SAFETY - POLICY INDEX

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PHILOSOPHY
You are expected to return home from work as safe and healthy as you were when you arrived.
We will comply with Federal, State, The City of Oklahoma City and OKCFD Safety and Health requirements.
Management and Labor will lead by example.
We will create and maintain an aggressive injury and accident prevention program.
At emergency scenes utilizing the OKCFD incident management system we will:
  ✓ Risk a lot to save lives.
  ✓ Risk a little to save property.
  ✓ Risk nothing on properties that are already lost.

The Oklahoma City Fire Department (OKCFD) believes in the dignity and importance of all employees and their right to work in a safe environment. The prevention of occupational injuries and illnesses will be given a top priority at all times and the OKCFD will take steps to provide a safe work environment.

We will work consistently to maintain safe and healthful working conditions, to adhere to proper operating practices and procedures designed to prevent injury and illness, and to comply with federal, state and local regulations, standards, and OKCFD safety and health policies.

OKCFD management and Labor actively support safety, a decrease in accidents, and mutually accept responsibility and accountability with employees for individual and group safety. This support will be exhibited through leadership and when possible, budgeted financial support, when possible, to rectify problems identified by the Safety and Health Committee. OKCFD Personnel, Administration and each level of management and labor must reflect an interest in organizational safety and health and must set a good example by complying with the organization’s rules for safety and health protection. Management and labor involvement must be vocal, visible, and continuous from the Fire Chief to Company Officers.

The OKCFD will establish and require an accident prevention program that emphasizes the integration of safety and health measures into each job task so that safety/health and job performance become inseparable. This will be accomplished through the cooperative efforts of all employees, from the Fire Recruit to the Fire Chief, who will seek to reduce the frequency and severity of accidents. Safety orientation for employees, timely and appropriate training, a management/labor safety committee, an active self-inspection program, engineering controls, appropriate work practices, and personal protective equipment will be some of the tools used to reduce work hazards.

By accepting mutual responsibility to operate safely, and making our safety and health program an integral part of our daily operations, we will all contribute to the well-being of one another and, consequently, the OKCFD.

GOALS
Heart attacks are the leading cause of death for fire fighters. In an effort to create a universally accepted program for improving health, wellness, and fitness within the North American fire service, the International Association of Fire Chiefs (IAFC) and the International Association of Fire Fighters (IAFF) joined efforts in 1996 to develop and implement the Wellness/Fitness Initiative (WFI). The ultimate goal of the WFI is to improve the quality of life of all uniformed personnel. The WFI seeks to promote the value of investing in wellness resources over time to maintain fit, healthy, and capable fire fighters and EMS responders throughout their careers.
The basic goals of the program are:

- To provide a Wellness/Fitness Program for the benefit of the entire department.
- To reduce the frequency of the severity of injuries and illness suffered by members of the department.
- To promote health and longevity of the departments personnel through specialized programs.
- To promote an awareness of the positive effects of fitness and nutrition through educational programs and health mediums in the fire stations.
- To ensure that department members have the physical strength and flexibility that will ensure optimum performance of their duties through annual fitness assessments.
- Establish a referral network of physicians and health professionals for uniformed personnel.
- Dedicate a full time Wellness Program Coordinator to add credibility and stability to the Wellness Program.

**WELLNESS/FITNESS PROGRAM**

The Oklahoma City Fire Department in cooperation with Local 157 has adopted the Wellness/Fitness initiative developed by a joint effort of the IAFC/IAFF. This program will replace the previous Wellness Program. The program of physical fitness will:

- Be positive and not punitive in design, meaning personnel will not be reprimanded if they do not meet the set performance standard
- Require mandatory participation by all uniformed personnel
- Make allowances for age, gender, and position in the department
- Allow for on-duty participation utilizing facilities and equipment provided or arranged by the department
- Provide for rehabilitation and remedial support for those in need
- Contain training and education components
- Be personalized for all participants
- Be long-term, and, where possible, be made available to retirees.

There will be a fitness assessment given annually to each member of the department. Once completed, the Wellness Coordinator or a Peer Fitness Trainer (PFT) will provide feedback to uniformed personnel and when necessary, consult with the City Physician regarding the individual’s current level of fitness, level of improvement since past assessments and suggest an exercise program. A member’s ability to perform the duties of a firefighter will not be determined by the Wellness Coordinator or the PFT.

It will be the supervisor’s responsibility to ensure that fitness programs are performed daily. All 24 hour shift personnel will be allowed 1.5 hours per shift and all 40 hour uniformed personnel will be allowed 1.5 hours 3 times per week to participate in their personalized fitness program, as long as the normal operations of the Fire Department are not impeded. All other 40 hour per week personnel covered by other bargaining agreements are encouraged to voluntarily participate and will be allowed 1.5 hours 2 times per week as long as the normal operations of the Fire Department are not impeded. All personnel utilizing this time must be actively participating in their personalized fitness program. This time must be scheduled and approved through the immediate supervisor.

Personnel may use other public facilities in their immediate district with district officer approval. These activities should be limited to each individual’s personalized OKCFD fitness program, as long as the normal operations of the Fire Department are not impeded. It is the immediate supervisor’s responsibility to ensure that these activities are performed in a manner that minimizes chances of injuries and/or citizen complaints.

Any fire fighter on extended leave from normal duties for a continuous period of six months or more must undergo the fire department fitness assessment. If the fire department and Local 157 change protocols, a new baseline will be established for each individual.
PROGRAM DESIGN
The WFI (Wellness/Fitness Initiative) focuses on five main components: medical evaluation, fitness assessment and exercise, rehabilitation, behavioral health promotion, and data collection.

Medical Components
In general, participants 35 years of age or under who do not solicit certain risk factors will be cleared for exercise and able to participate in an individualized fitness program. However, these individuals will still be required to complete a periodical medical evaluation as determined by the city physician, but may get this evaluation from their personal physician. Those individuals over 35 years of age will be required to complete a medical evaluation before participating in the individualized fitness program. Information collected in this exam is specific to fire department uniformed personnel and is designed to help identify health problems affecting the individual, the department, and the professional fire service.

Fitness Components
Research has shown the need for high levels of aerobic fitness, muscular endurance, and muscular strength to perform firefighting job tasks safely and effectively. Physical fitness is critical to maintaining the wellness of our uniformed personnel and therefore must be incorporated into the overall fire service philosophy and culture.

Peer Fitness Trainers
For PFTs to provide accurate and safe information they should complete a certified comprehensive course (and obtain professional certification) that provides broad scientific knowledge of exercise, and understanding of proper exercise technique. In order for PFTs to remain competent and improve the quality of their wellness/fitness programs, continuing education is essential. This may include taking college exercise science courses, attending workshops and symposiums, and reading professional journals. The PFTs are an integral part of the Wellness Program and injury prevention for our personnel. They will assist individuals who request help or are scoring low on the annual wellness assessment. District PFTs visit stations in their districts each quarter to track progress. PFTs will document their efforts on Target Solutions.

FITNESS ASSESSMENTS
The WFI requires all uniformed personnel to participate in mandatory annual, non-punitive, and confidential fitness assessments following medical clearance. After each fitness assessment is completed, the PFT should provide feedback to the individual including the individual's current level of fitness, level of improvement since past assessments, a realistic evaluation of his or her physical capacity to safely perform assigned jobs, and a suggested exercise program. All uniformed personnel must understand that the goals of these assessments are solely for personal fitness improvement. No standards are mandated by the WFI for any of these areas. Each uniformed person is expected to improve with an assessment and a personalized exercise program.

The following is an explanation of the current assessment process. We expect the Oklahoma City Fire Department Wellness Program Assessments to evolve and change as more comprehensive wellness information becomes available.

Resting Heart Rate/Resting Blood Pressure/Body Composition
A resting heart rate and blood pressure will be taken prior to the aerobic capacity assessment. If the resting heart rate exceeds 110 beats per minute and/or resting blood pressure exceeds 180/100 mm Hg., the individual will be asked to relax in a quiet place for five minutes and re-tested. If the heart rate and/or blood pressure remain at these levels, the fitness assessment will be cancelled and the individual will be referred to the fire department physician at that time. If the re-test indicates a reduction in heart rate and blood pressure, the evaluation will be given. The WFI does not include a protocol for estimating body composition and will not collect body composition data. However, the Oklahoma City Fire Department will provide Body Composition Analysis to all its members. This analysis creates an individual baseline and further adds to the needs of the individualized program.
Aerobic Capacity Evaluation
The Oklahoma City Fire Department and Local 157 have chosen the use of the Gerkin protocol (treadmill) to measure aerobic capacity through sub-maximal effort. This protocol will be used consistently for all uniformed personnel within the department, and results will be recorded for data entry. Results of aerobic capacity over time can be compared only if the same protocol is used.

Muscular Strength
Strength is measured using the grip dynamometer and arm dynamometer. These are all safe, valid, and reliable methods to measure muscular strength.

Muscular Endurance
The Static Plank Test measures the control and endurance of the back/core stabilizing muscles. The Plank should be held for as long as possible to a maximum of four (4) minutes using correct form.

The push-up assessment will be used to measure upper-body muscular endurance. The push-up assessment is a measure of the muscular endurance of the pectorals and the triceps. Push-ups will be performed at a rate of 40 per minute for a maximum of 2 minutes as measured by the use of a metronome.

Flexibility
According to each IAFF Death and Injury Survey since 1981, the leading type of line-of-duty injury within the professional fire service is sprains and strains. In addition, back injury is the most prevalent line-of-duty injury leading to premature departure from the fire service. Low levels of flexibility very likely contributed to these statistics.

For the purposes of the WFI, trunk flexion is measured by the sit-and-reach.

