not attempt entry until LE deems it is safe to do so.
3. Assist as requested by LE
4. In any situation where there is a possibility of bodily fluid contact, don appropriate protective clothing
5. Do not hesitate to request additional Chaplains as needed
6. Assist in transporting non-injured patients to homes or hospitals with permission of LE
7. Be aware of surroundings including people. You may be asked for your recollection of the crime scene.
8. Do not engage or try to subdue suspects. Bring them to the attention of LE immediately.

9. Do not divulge information heard from LE to the family.

Child / Elder Abuse

1. Park your vehicle away from scene and off roadway
2. Report to Law Enforcement or Attendant in Charge. Do not attempt entry until LE deems it is safe to do so.
3. Assist as requested by LE or the AIC
4. In any situation where there is a possibility of bodily fluid contact, don appropriate protective clothing
5. Do not hesitate to request additional Chaplains as needed
6. Assist in transporting non-injured patients to homes or hospitals with permission of LE and the AIC
7. Be aware of potential domestic situations where parents may become combative with one another or first responders, or where parents that are combative with one another may turn on the first responders in unity.

Substance Abuse

1. Park your vehicle away from scene and off roadway
2. Report to Law Enforcement or Attendant in Charge. Do not attempt entry until LE deems it is safe to do so.
3. Assist as requested by LE or the AIC
4. In any situation where there is a possibility of bodily fluid contact, don appropriate protective clothing
5. Do not hesitate to request additional Chaplains as needed
6. Assist in transporting non-injured patients to homes or hospitals with permission of LE and the AIC
7. LE may ask for you to recall details of what you witnessed, especially as it applies to the presence of paraphernalia or drug manufacturing possibilities
8. Remember that substance abusers may possess super-human strength, hallucinate, feel invincible, or paranoid. Keep a safe distance and follow guidance from LE and AIC closely.

Other Guidelines

- **PRAY**
- Always report to Incident Commander or Staging Officer on arrival at scene

- Keep stuffed animal toys for children
- Keep change of clothing available
- If difficulty in approaching an incident is due to roadblocks or emergency vehicles, contact dispatch and request an escort
- Wear reflective clothing in low light situations
- Always be easily identifiable on the scene
- Keep insect repellent, sunscreen, hat and raingear available for protracted events
- Remember there may not be restroom facilities at the incident scene
- Know your exact destination prior to departure
- Use caution in releasing personal information at the incident scene
- Prior to discussing any occurrence in your role as an CRP Chaplain with a lawyer, contact the Senior Chaplain
- Notify the Senior Chaplain of any negative encounters with Law Enforcement or Emergency Services personnel
- Notify Senior Chaplain if you are requested to write an incident or witness report
- Refer media to the Information Officer for comments
- Keep a list of agency numbers available

Attachment 1 – Sample Station Endorsement

To Chairperson of the Chaplain Response Program:

As President / Chief for Company _____, we would like to endorse _____ as a Station Chaplain for our Company. I am able to make this endorsement personally attesting to _____'s good character and conformity with the characteristics of a Chaplain outlined in SWP 1.5. I will observe that _____ acts in accordance with the characteristics for Station Chaplains outlined in SWP 1.5, to seek compliance from the Station Chaplain as it pertains to SWP 1.5, and to refer non-conformance to the CRP Chair for further action, including placement on the Inactive Chaplain list and removal from the CRP if appropriate.

Signed,

Printed name, title, and date

Attachment 2 – Sample Faith Group Endorsement

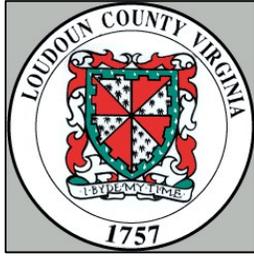
To Chairperson of the Chaplain Response Program:

As a member of the leadership of (name of faith group), I would like to endorse _____ as a Chaplain within the Loudoun County Fire and Rescue System and as a servant of the community. I am able to make this endorsement personally attesting to _____'s good character, compassion, and intent. I can attest to the presence of the characteristics that are evidence of _____'s faith consistent with the teachings of our beliefs. I have counseled with _____ and believe that his/her heart is lead to this form of service as part of his/her spiritual walk.

Signed,

Printed name, title, and date

8 b



COMBINED FIRE RESCUE SYSTEM SYSTEM-WIDE POLICY (SWP)

SECTION TITLE	Chaplains Committee and Chaplain Response Program
SECTION NUMBER	
APPROVAL DATE	XX/XX/XXXX
SIGNATURES:	
Chief of the System	
Chair, Executive Committee	
Operational Medical Director	

Proposed language revision for SWP 1.5 (replace full content of FRG 1.5 with the following):

Purpose: To establish the Chaplains Committee and guidelines for the operation of the Chaplain Response Program

Guideline:

1. The Loudoun County Fire and Rescue System hereby establishes the Chaplains Committee and the Fire and Rescue Chaplain Response Program (CRP). The Committee and the Program have been designed to provide spiritual support for members of the fire and rescue system, law enforcement, and the community.
2. Membership in the CRP shall be open to any volunteer or career member of the Loudoun County Fire and Rescue System or Loudoun County law enforcement agencies. All Chaplains are required to have completed a background check consistent with System Wide Policy (SWP)* 3.5.1. Chaplains must therefore authorize the release of their background investigation report results to the CRP for review and record keeping.

Chaplains Committee and Chaplain Response Program

3. There shall be two classes of active chaplains.
 - a. *Response Chaplains* - In order to respond to emergency incidents as a member of the CRP, an individual must (1) be authorized to respond to emergency scenes as a chaplain by their volunteer chief or the Chief of the Department of Fire and Rescue Services, head of their police department, or sheriff, (2) be a member of the Chaplains Committee and be approved to respond to incidents by the Committee Chairperson, (3) complete the required chaplain's training program, (4) have completed the Emergency Vehicle Operator's Course (if they will drive an emergency vehicle) and (5) completing the chaplain's preceptor program.
 - b. *Station Chaplains* - Chaplains providing in station activities only and not responding to incidents must (1) be authorized by their president or chief, the Chief of the Department, head of their police department, or the sheriff, (2) be approved for service within their station by the Executive Committee of the Chaplains, and (3) complete a required chaplain's orientation outlining their role and specific responsibilities.
4. Training - The CRP shall require training for response chaplains consisting of (1) a chaplain's orientation for all chaplains, (2) a basic chaplaincy program for all *response* chaplains and (3) an annual refresher program of at least 8 hours for all *response* chaplains.
5. The requirement of basic chaplaincy training shall considered to have been completed through certification of ANY of the following programs:
 - a. Basic, Senior, or Master Level Training Credentials from the International Conference of Police Chaplains (ICPC)
 - b. Certificate of Basic or Advanced Fire Chaplaincy from the Federation of Fire Chaplains (FFC)
 - c. Basic or Advanced Level Certification in Critical Incident Stress Management (CISM) or CISM Residency Training
 - d. Basic or Advanced Level Certification in Pastoral Crisis Intervention (PCM)
 - e. Certification in Training in Mass Casualty Incidents/Fatality Response
 - f. Industrial and Commercial Ministries Chaplain Seminar
 - g. CRP-provided Basic Chaplaincy Training
6. Response chaplains shall be released for operations (1) upon completion of their basic training, (2) following the recommendation of their preceptor and (3) with the concurrence of the Executive Committee of the CRP. Station chaplains shall be released (1) upon completion of their chaplain's orientation and (2) the concurrence of the Executive Committee of the CRP.
7. Duty Roster – Only response chaplains will be listed on duty rosters. Duty Rosters shall be maintained by the CRP and provided to Communications consistent with SWP 1.5.1 Chaplains Response Program Regional Response
8. Radio Designation: Response chaplains participating in the Chaplain Response Program shall receive a radio designation as follows:

"CHAPLAIN XX-YY"

Where “XX” is their volunteer station number and “YY” is a unique identifier associated with the Chaplain. Department members participating in the response program shall use station number “99.” The list of radio designations shall be maintained by the Chairperson of the Chaplain Committee and shall be provided to the ECC.