DATA COLLECTION
The goal of data collection described in this Initiative is to collect long-term information on the health and fitness of fire service personnel to study the medical and fitness history of a large group of fire fighters and determine the impact of the program. The data collected from the fitness assessments will identify the following:

- Aerobic capacity, flexibility, muscular strength, and muscular endurance of all uniformed personnel
- Changes in fitness levels of personnel over their careers
- Effectiveness of the medical and fitness program in improving individual physical fitness levels
- Muscular weaknesses and imbalances in individuals, which may contribute to future injuries if left uncorrected
- Possible risk factors for back injury
- Possible factors associated with musculoskeletal injuries in fire service personnel

Self-Assessment
The WFI self-assessment gives fire fighters valuable feedback on individual fitness levels, ability to recover from exertion, and overall physical capacity. It is a measurement tool that fire fighters can safely perform without assistance to provide feedback on level of fitness, level of improvement, and physical capacity for exercise.

A self-assessment can be performed at the workout location with minimal equipment. The information collected from the assessment can be compared to previous and future assessments. This information should be used to motivate fire fighters to improve any deficiencies noted during the self-assessment.

The self-assessment protocol is available on the Wellness intranet site to all personnel. Any questions regarding this assessment may be directed to any certified PFT.
INDIVIDUAL EXERCISE PROGRAMMING COMPONENT
Individual exercise programs are essential to the WFI. Each personalized progressive plan accounts for the individual's current level of fitness, job duties, time restrictions, physical capabilities, nutritional status, and self-improvement efforts. In addition, the program should focus on making acceptable lifestyle changes, including changes in nutrition, time management, and priorities. Similarly, the program must be balanced to include each fitness area:

- Cardiovascular training
- Flexibility training
- Muscular strength training
- Muscular endurance training

INJURY/MEDICAL/FITNESS REHABILITATION COMPONENT
Every year, statistics show that firefighting is one of the most dangerous occupations in the world. The fire department must take the lead in ensuring that fire fighters are properly rehabilitated prior to returning to full duty. When assessing the functional capacities of fire fighters after significant injuries or illnesses, physicians and therapists familiar with firefighting job requirements should make informed decisions. In short, the fire department must provide necessary input in the rehabilitation process of the firefighter; and, labor must support the rehabilitation process from beginning to end.

INJURY PREVENTION
A proactive injury prevention program will be implemented to reduce risks in the fire service and improve personnel resistance to injuries. Program components include the following:

- A comprehensive and effective wellness program, which includes a physical fitness program.
- A strong commitment to safety from both labor and management
- A designated safety officer
- An ergonomic analysis of all aspects of the job to determine where redesign of the work environment is needed
- An educational component that begins in the fire academy and continues throughout the entire career

BEHAVIORAL HEALTH COMPONENT
A wellness program is not complete without addressing the behavioral health of those involved. The behavioral health component of WFI provides important tools to assist all uniformed personnel in achieving total wellness. The services available through behavioral health must ensure confidentiality and privacy for uniformed personnel both in writing and in practice.

DATA COLLECTION COMPONENT
The data component of the WFI includes the storage and analysis of detailed case information related to medical conditions (exam/laboratory data), fitness, rehabilitation, and behavioral health. All health-related data collected by the International Wellness-Fitness Database is confidential. Individual identities are not submitted by the fire department to the database for any job history, annual medical evaluations and fitness assessments, or injury data. The goal of data collection described in the WFI is provided for analysis of the medical and fitness history of the fire fighter and to determine the impact of the Wellness-Fitness program.
**All Injuries are to be reported within the following guidelines**

Anytime an employee of the department suffers an ON-THE-JOB-INJURY (OJI, the individual must immediately notify their supervisor. All injury report documentation must be completed no later than 24 hours after the injury occurred.

Anytime an employee is capable of contacting their own family about an injury, provide the means if necessary (i.e., let them use your cellphone) and let them make contact.

In the event of an employee’s serious injury/incapacitation or death, the employee’s family will be notified of the employee’s condition utilizing the employee’s Vital Statistics Form. Only members of the Command Staff and Fire Department Chaplain will have access to this form, and thus will be the one to make such notification.

**INJURY REPORTING SYSTEM**

Once an employee has informed their immediate supervisor of an injury, the injury shall be reported by using the on line OJI reporting system. The on line OJI reporting system is a 3 part system; Initial Notice of Injury, OJI Report and the Supervisors Review.

**Initial Notice of Injury (Part I)**

This replaced the OJI Fax form. Once the initial notice is completed and submitted, Risk Management is notified that the OKCFD has reported an injury. Additionally, once the Initial Notice of Injury is complete, the supervisor will receive 2 emails, the OJI Report (Part II) and the Supervisors Review (Part III). It is imperative the supervisors email address is typed in correctly or the email will not be received by the supervisor and the report will be incomplete. As a recommendation, supervisors email addresses should be posted near all station or worksite computers.

If the supervisors email is incorrectly input into the Initial Notice, a phone call to Risk Management (405)-297-1226 during normal business hours (8-5 Monday through Friday) requesting the information be forwarded to the responsible supervisor will take care of the error. Afterhours and on weekends, please send an email to [FDsafetyofficers@okc.gov](mailto:FDsafetyofficers@okc.gov) or [FI-risk-quick-oji@okc.gov](mailto:FI-risk-quick-oji@okc.gov), stating the issue and name of the injured employee and request the report be forwarded to the responsible supervisor. If this is after hours or on weekends, the supervisor may not receive the emails until the following work day.

**NOTE:** The OJI Information needs to be completed and submitted before the supervisors report. If this is not done in proper order, the supervisor will not be able to complete the Supervisors Review and the documentation will be incomplete. If the supervisor does not receive the email, please check the supervisor’s junk email for the link to complete the report.

**OJI Report (Part II)**

The employee shall complete this portion of the report if they are able to. If the employee is unable to complete this portion of the report, the supervisor will complete it as best as he/she can. The supervisor will enter their own name at the bottom in place of the injured employee’s name, signifying the supervisor and not the injured employee completed this section.

**Supervisors Review (Part III)**

The supervisor will complete this section and submit the report. Print hard copies of the full report and forward the supervisors review email to [FDsafetyofficers@okc.gov](mailto:FDsafetyofficers@okc.gov). Please do not change the subject line of this email.
RECORDS ONLY REPORTS
Minor injuries that do not require a physician’s evaluation but have the potential to become a more significant injury (minor sprains or strains) the employee should be encouraged to fill out an OJI for “Records only”. Records only reports will remain “open” for 30 days. However, if the employee after 30 days is still having issues with the injury, the employee may have the injury evaluated by a system clinical physician. New OJI paperwork DOES NOT need to be submitted. The employees should be given a physician’s authorization form and seek evaluation from one of the eligible clinics. A phone call and an email to the Human Resources Major or the Safety Office explaining the situation will start the process of getting the case reopened. The work section receiving the phone (HR or Safety) call will contact Risk Management and inform them that the employee is still having issues from the OJI records only injury and is seeking medical evaluation through a system clinic. After 6 months, records only injuries will be evaluated on a case by case basis as to whether or not new OJI paperwork needs to be submitted.

Employees who file a “Records only” OJI should receive a letter from Risk Management stating that the paperwork has been received and the paperwork is being kept on file.

RISK MANAGEMENT ROLE
Risk Management will receive the initial notice indicating that a new OJI case is being filed by OKCFD personnel. This initial notice replaces the Quick Fax form. The next business day a report will be run by Risk Management personnel to identify all injuries reported. An adjuster from Risk Management will contact the injured employee to interview them about the injury and a determination will be made as to whether the injury is minor or medical. If injury occurs during the week, the employee should be contacted by the adjuster within 24 hours of the injury. If injury is ruled medical, a Nurse Case Manager will be assigned to the case and become the point of contact for the injured employee. Please note, the employee is more likely to be contacted in a timely manner if they provide a personal contact number (cell or home) instead of the station or administration number.

PRESumptive INJURIES/IllNESS
Treatment of presumptive injuries and illnesses are provided pursuant to state statute 49-111. The laws governing the state firefighters pension and retirement system provide that a member of the fire department who is disabled as a result of heart disease, injury to the respiratory system, the existence of any cancer, or infectious disease that was NOT revealed by the physical examination passed by the member upon entry into the department, shall be presumed to have incurred the injury/illness while performing firefighter duties. The pension laws also provide the medical treatment based on these presumptions shall be provided by the municipality as a job-related illness unless a court determines the presumption does not apply.

Infectious disease as referred in this section shall be defined as Hepatitis, Human Immunodeficiency Virus, Meningitis and Tuberculosis.

- All physician diagnosed presumptive on job injuries and illnesses (heart, lung, cancer and infectious disease) must be processed by the City's workers compensation health care program once the presumptive injury/illness is reported to Human Resources (HR) or a supervisor.
- Notifying the HR Work Section of a presumptive injury/illness takes care of the requirement of an employee giving notification to their supervisor.

Note: All injuries that occur while ON DUTY, including potential exposures from infectious disease or chemical, shall be handled in the normal fashion at the station level.

Whether an employee has suffered a typical On-the-Job-Injury, an occupational exposure to bloodborne, airborne or chemical contaminates, or receives a positive Tuberculosis (TB) test result, the same information should be filed as when reporting an OJI.

All injuries should receive the same confidentiality and consideration regardless of the nature of the injury.
UTILIZING EMERGENCY ROOMS FOR ON-THE-JOB INJURIES

Oklahoma City Risk Management requires any non-life or limb threatening injury to be treated at one of the contracted occupational clinics (unless the injury occurs after the clinics regular operating hours).

OKCFD supervisors should use the following guidelines in deciding where to take OKCFD employees who have sustained on the job injuries.

Minor soft tissue (back strains, knee strains, etc.) injuries should be taken to an occupational clinic during clinic operating hours. The current list of occupational clinics with their locations and hours of operation is posted on FIREWEB. Click on “OJI Clinics” under the LINKS column.

If the injury occurs after regular operating hours, employees should be taken to the emergency room. Not all on the job injuries require ambulance transport and/or emergency room visits.

1. If the injury is not serious in nature, the employee should be taken to one of the occupational clinics. The clinics are equipped to treat injuries ranging from poison ivy, lacerations, stitches, and even setting broken bones.

2. If the injury is serious and places an employee's life at risk or causes serious injury to a limb, then treatment at an emergency room facility is appropriate.

3. If an employee is exposed to a Bloodborne pathogen or a contagious disease (with the exception of Tuberculosis), the EMS Chief or designee will be contacted immediately. If a decision is made to seek further medical evaluation, the employee will be taken to the designated facility. The physician at the designated facility will determine if an exposure occurred and recommend a treatment plan. Exposures do not require ambulance transport.

4. If an employee tests positive on the TB skin test or believes they have been exposed to Tuberculosis while on duty, the EMS Chief or designee will be contacted immediately. TB exposures are not classified as emergency situations and do not therefore require immediate treatment. An appointment will be scheduled for employees with the designated facility. TB exposures do not require an ambulance transport.

Supervisors should use the above guidelines along with their best judgment in providing care for injured employees. The current list of occupational clinics with their locations and hours of operation is posted on FIREWEB. Click on "OJI Clinics" under the LINKS column.

For the purpose of this policy, an incident will be defined as: Beginning with the dispatched alarm, including time spent on scene and finishes when an employee steps off the unit back in quarters, or at the point your unit proceeds to a destination other than back to the station.

The OFFICIAL INJURY REPORT SYSTEM consists of the following forms.

To fill out an On the Job Injury Report (OJI), refer to the OJI Forms Packet located in the LINKS section on FIREWEB.

1. 3-part OJI Electronic Entry System
   a. Part I: The Initial Entry
   b. Part II: The OJI Informational Entry
   c. Part III: The Supervisor's Review
2. Supervisor's Investigation Report
3. Physician Authorization Form (if treatment is sought)
4. OKC Risk – Witness Statement Form
5. (Bloodborne/Airborne Exposures only) Oklahoma State Department of Health Communicable Disease Risk Exposure Report-OSDH Form 207
Instructions and Guidelines for the Completion of the Required Forms

A. If immediate medical attention is not needed, the supervisor will assist the employee in correctly completing the report(s).

If an injury is of enough concern or severity to make an entry into the logbook, an Official Job Injury Report, Supervisor’s Investigation Report, Witness Statements, and the OKCFD Safety OJI form shall be completed. All of these forms can be accessed from the “OJI Forms Packet” on FIREWEB. Other reports may need to be completed depending upon the type of injury being reported and whether or not medical treatment is sought.

B. If the employee will be hospitalized or otherwise unable to complete the report(s), the supervisor and District Officer or work section supervisor will complete the proper report(s). The supervisor will secure the injured employee’s signature(s), if possible.

If the employee is unable to sign the report(s), the supervisor will write in the employee’s signature block an explanation as to why the employee is unable to sign the report, such as, “Employee unable to sign due to injury”. The supervisor will initial legibly after the statement.

C. If the injury being reported is from a bloodborne or airborne pathogen exposure, the District Officer should be contacted as soon as possible and a determination will be made on actions to be taken for the potential exposure.

D. If the Station Officer determines that the task of completing the reports will extend beyond the time of shift change, the Station Officer will either make arrangements with the Station Officer coming on duty to assist in completing the forms and/or contact the District Officer for overtime approval.

According to Administration SOP A/EXC-204, the Fire Chief MUST approve ALL overtime.

E. Supervisor’s Investigation Report: The supervisor will investigate all injuries to determine why the injury occurred and complete the Supervisor’s Investigation Report.

F. Physician Authorization Form: Anytime an injured employee requires medical treatment, a Physician Authorization Form must be completed. This form does not require the signature of the medical provider. Give the top white copy to the employee to take to the medical provider, as it is to be left with the provider. The other two copies (pink and yellow) are forwarded to Administration along with all the other injury documentation. The Physicians Authorization form can also be found on the OCFD Forms quick link on FIREWEB. If this form is used instead of the carbon copy version, 3 copies must be printed out and filled out. The original will go with the employee to be treated and the other 2 copies will be attached to the OJI information to be submitted.

G. FRMS Incident Run Report: OJI Documentation does not require a run number to be generated specifically for the OJI. If the injury occurs while responding to an incident, working on the incident, or returning from an incident, then the incident number will be documented on the OKCFD Safety OJI form, located in the “OJI Forms Packet”.

**EXCEPTION:** When dealing with an OJI due to Bloodborne/Airborne Exposures an Incident Run Report will only be completed when the exposure occurs during a dispatched emergency. While we want as much information completed in the Fire Service Casually Module, DO NOT ENTER employee information into the EMS Report Module.

H. Oklahoma State Department of Health Communicable Disease Risk Exposure Report, OSDH Form 207 (Bloodborne/Airborne Exposure)

If an employee has been exposed or suspects they have been exposed to a bloodborne or airborne pathogen, an Oklahoma State Department of Health (OSDH) Communicable Disease Risk Exposure Form 207 will be completed. The green copy of the form will be retained by the treating facility. The yellow copy of the form will be sent with other required paperwork to Fire Administration (this form will not be scanned and emailed to Risk Management).
The 3-part Online Injury Report must be completed and the Supervisor's Investigation, Physician’s Authorization Form (if treatment is sought), and the OKC Risk – Witness Statement Form (if exposure was witnessed) must be EMAILED TO RISK MANAGEMENT, with hard copies sent to Fire Administration.

- The employee should notify their supervisor IMMEDIATELY.
- Once at the station, the supervisor will notify the District Officer of the exposure.
- The District Officer will ensure all necessary injury forms are completed.
- The Exposure Control Officer will follow the guidelines as outlined in the OKCFD Exposure Control Plan.

**EXCEPTION:** Do not complete the OSDH form 207 for positive Tuberculosis (TB) skin tests or potential (TB) exposures. See section on positive TB skin tests and TB Exposure.

I. **Positive Tuberculosis (TB) Test Procedures:** If your Tuberculosis (TB) test result is positive, the following forms must be completed.

   - Date/Time of injury: *Date Of Positive Reading*
   - How injury occurred: If know, complete same – if unknown enter: Potentially exposed to an airborne pathogen.
   - Severity of Injury: *Clinic Visit*

2. Complete a Supervisor’s Investigation Report.
   - Date: *Date Of Positive Reading*
   - What happened? *Had Positive Reading To Tb Test*
   - Why did it? *Unknown Until Further Testing*
   - What should be done? N/A
   - What have you done so far? *Assisted Employee With Procedures On Further Testing*
   - N/A

J. **Potential Tuberculosis Exposures and Follow-Up Care:** The exposure Control Officer will determine if an exposure has occurred. If it’s determined that an exposure did not occur, the employee does have the option to pursue follow-up testing if desired. Potential T.B. exposures are not taken to Baptist Hospital. Potential exposures should be taken to the source patient’s hospital. Use common sense to rule out obvious non-exposures as the employee needs to be with the patient for several minutes in a small poorly ventilated room, was treating or in close contact with the patient, patient coughed in face, etc. for an exposure to exist.

**If Exposure has Occurred and/or the Employee requests Follow-Up**

1. Ensure a 3-part Online Job Injury Report, Supervisor's Investigation Report, Physician's Authorization Form, OKC – Risk Witness Statement Form (if exposure was witnessed), and the OKCFD Safety OJI form (FIREWEB OJI Forms Packet) are completed. All paperwork must be completed the same shift as the potential exposure.
2. Risk Management will notify Genex.
3. Advise potentially exposed employee(s) that a case manager will contact them to schedule baseline TB testing.
   a. Once the baseline TB testing results are in and are negative, another TB test will be given in 90 days.
   b. In the event of a positive TB test, a case manager will contact the employee and coordinate any necessary follow-up testing.

Keep in mind…if you come upon a house with a suspected airborne disease or an occupancy known to be a high risk for TB use appropriate level of PPE.
K. **Chemical Exposures or Potential Chemical Exposures**

Any employee exposed to a hazardous substance beyond Permissible Exposure Limits as defined by OSHA 29 CFR 1910.1000 Table Z-1 (Limits for air contaminants of toxic and hazardous substances) must report the exposure to their immediate supervisor. An exposure means that an employee, in the course of employment, was exposed to a level above that allowed by OSHA of a chemical that is a physical or health hazard, and includes accidental or possible exposure. The exposure may include any route of entry (i.e., inhalation, ingestion, skin contact or absorption). Individuals who have experienced a chemical exposure or perceive they have been exposed to a chemical will document the exposure by completing the documentation as listed above.

**WORK SECTION SUPERVISORS’ OR DISTRICT OFFICERS’ RESPONSIBILITIES**

A. The work section supervisors or District Officers shall be responsible for insuring the completion of the proper report(s).

B. The work section Supervisor/District Officer will respond to the work site, and ensure the report(s) are complete and accurate. This will be indicated by placing their initials in the upper right-hand corner of each document.

**DEPUTY OFFICER’S RESPONSIBILITIES**

A. Deputy Chiefs will review and sign the documentation where required, and initial all documents in the upper right-hand corner. This is to indicate all forms are complete and accurate.

B. Deputy Chiefs will then forward all OJI documentation to Administration for final review and hard copy distribution.
   - All On-the-Job-Injury documentation should be placed in a sealed envelope and hand delivered.

C. If used, ensure the OSDH Form 207 accompanies the injured employee to the treating facility (green copy-retained by treating facility, yellow copy-returned to Fire Administration).