9. Emergency Incident Support - Members of the Chaplain Response Program shall be dispatched to the following emergency incidents by the Emergency Communications Center (ECC):
 - a. Cardiac or Respiratory Arrests
 - b. Reported Dead-on-Arrival (DOA) patients
 - c. Deaths cause by accident or illness
 - d. Line of duty deaths or serious injuries to members of the fire and rescue system
 - e. Serious automobile accidents, including those involving fatalities or pedestrians stuck by automobiles
 - f. Other incidents at the discretion of the Incident Commander
10. Upon the request of a Charge Nurse at any hospital, members of the Chaplain Response Program may respond to support a patient transported by the Loudoun Fire and Rescue System or mutual aid agency, their family, a member of the fire and rescue system, or their family. The hospital shall relay their request through the ECC.
11. Self-dispatch - Chaplains shall not respond to the scene of an emergency unless dispatched by ECC. When dispatched, Chaplains shall respond non-emergency and shall report to the Incident Commander on arrival. Responding Chaplains will coordinate actions with Incident Commander.
12. Involvement in patient care or rescue activities – Unless first on scene or directed by the incident commander or AIC, responding chaplains shall not participate in other emergency or non-emergency activities during an incident. If put into other forms of service, a replacement chaplain will be dispatched.
13. Additional chaplain resources - A responding chaplain may, at their discretion, request additional chaplain resources via the ECC after notifying the Incident Commander.
14. Death and other notifications - Official death or incident notifications shall not be made by members of the Chaplain Response Program unless requested by a supervisor of the Loudoun County Sheriff’s Office, a Virginia State Police Trooper, or a supervisor from a Loudoun County police department. When an official death or incident notification is made by a fire and rescue chaplain, a member of the investigating law enforcement agency shall be present during the notification if possible.
15. Non-Emergency Event Support – Either response or station chaplains are authorized to support non- emergency activities of the fire and rescue system upon the request of the event organizer or family member. Examples of non- emergency events include:
 - a. Funerals for members of the fire and rescue system

- b. Hospital visits for members of the fire and rescue system (if requested by hospital personnel or for visits to non-system members, shall be treated as a public service call)
- c. Opening or closing ceremonies for fire and rescue events
- d. Counseling for members of the fire and rescue system
- e. Station and other fire and rescue facility dedication ceremonies
- f. Requests from other jurisdictions for support to their fire and rescue system
- g. Other events as requested by volunteer fire and rescue companies or the Department of Fire and Rescue Services.

16. Transportation Using Privately Owned Vehicles (POV) - Chaplains shall not provide transportation using privately owned vehicles (POV) unless (1) their volunteer agency or the County provides liability insurance coverage for the chaplain while transporting family using a privately owned vehicle, (2) the chaplain has the permission of their Chief to transport family members in their private vehicles from time-to-time, and (3) the Incident Commander consents to the transport. Company and County vehicles shall be used whenever possible to transport family members from the scene of an incident, residence, or other location to a hospital or other facility.

17. Operations – Activities of both response and station chaplains will be conducted in accordance the CRP Standard Operating Procedures Manual, which will be maintained by the CRP.

18. Incident Reporting - Chaplains shall prepare an incident report for each incident that they support. The incident report shall be retained by their host volunteer fire or rescue company, law enforcement agency, or the Department of Fire and Rescue Services as applicable. The form of incident report shall be approved by the LCFR CFRS Executive Committee and shall be an attachment to this guideline.