**STATION OFFICER/SUPERVISOR AND EMPLOYEE RESPONSIBILITY**

It is the responsibility of the employee to keep the Station Officer/Supervisor updated on injury status in a timely manner. Copies of any work status updates should be sent to Administration for processing through Human Resources. It is the responsibility of the Station Officer/Supervisor to keep the Deputy Chief of the work section updated of the employee’s status as they are received.

**ON THE JOB INJURY NOTIFICATION**

Inform the personnel entering time in your division to notify the Human Resource Work Section immediately when an employee is on OJI Leave. The Human Resource Work Section is responsible for monitoring OJI leave.

Supervisors are responsible for ensuring that the Human Resource Work Section will be informed of all updates and/or changes in the employee’s health status.

Timely OJI notification to Human Resources will ensure accurate and consistent tracking of leave time.

**REQUIRED DOCUMENTATION FOR OJI PAPERWORK**

1. **3-part Online OJI Report**
2. **Supervisor’s Investigation Report**
3. **Physician’s Authorization Form:** Pink and Yellow Copies (only if employee seeks medical treatment), unless form is printed from OCFD forms. Then 3 copies will be made and filled out.
REQUIRED DOCUMENTATION FOR BLOODBORNE / AIRBORNE EXPOSURES OJI
1. **3-part Online OJI Report**
2. **Supervisor's Investigation Report**
3. **Physician's Authorization Form:** Pink and Yellow Copies
4. **OKC Risk – Witness Statement Form:** if injury is witnessed
5. **Incident Run Report:** This is ONLY necessary if exposure occurred while on a dispatched emergency. (Should an Incident Run Report need to be completed; only the Incident Run Number needs to be submitted with the required documentation. This number is to be written in the space proved on the OKC Risk Management Witness Statement.

While we want as much information completed in the FMRS Fire Service Casualty Module, **DO NOT ENTER** employee information into the FRMS Incident Report EMS Report Module.

6. **OSDH Communicable Disease Risk Exposure Report:** OSDH Form 207
   **EXCEPTION:** Do NOT complete this form for positive Tuberculosis (TB) tests or TB exposures.

DOCUMENTATION REQUIRED FOR PRESUMPTIVE OJI
(Completed by Human Resources)
1. **3-part Online OJI Report**
2. **Supervisor's Investigation Report**
3. **Physician's Authorization Form:** Pink and Yellow Copies
4. **OKC Risk – Witness Statement Form:** if injury is witnessed
## JOB INJURY RESOURCES

<table>
<thead>
<tr>
<th>Dept-Div-sec</th>
<th>Department Name</th>
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<tr>
<td>45-01-00</td>
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<td>45-01-06</td>
<td>Sales Tax - Civilians</td>
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<td>45-01-99</td>
<td>Operations - Administration</td>
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<tr>
<td>45-02-00</td>
<td>Operations - Suppression</td>
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<td>Special Operations</td>
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<td>45-02-03</td>
<td>Operations – Emergency Medical Services (EMS)</td>
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<td>Operations – Training</td>
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<tr>
<td>45-04-01</td>
<td>Dispatch</td>
</tr>
<tr>
<td>45-04-02</td>
<td>Fleet &amp; Equipment Maintenance</td>
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</table>

### Job Title | Job Code | Range
---|---|---
**Operations - Suppression**
Recruit | 4303 | F 916
Firefighter | 4304 | F 919
Fire Corporal | 4306 | F 920
Fire Supt./Apparatus Driver | 4302 | F 922
Fire Lieutenant | 4307 | F 923
Fire Captain | 4301 | F 928
Fire Major | 1076 | F 929
District Fire Chief | 4300 | F 930
Battalion Chief | 4308 | F 931
Deputy Chief | 1074 | F 950
**Support Services - Dispatch**
Fire Dispatcher | 4322 | F 919
Fire Senior Dispatcher | 4324 | F 920
Fire Lead Dispatcher | 4323 | F 922
Fire Senior Lead Dispatcher | 4325 | F 923
Fire Dispatch Shift Supervisor | 4337 | F 929
Support Services Chief/Battalion | 4318 | F 931
**Maintenance - Fleet**
Unit Operations Supervisor | 1503 | M 516
Mechanics Helper | 7624 | A411
Fire Apparatus Mechanic | 7629 | A417
Fire Equipment Technician | 7625 | A415
Master Mechanic | 7628 | A416
Office Assistant | 5210 | A411
Administrative Coordinator I | 5209 | M509
**Fire Marshal**
Inspector/Investigator | 4316 | F 928
Fire Code Inspector | 4329 | F 928
Senior Inspector/Investigator | 4334 | F 929
Assistant Fire Marshal | 4313 | F 930 - 931
Deputy Fire Marshal | 4320 | F 932
Fire Marshal | 4305 | F 940
Fire Protection Specialist | 2618 | F 932
**Public Education**
Public Education Instructor | 4333 | F 928
Deputy Public Education Officer | 4321 | F 932

### Job Title | Job Code | Range
---|---|---
**Training**
Battalion Chief | 4308 | F 931
Custodian | 7993 | A 04
Fire Lieutenant | 4307 | F 922-923
Fire Major | 1078 | F 928-929
**Administrative**
Fire Graphics Officer - Lt. | 4374 | F 922 - 928
Human Resources Officer - Capt. | 4301 | F 922 - 928
Fire Chaplain- Capt. | 4301 | F 922 - 928
Fire Facilities Manager - Mjr. | 4392 | F 929 - 932
Public Information Officer - Mjr. | 4402 | F 929 - 932
FMIS Officer- Mjr. | 1078 | F 929 - 932
R & D Officer | 4344 | F 929 - 932
Human Resources Supervisor- Mjr. | 4381 | F 929 - 932
Quality Assurance Officer | 4396 | F 929
EMS District Chief - DC/BC | 4351 | F 930 - 931
Special Teams Coordinator - DC/BC | 4354 | F 930 - 931
Fire Safety Officer - DC/BC | 4311 | F 930 - 931
Support Services Chief-Deputy | 4390 | F 940
Deputy Fire Chief | 1074 | F 950
Business Manager | 1155 | M 0522
Administrative Specialist | 3315 | M 0513
Administrative Coordinator I | 5208 | M 0507
Financial Specialist | 3314 | M 0513
Executive Secretary I | 5116 | M 0506
Office Specialist II | 5207 | M 505NE
Secretary II | 5125 | A 0409
Secretary I | 5202 | A 0407
Data Technician I | 5535 | A 0409
Stores Clerk I | 5804 | A 0408

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INSTRUCTIONS FOR COMPLETING THE SUPERVISOR’S INVESTIGATION REPORT

The investigation report is to be completed by the immediate supervisor, (not the employee), of the employee(s) involved in any on-the-job injury, vehicle accident, and property damage report.

Section 1: "What Happened?" Simply describe what took place regarding this employee’s accident, or what circumstances caused you to make this investigation. Be as brief as possible, but be descriptive. Example: The employee claims a back, leg, and elbow injury while carrying a patient to the ambulance.

Section 2: "Why did it happen?" This is where you relate the accident facts. Answer the why? what? where? when? and how? questions. Example: It was raining and the ambulance was parked on a downhill slope. As the employee was carrying the patient down the slope to the ambulance, the employee lost footing in the mud and fell. The employee complained of a twisted back, hyperextended right knee and pain to the right elbow when it hit on the concrete steps.

Section 3: “What are the contributing factors to the root cause of this accident?” Example: Mud, Bad Footing, Lack of Personnel to Lift, etc. The employee was using the proper equipment and material for the job. However, in a situation where footing is slippery more people should be assigned the task of moving the patient.

Section 4: “What should be done to prevent a future similar incident?” This is where you indicate what steps you have taken to prevent another similar injury, or what recommendations you have. This is the supervisor’s chance to propose changes in work equipment or work processes, or suggest other action(s) to make their work operations safer. Example: The station personnel have been instructed to continually size-up an incident to look for problem areas. A training session on incident size-up and proper lifting techniques will be addressed on our next shift.

Section 5: “Who will take the action shown in #4?” Example: I, the Station Officer will present a learning exercise to address this safety issue. By providing station personnel with information on how to perform an effective size-up and protect themselves from back injuries, we will reduce the number of lost time injuries, and be able to complete our job assignments safely.

Section 6: "Do you agree with the employee’s statements on the Accident/Injury/Incident Form?" Simply circle "Yes" or "No." If you give a “NO” answer indicating you do not agree, give the reason(s) in the "COMMENTS" section. A "NO" answer will also trigger further investigation of the claim by Risk Management.

Supervisor’s Signature / Date: The supervisor must legibly print and sign their name to this form and date the form. There is a signature/date line for your Division Head to indicate they have reviewed the form.

This report must be attached to the Official Job Injury Report. All forms are available on Fireweb.

For the purpose of this policy the following definitions will be used as a guide to differentiate a vehicle accident from a vehicle incident:

ACCIDENT: A Vehicle Accident is a circumstance that involves an OKCFD vehicle (including any attached equipment or cargo) that results in damage to vehicles, equipment, or property. Some examples would include, but are not limited to:

1. Any circumstance where an OKCFD vehicle (including any attached equipment) is in motion and comes into contact with another object.
2. Any circumstance where a motorized vehicle (including any attached equipment) comes into contact with any OKCFD vehicle (including any attached equipment).
3. Any circumstance where any cargo or equipment from an OKCFD Vehicle separates from that vehicle while in motion and makes contact with another vehicle and/or causes an accident.
**INCIDENT:** An Incident is property damage not classified as an accident. Some examples would include, but are not limited to; vandalism, rocks thrown from the roadway, or unknown circumstances.

Employees involved in an Incident shall follow the procedures in *A/SAF-205 Reporting Procedures for Property Damage and Missing/Lost Equipment*.

Realizing that not every situation can be covered by the above definitions, the Fire Chief, or the Fire Chief’s designee, will have the authority to make a determination of “accident” versus “incident” whenever necessary. This determination will be made after a review of all available information.

**APPARATUS / VEHICLE ACCIDENT REPORTING PROCEDURE**

The officer and/or driver of a fire department apparatus/vehicle involved in an accident shall take the following actions:

1. Stop immediately and render first aid as necessary. Do not move the city apparatus/vehicle.
2. Notify OKCFD Dispatch that you have been involved in an accident; if responding to an emergency call, notify Dispatch to send another company to your original call; then give location, injuries, and extent of damage to apparatus/vehicle. Dispatch will notify the proper authorities.

**OKCFD Dispatch will:**

1. Notify the District Officer/Section Supervisor of the driver involved in the accident, OKCFD Unit Operations Supervisor, OKCFD Safety Officer, and the District Officer where the accident occurred.
2. Notify the Police Department, having jurisdiction, to investigate the accident if it involves people or property outside the fire department.

**Accident Scene Procedure**

1. Present only identification and/or driver’s license and make no statement as to the responsibility or liability of either party involved except, to a police officer.
2. Do not encourage submission of claims or make any commitments incurring responsibility by the City government.
3. Complete the City of Oklahoma City Vehicle Accident Report, both pages. It is important that you obtain the pertinent information necessary to complete this document at the scene, (i.e. the other driver’s name, insurance company, injuries, witnesses, and any statement made by the other driver at the time of the accident.)
4. The District Officer where the accident occurred will respond to the accident location, document the accident, and take pictures of the accident scene.
5. Pictures taken at the scene of an accident should tell the story of what took place. Only then will close-up shots of damage make sense to those that were not there. Pictures should include a view from all sides of the accident scene. If the accident occurred in/at an intersection pictures should be taken from each side of the intersection, which encompasses the accident, any street signs or posts, and any directional, or other warning signs drivers may have encountered. For placement of accident scene photos, a folder will need to be created in the “Z:\Photos\OCFD_Vehicle_Accidents” folder using the following format: MM-DD-YY Unit-Shift, (e.g. 01-01-08 RL 2-A).
6. Depending on the severity of the damage or if safe operation of the apparatus is questionable, 125 or the Unit Operation Supervisor (UOS) should be notified from the scene. 125 or the UOS will make the determination as to whether or not the apparatus should be towed. District Officers shall have Dispatch notify 125 to inspect the apparatus if there is significant intrusion to body panels, significant impact to the steering or suspension systems or if the impact could have possibly caused the apparatus frame members to have been altered.
ADMINISTRATION / SAFETY

After the Accident
1. The District Officer where the accident occurred will report their findings in letter form and forward it to the driver’s District Officer / Section Supervisor, to be placed with the rest of the vehicle accident documentation.

2. If the OKCFD vehicle requires towing or cannot be placed back into service, notify Dispatch to contact the appropriate maintenance shop personnel.

3. Upon return to the work section, the officer/Section Supervisor will ensure the following documentation has been completed and is accurate to be processed:
   - Supervisor's Investigation Report
   - City of Oklahoma City Vehicle Accident Report (both pages)
   - OKCFD Work Order (requesting inspection of damage, for a cost estimate) This work order should be directed to the Maintenance Facility ASAP. Cost estimates may only be obtained by Maintenance Facility staff if a third party is involved. Otherwise, actual costs will be documented monthly and no estimation will be given.
   - For damage of equipment (not vehicle or property) a work order request for repair, replacement and a cost estimate should be delivered to the appropriate work section (i.e., Fire Maintenance or IT-Radio Shop).
   - If damage occurred to OKCFD facilities, the authorized person at the District Officer's station (or the work section Supervisor) should send an email to the OKCFD Facilities Manager requesting repair or replacement and a cost estimate.

4. All personnel assigned to an OKCFD Unit that is involved in an accident, and any personnel that witnessed the accident will provide witness statements (located on FIREWEB FORMS). If the unit involved in the accident was responding to an incident scene, while at an incident scene or returning to quarters from an incident scene, the incident number will be placed in the section provided on the witness statement form. The statements must contain individual thought process and facts leading to the accident. Information contained in the statement is what the individual personally witnessed to have occurred leading up to the accident, and actions taken after the accident.

5. All Vehicle Accident documentation, including individual witness statements, must be completed and promptly submitted to the District Officer/Section Supervisor. In no case will this be later than the day of the accident.

6. The District Officer or Section Supervisor will be responsible for the appropriate reports, assuring complete and correct information. The District Officer or Section Supervisor will initial the departmental reports and witness statements in the upper right corner, indicating the reports have been reviewed for accuracy and completeness and deliver them to the Deputy Chief of the work section affected by the accident.

7. The Deputy Chief will sign and date the Supervisor's Investigation Report and the Oklahoma City Vehicle Accident Report where indicated, and initial all other vehicle accident documentation in the upper right corner. The Deputy Chief's signature and initials on the various forms will indicate the reports have been reviewed for accuracy and completeness. Once this has been completed, all vehicle accident documentation shall be delivered to Fire Administration to be time stamped and processed.

8. The safety work section will ensure a copy of the “Police Accident Report” is obtained. The Unit Operations Supervisor shall ensure apparatus/vehicle(s) are examined within 48 hours of the accident for the purpose of obtaining an estimate of repairs. If a third party is involved, the estimate of damage shall be forwarded to the Municipal Counselor's office and the Fire Department Safety Officer, within 48 hours of the accident.

Post-accident drug or alcohol testing shall be in accordance with the current Drug Policy.
NOTE: The witness statement form is found on the FIREWEB FORMS. The Witness statement can be filled out on the computer and printed for submittal. The “Employee name” should be populated with the affected employee or the person who was driving when the accident occurred. The “Witness name” is the person who witnessed the accident and who is making the statement on the accident.

ACCIDENT REPORT
The City of Oklahoma City Vehicle Accident Report Form is a two-page document with three carbon copies. In order to ensure legibility the report will be type written or printed legibly in blue or black ink.

The four pages of the report are color coded as follows:

<table>
<thead>
<tr>
<th>Original</th>
<th>White</th>
<th>Risk Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Copy</td>
<td>Yellow</td>
<td>Fire Maintenance</td>
</tr>
<tr>
<td>Second Copy</td>
<td>Pink</td>
<td>Municipal Counselors Office (Legal)</td>
</tr>
<tr>
<td>Third Copy</td>
<td>Gold</td>
<td>Department Files</td>
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</tbody>
</table>

A/SAF-205 REPORTING PROPERTY DAMAGE & MISSING / LOST EQUIPMENT

REPORTING PROCEDURES FOR PROPERTY DAMAGE
Property damage for this policy will be defined as damage to City property to include but not limited to facilities, grounds, light poles, fences/parking areas, vehicles/apparatus (not involved in an accident), flashlights, radios, EMS Kits, SCBA facepieces and any other tools or equipment issued and provided by the City Of Oklahoma City.

1. Upon noticing property damage your District Officer or Work Section Supervisor should be notified, and the following documentation completed and forwarded to Administration:
   - City of Oklahoma City Property Damage/Incident Report
   - Supervisor’s Investigation Report
   - Pictures of Damage
   - Incident Run number

   For the purpose of this policy, an Incident will be defined as: Beginning with the dispatched alarm, including time spent on scene and finishes when an employee steps off the unit back in quarters, or at the point your unit veers to a destination other than back to the station.

   **Bunker Gear**
   See section A/SAF-211 for information pertaining to Structural PPE or Wildland gear.

2. For stations and work sections that maintain a Log Book, the reported damage should be noted in the Log Book, and information passed along to the appropriate personnel.

3. The District Officer or Work Section Supervisor will ensure that pictures are taken of the damage to be placed with the required documentation to turn in to Administration. This should not be later than the next shift.

4. Work Order Requests should be completed and delivered to the appropriate work section.
5. When damage to City property occurs due to (or possibly due to) an individual or equipment outside of the Fire Department, dispatch should be contacted to notify the Police Department so that an investigation report may be obtained.

REPORTING PROCEDURES FOR MISSING/LOST EQUIPMENT
Missing/Lost Equipment is any and all equipment issued and provided by the City Of Oklahoma City to include, but not limited to, flashlights, hand radios, hydrant bag and contents, generators, hose, furniture, bunker gear etc.

1. Upon noticing missing/lost equipment, your supervisor should be notified and the following documentation completed:
   - City of Oklahoma City Property Damage/Incident Report
   - Supervisor’s Investigation Report
   - Incident Run number (if equipment was lost while involved in an incident as previously defined.

   Any missing or lost bunker gear shall also require a Protective Clothing Inventory or Request Form be completed and signed by the employee’s District Officer. Bunker gear will be issued from the department loaner pool. To pick up bunker gear, prior approval shall be obtained from the Safety Officer or his/her designee. The employee will then be taken to Northern Safety or the current Independent Service Provider (ISP) to pick up the appropriate gear.

2. Work Order Requests should be completed and delivered to the appropriate work section.

4. If missing/lost equipment is suspected of being stolen, dispatch should be contacted to notify the Police Department so that an investigation report may be obtained.
The Oklahoma City Fire Department will investigate all vehicle accidents, as defined in A/SAF-204 Reporting of Accidents Involving City-Owned Vehicles, regardless of the amount of damage or location of the accident. The Oklahoma City Fire Department Vehicle Accident Review Committee (VARC) will review all Oklahoma City Fire Department vehicle accidents.

VEHICLE ACCIDENT REVIEW COMMITTEE (VARC)
The OKCFD VARC will be comprised of 20 team members:

1. Fire Maintenance Unit Operations Supervisor
2. OKCFD Safety Officer
3. Operations Battalion Chief
4. Support Services Battalion Chief
5-20 The Safety and Health Committee will select the additional sixteen members who will be of a Sergeant rank or above with four (4) from each shift, A, B, C, and D.

*There must be a minimum of 5 VARC members (2 members from the 1-4 list and 3 members from the 5-20 list) at any Vehicle Accident Review Committee meeting.

This Committee will be a sub-committee of the Safety and Health Committee to work on strategies and programs as well as sit on the Vehicle Accident Review Board. They will meet once a month.

Term of Service
1. Those members listed 1-4 shall serve on the committee for an indefinite period of time.
2. Those members selected to the committee (5-20) shall serve a minimum of a two-year term on the committee.
3. To maintain the 4 members per shift, a member will be asked to resign their position if they are transferred to a different shift. If a member must resign due to transfer, he/she will be offered the first occurring vacancy when one occurs on the shift they have been transferred to.

The Vehicle Accident Review Committee will meet monthly to review all Fire Department vehicle accidents. The committee shall classify each accident based solely on their review of all evidence.

For the purpose of this policy the following definitions will be used.

### Preventable:
A Preventable Vehicle Accident is one in which an employee operating a motor vehicle involved in an accident did contribute to or had a reasonable opportunity to avoid the accident.

### Non-Preventable:
A Non-Preventable Vehicle Accident is one in which an employee operating a motor vehicle did not contribute to or did not have a reasonable opportunity to avoid the accident.

### Reasonable / Unreasonable:
Damage that results while vehicles are engaged in off-road activities such as wildland firefighting must be reasonable and justifiable. In these instances, the VARC / Accident Review Board will make a determination as to whether the actions of the driver were “reasonable” or “unreasonable”.

**Circumstances that would not require the Accident Review Board to convene**
Based on the above definitions, the Oklahoma City Fire Department Vehicle Accident Review Committee will provide a written recommendation to the Fire Chief as to whether a vehicle accident incurred by the OKCFD was preventable, non-preventable, reasonable, or unreasonable.

1. All vehicle accidents found to be non-preventable or reasonable, and approved by the Fire Chief shall be concluded with the final disposition forwarded to Risk Management, and the affected employee(s).
2. All vehicle accidents found to be preventable or unreasonable and approved by the Fire Chief shall be concluded with the final disposition forwarded to Risk Management and the affected employee(s).

**Circumstances that would require the Accident Review Board to convene**

1. When the VARC cannot make a clear decision to classify the accident based on all evidence, or an employee chooses to present additional evidence, a Vehicle Accident Review Board shall be convened.

2. Regardless of the findings of the VARC, an Accident Review Board shall convene under the following circumstances.
   a. Where an OKCFD employee has sustained an injury, which requires an Official Job Injury Report and supplementing documentation to be completed.
   b. A non-OKCFD employee sustains an injury, which requires transportation to a medical facility.
   c. Any vehicle accident where a death occurs.

The Vehicle Accident Review Committee’s classification may be appealed to the Union via the grievance procedures outlined in the Union contract if the employee believes the decision was unreasonable or without just cause.

**VEHICLE ACCIDENT REVIEW BOARD**

This board will be comprised of (3) members from the Vehicle Accident Review Committee. Three (3) members of the Vehicle Accident Review Committee will be designated as the Vehicle Accident Review Board, and will include one (1) member who reviewed the vehicle accident being referred to the formal Accident Review Board.

**Chairperson:** The senior ranking officer in attendance will serve as the Accident Review Board Chairperson.

**Location of Meetings:** The Accident Review Board will convene at Administration in either the Operations or Administration Conference room, or Fire Training Conference room. The Chairperson of the board will have the option to designate any other location prior to scheduling the Accident Review Board.

**Time of Meeting:** All Accident Review Boards will convene during City business hours, M-F, between the hours of 0800-1700. The specific time shall be determined when scheduling the Board.

**Scheduling of Accident Review Boards:** The Safety Office will contact the unit(s) involved in the vehicle accident to schedule the Accident Review Board. Once the Vehicle Accident Review Board has been scheduled, the Safety Office will notify all parties involved and their supervisor(s) via email as to the date, time and location the Board will be convening.

**Scheduling of Vehicle Accident Review Committee:** VARC meetings are held the first Thursday of every Month at 0900. These meetings may be cancelled and or rescheduled by the Safety Officer as needed to satisfy attendance requirements and committee needs.

If a committee member is not able to attend the monthly meeting, the Safety Officer should be contacted via email and or phone call for notification of the absence. Committee members may be asked to resign if the member has greater than 4 unexcused absences.

**Meeting Guidelines:** The Chairperson of the Review board will keep control of the meeting at all times and ensure the following:

1. The Chairperson will ensure the meeting begins on time.
2. Only those individuals authorized to attend the meeting, (based on their participation or witnessing of the accident) are allowed to be present at the meeting. One representative from Local 157 is also authorized to attend the meeting.
3. Only the person being interviewed, one Union representative and others that the Chairperson deems appropriate will be allowed in the meeting room while the Accident Review Board members are interviewing an individual about a vehicle accident.

**Union Representative:** The union representative is invited to observe the proceedings to ensure that no employee’s rights have been violated. The representative is not, however, a member of the Board and shall not participate in the questioning of the individuals or witnesses. The Union representative will be allowed to briefly address the Board prior to deliberation.

**Deliberation:** Only the Board Members will be allowed in the room during deliberation and voting. The Board will review all of the available evidence and make a recommendation that the accident was preventable/non-preventable or reasonable/unreasonable to the Fire Chief. The final determination will come from the Fire Chief’s office.

**Outcome:** Affected parties will be notified via email of the final determination from the Fire Chief’s Office within six (6) 24-hour shifts for 24-hour personnel or fourteen (14) working days for 40-hour personnel after the Accident Review Board Meeting. A hard copy of the final determination will be disseminated to all affected parties through the inter-departmental mail system.

A vehicle operator, or any other employee, whose actions are found to have contributed to a preventable and unreasonable accident will be subject to the following process:

**1st Offense - Counseling (within a 12 month period from the date of accident)**
Counseling will be documented on a Specific Occurrence Report completed by a Chief Officer and sent to Administration for placement in the employee’s personnel files.

- The Accident Review Board will identify the audience and employee’s level of participation in a training session related to the violation(s).
- Upon the request of the employee, documentation of the 1st offense counseling will be removed from the employee’s file after a period of one year.

**2nd Offense - Written Reprimand (within the same 12 month period)**
A written reprimand will be documented on a Specific Occurrence Report completed by a Chief Officer and sent to Administration for placement in the employee’s personnel files.

- The employee will attend a formal vehicle operations training class developed by the Training Work Section.
- Upon the request of the employee, letters of reprimand will be removed from the employee’s file after a period of two (2) years.

**3rd Offense (within the same 12 month period)**
Time Off, Leave Without Pay (LWOP) One (1) shift

**4th Offense (within the same 12 month period)**
Determination of the Fire Chief, up to and including termination of employment.

**Non-Preventable or Reasonable Findings**
No action will be taken toward the driver, however if other violations occurred by the driver or other individuals, actions regarding the other violations could be taken.

The Fire Chief must approve any deviation from the procedures above.

Factors to be considered in making this decision are, but not limited to, the:

- Seriousness of the offense
- Employee’s past history with the Department
The Safety Investigation Team investigates incidents where, on-duty critical injury, or fatality has occurred to an employee of the Oklahoma City Fire Department.

**DEFINITION**

**Critical Injury:** Injury sustained by an employee, on duty, that requires hospitalization and/or an extensive recuperation period.

**Safety Investigation Team (SIT):** A unit of the OKCFD responsible for collecting and reviewing data on critical injury or fatality incidents, issuing final reports on probable cause, and making recommendations for policy and procedural changes intended to reduce the possibility of future occurrences. The Team is comprised of:

- Chief Safety Officer, will serve as a Co-Team Leader.
- Bargaining Unit Co-chair of the Safety and Health Committee, will serve as Co-Team Leader.
- Deputy Chief of Operations, Chief Safety Officer, EMS Chief, Fire Investigator, Fire Maintenance Unit Operations Supervisor, Graphics Specialist and the Critical Incident Stress Management Coordinator.
  Also other members, as determined by the team leaders and approved by the Fire Chief.

**POLICY**

The OKCFD will investigate duty related critical injuries and fatalities utilizing the Safety Investigation Team (SIT). Incidents where no injury occurred but where the potential for serious injury or death existed may be investigated by the SIT. The Team Leaders must be notified immediately when an employee suffers a critical injury or a service-connected death.

The SIT will be mobilized immediately when an employee is critically injured or killed in the line of duty. The Team may also be mobilized when notified of an incident where no injury or death occurred, but where a specific occurrence, action, procedure, or circumstance indicated that the potential for injury or death existed. The Team Leaders, in consultation with the Fire Chief, will mobilize as many members of the Team as needed. The SIT will collect and review data on duty related critical injuries and deaths. The SIT will issue final reports to the Fire Chief and Bargaining Agent based on conclusions drawn from the investigation and recommendations for policy and/or procedure changes based upon the findings of the SIT.

**PROCEDURE**

The Team Leaders, when notified by the Dispatch Office of an employee suffering a critical injury or a service-connected death, will consult with the Fire Chief to mobilize the SIT.

The Team will meet at the location designated by the Team Leaders, (usually the incident scene), and will assist the Incident Commander as necessary.

The first arriving Team member must ensure the incident scene and/or evidence is secured by consulting with the Incident Commander (IC) and/or Police Department representative; recommend the use to the Critical Incident Stress Debriefing Team.

Reduce radio traffic as much as practical, utilizing other forms of communication regarding affected personnel and issue no public statements.

At the conclusion of the incident, the Team will immediately interview all OKCFD personnel involved and take statements that may be reduced to writing. All personnel must cooperate with the SIT during an authorized investigation.

The EMS Chief will establish a liaison with the receiving hospital and request appropriate test be conducted (e.g., blood gases), and ensure proper OJI procedures are followed.

The SIT will impound and secure affected vehicles, protective clothing, SCBA, dispatch tapes, incident and casualty reports as deemed necessary. Develop area maps, floor plans and other drawings as needed to indicate location, position, direction of movement, other actions of affected personnel and apparatus, and take photographs and video all aspects of the incident.
FINAL REPORT
The report will be formatted for ease of reading and conciseness but will be expanded where necessary, it will include:

- Characteristics of the employee(s) involved - length of service, time in current assignment and location, level of training, rank, date of birth and age.
- Incident Commander
- Description of the incident.
- Time factors (time of day, time of occurrence, time elapsed on duty during occurrences.
- Task(s) being performed at the time of injury/death.
- Characteristics of equipment being used, their suitability and applicability.
- Protective equipment used/preventive measures taken.
- Environmental conditions at time of incident.
- Nature of injuries, their extent, medical prognosis, toxicology reports, extent of disability.
- Summary of applicable laws, standards, policies and procedures.
- Factors contributing to injury/death - unsafe acts, hazardous conditions, management and/or employee deficiencies.
- Recommendation to prevent recurrence

A/SAF-208 OPERATING OCFD VEHICLES IN CONFINED SPACE

The apparatus operator and company officer are responsible for ensuring that their apparatus has adequate clearance anytime the apparatus is in motion. When the apparatus is placed into motion, each person in the vehicle should consider the safety of the crew and adequate vehicle clearance as part of their job. Apparatus operators should heed the concerns of any member (via headsets, radio, verbal, or visual means). Anytime the driver and or officer of an Oklahoma City Fire Department vehicle questions the available clearance to proceed without causing damage to the apparatus or other property, the driver of the OKCFD vehicle should come to a complete stop to allow OKCFD passengers / crew to disembark to act as ground guides.

1. Proceed with extreme caution (very slow and careful) with all occupants continually checking to ensure adequate apparatus clearance both laterally and vertically.
2. The company officer will be responsible to ensure adequate clearance around, over and under the apparatus. The company officer and any crewmember, who is not in direct communication with the driver, should be provided with a radio to transmit the need for an emergency stop. All other directions, other than an emergency stop, may be conducted with hand signals and/or flashlights. Always consider tail and frontal swing of the apparatus.
3. In dark or dimly light situations, each crewmember that exits the apparatus will carry a working flashlight and wear the reflective traffic vest or bunker gear. Flashlights should be directed to illuminate any obstacle(s) that may potentially come into contact with the apparatus.
4. Proceed by an alternate route.
5. Wait until the crew or other available resources can move the obstacles.

NOTE: When an OKCFD vehicle has only one employee assigned and there are not any additional OKCFD personnel available to assist the driver, the operator will use extreme caution to ensure the vehicle does not contact other objects. Other options/routes should be considered and other resources utilized prior to making the determination to proceed through diminished areas. Remember that the short delay caused by proceeding with caution cannot compare to not arriving at all due to injury or damage to apparatus or other property.
A/SAF-209  MANDATORY SEATBELT USAGE

All fire department personnel shall wear a properly adjusted and fastened safety seat belt system while riding in, or operating, a fire department vehicle of any type while that vehicle is in motion. This includes all response apparatus and all support vehicles such as pickups, vans, and automobiles.

The officer and/or apparatus driver will advise personnel to connect your safety belt as soon as possible and advise the apparatus driver “Ready.” The officer and the rest the crew will put seat belts on and each passenger should verbally state “Ready”. If the apparatus is equipped with warning devices (alarms and visual cues) the apparatus operator will not move the apparatus until it is verified all passengers are seat belted and safety alarms are addressed.

A/SAF-210  MANDATORY SCBA USAGE

The following ensures the safety and well-being of all Fire Department Personnel by preventing inhalation injuries. It is the policy of the Oklahoma City Fire Department that all company/acting company officers and all other personnel responding to incidents make SCBA usage mandatory for themselves and their crews when operating in all situations of contaminated atmospheres.

The SCBA shall be donned and functioning properly, in the positive pressure mode when contaminated/suspected contaminated atmospheres are entered such as, but not limited to: fire situations, oxygen deficient atmospheres and hazardous materials incidents (below and above grade). In other incidents such as outside fires, an officer/acting officer may determine that SCBA usage is not necessary. If contaminated atmospheres can be anticipated, SCBA usage is required.

**NOTE:** In post fire activities the Incident Command may allow SCBA removed when areas within that incident are no longer contaminated.

Adherence to this policy is the responsibility of all command personnel as well as each individual. Each supervisor/acting supervisor is responsible for compliance of themselves and all respective crew members they are supervising. An officer/acting officer who does not enforce this policy is subject to disciplinary measures as is the individual who does not comply with this policy.

**Post Fire Response Activity**

Anytime an interior fire attach is made or the SCBA is believed to be contaminated with products of combustion, the SCBA will be passively deconned prior to placing the SCBA back into its mount on the apparatus. Once crews return to the station, a more detailed decon will be done to include mild soap and water for removal of the products of combustion.

**Low Air Alarm - Vibralert Actuation**

Whenever a company is operating inside a hazardous atmosphere and the Vibralert actuates from one or more company member(s), the company officer at their discretion may determine to leave the area as a team or having the staffing available may opt to send team members out in pairs. This will be acceptable only as long as the buddy system is always intact (work in pairs). Each team of two or more people shall have at least one radio. Consideration should be given to the smoke and fire conditions as well as the size of the structure when allowing members of the company to leave the structure to change out their air cylinder. The company officer shall notify command (or to whomever they are reporting to) that company members are coming out.

Each company shall have a pre-determined meeting place outside the structure where company member(s) will go once they have changed out their air cylinder. This location should be communicated to all company members at shift change.
Example:
- The air van
- The tailboard of your assigned apparatus
- The tailboard of the engine flowing water
- The curb directly in front of the structure
- The command post

When company members that stayed inside the structure exit, they should go to the predetermined meeting place to account for a company PAR.
- At no time shall one member in the company be allowed to stay inside the structure or in the hazardous area alone (always work in pairs).
- To keep company integrity intact, at no time shall members of a company that has left their company to change out air cylinders attempt to go back inside the structure to find their company (exception: company officer is still inside and calls for them.)

OPERATIONAL TESTING FOR SCBA, HEADS-UP DISPLAY AND CONSOLE
1. Check that the breathing regulator or purge valve (red knob on the regulator) is closed (full clockwise and pointer on knob upward).
2. Fully depress the center of the air saver/donning switch on the top of the regulator and release.
3. Slowly open the cylinder valve fully rotating the knob counter clock-wise (approximately 2 ½ turns).
   a. Vibralert alarm shall actuate and then stop.
   b. The heads-up display will initialize with all five lights on for twenty seconds followed by display of cylinder supply level. If the LOW Battery light at the far right of the display remains lit or begins to flash, replace the batteries.
   c. The PAK-ALERT distress alarm will be actuated when the cylinder valve is opened.
4. Check that the remote pressure gauge is operating properly and that it reads within 10% of the value on the cylinder pressure gauge.
5. Don the face piece or hold the face piece to the face to affect a good seal. Inhale sharply to automatically start the flow of air. Breathe normally from the face piece to ensure proper operation.
6. Remove face piece from face, air shall freely flow from the face piece.
7. Fully depress the air saver/donning switch on the top of the regulator and release. The flow of air from the face piece shall shop. Examine the complete respirator for air leaks. There shall be no leakage of air from any part of the respirator.
8. The regulator is equipped with a red purge knob which allows air to flow into the face piece in an emergency without breathing on the respirator. The purge control is also used to release residual air from the respirator after the cylinder valve is turned off. Check the purge valve as follows:
   a. Rotate purge valve ½ turn counterclockwise (pointer on knob downward). Air shall freely flow from the regulator.
   b. Rotate purge valve ½ turn clockwise to full closed position (point on knob upward). Air flow from regulator shall stop.
9. Push in and rotate the cylinder valve knob clockwise to close. When the cylinder valve is fully closed, open the purge valve slightly to vent the residual air pressure from the system. As the residual air pressure vents from the system, the remote pressure gauge needle will swing from “FULL” and move towards “EMPTY”. Observe the lights of the Heads-up display and verify that they light properly in descending order. Close the purge valve when the gauge needle crosses the “1/3” mark but before the beginning of the red “EMPTY” band.

  a. The Vibralert end of service indicator alarm shall actuate (rapid clicking).
  b. The red light on the far left of the heads-up display shall flash rapidly at ten (10) times per second.
  c. On units equipped with either the PASS or the SEMS II Console, the gauge shall be illuminated by a RED light.

10. After verifying that all alarms are functioning, open the purge valve slightly to vent the remaining residual air pressure from the system.

  a. All alarms shall cease operation when the system pressure drops to zero except the accessory electronic end of service time indicator.
  b. To terminate the electronic end of service time indicator, press the Manual Reset button on the Control Console twice and the twice again after the flashing green light sequence.

11. When air flow stops completely, return purge valve to the fully closed position (pointer knob upward).

   IF ANY DISCREPANCY OR MALFUNCTION IS NOTED DURING THE INSPECTION, DO NOT USE THE RESPIRATOR. REMOVE THE RESPIRATOR FROM SERVICE, TAG IT AND GET IT TO THE AIR SHOP FOR REPAIR.

Heads-Up Display Operation

The heads-up display provides a visual monitor of the air supply in the cylinder and valve assembly. The display is fitted to the face piece mounted regulator and appears across the bottom of the user’s field of view through the face piece. The heads-up display consists of four (4) rectangular lights to represent the cylinder pressure at full, 3/4, 1/2 and 1/3. A fifth round red light indicates LOW BATTERY. The heads-up display operates as follows:

1. When respirator use begins, the heads-up display will utilize and illuminate all five lights for twenty (20) seconds. Operation of all five lights must be verified every time respirator use is begun and with every regulator operational inspection. If the lights do not operate as described here, do not use the respirator. Remove the respirator from service and tag for repair.
2. After initialization, the rectangular indicator lights will show the level of air supply in the cylinder as follows:
   a. FULL cylinder is indicated by the two green lights flowing near the center of the display.
   b. 3/4 cylinder is indicated by a single green light glowing.
   c. 1/3 cylinder end of service time indicator is indicated by the red lights at the far left flashing rapidly at ten times a second.

   WHEN THIS WARNING LIGHT IS FLASHING RAPIDLY, THE USER MUST LEAVE THE HAZARDOUS ATMOSPHERE IMMEDIATELY.

3. If the SCBA is equipped with a PAK-ALERT distress alarm or the SEMS II Accountability System, the lights in the heads-up display will flash in an alerting pattern when the PAK-ALERT distress alarm goes into Pre-Alarm. In addition, the color of the lights illuminating the gauge dial will be the same as the current cylinder level light showing in the heads-up display.

4. The heads-up display has an automatic brightness control that dims the display in low light situations and returns the display to full brightness in bright light situations.

5. When the batteries require changing, the round LOW BATTERY indicator at the right of the display will light for twenty (20) seconds and then begin to flash slowly at once a second. When the LOW BATTERY indicator is actuated, the batteries still have sufficient life to operate the heads-up display longer than the longest duration cylinder installed on the respirator. However, the batteries must be changed immediately upon termination of use of the respirator or before re-entry into a hazardous atmosphere.

   WARNING: Actuation of any end of service indicator alarm warns that approximately 33% of full pressure (approximately 2/3 of the total air supply has been used) remains in the air supply cylinder.

OKCFD SCBA’s are equipped with an integrated Personal Alert Safety System (PASS) device that is compliant with NFPA 1982, 2013 edition and shall meet the following criteria:
   a. Operation of the distress alarm shall be initiated with the opening of the valve of the SCBA charged cylinder.
   b. Hands free reset that will reset with slight movement of the SCBA when system is in a pre-alarm mode.
   c. When the PASS device goes into per-alarm, the user shall be notified through a distinct light pattern on the heads-up display.
   d. The system operated from a single power source containing six (6) “AA” batteries.
   e. The battery life of the SCBA with PASS only shall be no less than 200 hours.
   f. The system has a battery check function that provides LED indicator of battery status while the SCBA is no pressurized.
   g. The PASS device contains two components: a Console and a Sensor Module.
   h. The PASS device can be reset using the yellow colored push button.
   i. The RED colored push button allows for manual activation of the PASS device.
The hazards associated with emergency incidents are well documented and in some cases cannot be eliminated. In order to minimize the severity and number of injuries, we must take all reasonable precautions and fully utilize our knowledge, experience, and protective equipment. The following policy and procedures shall be adopted:

1. Full protective clothing shall be worn at all times when operating at any incident that requires personal protection; whether an actual or potential hazard exists.  
   "Articles of protective clothing or equipment issued by the Fire Department or approved by the Fire Chief will be the only items used by department personnel."

2. An incident is to be considered:
   "Any situation or circumstance that requires a response from Fire Department personnel to include, but not limited to, first-aid, rescue, hazardous materials, vehicle accidents, fire suppression, etc., and the surrounding area(s)."

   The area(s) that is to be considered part of an incident will vary depending upon the situation. It is intended that anyone in close proximity to an incident shall wear whatever protective clothing is necessary to afford complete personal protection. This will include Apparatus Operators working in areas adjacent to the incident.

3. Protective clothing and equipment shall be worn in a manner that will fully utilize the protection afforded by each component.
   Full protective clothing is considered to be the following:
   a. Helmet with approved protective hood.
   b. Turnout coat and trousers with liners.
   c. Structural Firefighting Boots.
   d. Structural Firefighting Gloves.
   e. SCBA as per mandatory SCBA Usage Policy.
   f. PASS device as part of the Self Contained Breathing Apparatus.

   NOTE: Other items of protective clothing to be worn when applicable include: ear plugs and earmuffs, goggles, specialized grass firefighting protective clothing and haz-mat ensembles.

4. Suppression personnel shall don their appropriate protective clothing and equipment dictated by incident needs, before entry into the incident area.

5. Apparatus Operators who are operating pumps or aerial turntables at an incident shall don appropriate protective clothing after the apparatus is placed in operation. Apparatus Operators away from the designated incident area may wear portions of their protective clothing as determined by the I.C. or if the operator feels it meets the needs of the incident; for example, the operator is experiencing heavy smoke, his/her SCBA will be donned.

6. When operating at EMS incidents, all personnel shall wear whatever protective clothing is necessary to afford complete personal protection. See Exposure Control Plan for further information.

7. Personnel operating at the Command Post (C.P.) will not be required to wear protective clothing unless the C.P. is located within the incident area (see item #2). Personnel who leave the C.P. and enter the incident area shall wear full protective clothing.

8. All support personnel responding to an incident shall don the level of protective clothing necessary for their assigned duties. All personnel not wearing appropriate protective clothing or equipment shall remain outside the designated incident area.
9. **Reflective Traffic Safety Vest:** Shall be worn by personnel when their visibility needs to be enhanced. For example, when backing apparatus, directing traffic, vehicle accidents or other situations deemed necessary by the company officer or individual.

10. **Lightweight Firefighting Gear:** This protective clothing is designed for wildland firefighting. This clothing will not be worn to combat interior structure fires or be altered without approval. It must be worn in conjunction with the approved helmet, gloves, goggles and footwear. For other unique/specific operations, protective clothing and equipment appropriate for that type of operations must be worn. Lightweight firefighter gear may be worn for other operations, if approved by Incident Commander (IC).

11. **Disposable Canister Mask:** May be worn while operating at wildland fires. The mask should be tested by personnel while it is new to obtain a feel for its ease of breathing. The filter should be changed when inhalations become difficult. **REMEMBER!!** These masks have particulate filters. They MUST NOT be worn in toxic atmospheres (i.e., structure fires, car fires, etc.).

12. Reducing the level of protective clothing will only be authorized by the officer-in-charge of the incident. To make the decision, the potential for injury from the incident hazards should be weighed against the potential for heat stress injuries, excessive fatigue, etc. Personnel should be allowed to remove parts of their protective clothing only after the risks have been carefully assessed. *In situations for which no guidelines have been provided, the proper protective clothing to protect against all foreseeable hazards shall be worn.*

13. **Drag Rescue Device (DRD):** is attached to the outer shell of all turn-out coats meeting NFPA 1971 Standard on Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting 20013 Edition. Its purpose is to aid firefighters with the rescue of an incapacitated firefighter by dragging the member along a horizontal plane. This is not an escape harness for vertical lifting or lowering a downed member or victim. The stitched overlapped ends of the harness have been UL tested and are rated for 2000 lbs. Damage of any kind to the DRD, requires the DRD be taken out of service for repairs or be destroyed.

**Structural Firefighting Gear Care and Maintenance Operations**

NFPA 1851: Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting (2014 Edition) requires structural protective ensembles to be inspected regularly and given an advanced inspection, cleaning and tested at least annually.

OKCFD contracts the care and maintenance program out to an Independent Service Provider (ISP). Per our contract, the ISP is responsible to do an advance cleaning and inspection bi-annually and test the turn-out gear annually. Though the ISP is responsible for bi-annual cleaning and inspection, the user has a responsibility to ensure the garments are inspected, cleaned and maintained on a regular basis.

**Routine Cleaning/On Scene Decon (NFPA 1851; A.7.2.1):**

Routine cleaning is a light cleaning of ensembles and ensemble elements performed by the end user without the elements being taken out of service. Routine cleaning can be accomplished by brushing off dry debris with a soft bristle brush, rinsing off debris with a water hose or red-line with a fog patter and spot cleaning.

Be sure to lightly brush debris and use a fog nozzle to limit saturation of the gear. When doing on scene decon of the gear, the wearer shall be in full PPE and breathing air from their SCBA. Studies show that on scene decon can remove up to 90% of the contaminants on your gear.
Laundering Using the Extractor Washer and Decontamination sink

1. Separate your shells and liners.
2. Turn the liners inside out for laundering in the extractor washer.
3. The Drag Rescue Device and Suspenders can be washed in the extractors.
4. Wash the liners and shells in separate loads. This helps to eliminate the shell from tearing up the quilted liner and will prevent cross contamination. Per NFPA 1851, water temperature shall not exceed 105ºF.

   Note: NFPA 1851: mild detergents with a pH range of not less than 6.0 and not greater than 10.5pH shall be used when washing any structural PPE ensemble elements.

5. **DO NOT** wash your harness or leather suspenders in the extractor or washer.
6. Wash your harness with Joy Soap or equivalent with a soft bristled brush. Use latex gloves and eye protection when washing these items.

7. Do not hang shells or liners in the sunlight to dry! NFPA 1851; A.7.4.2(2): Exposure to direct sunlight will cause degradation of fibers in protective garments, resulting in loss of fabric strength.
8. Hang the garments in a well ventilated area, separated so air can move between them. Using an electric fan can help with the drying time. Do not use a heat source to speed up drying time.
9. Wash your helmet! Wear gloves and eye protection when doing so. Use a soft bristled brush to remove any debris. Wash and rinse using Joy Soap or equivalent. For more information on cleaning helmets, see "Helmet Markings and Care".

   ![Image of a person washing a helmet]
   - Remove head band and wash
   - Wash and rinse ear flap

Structural gloves shall be washed on a regular basis. Gloves can be washed in the extractors or in the decontamination sinks.
Fire Fighting Ensemble
✓ All Materials should be free from tears, embrittlement, and fraying.
✓ Reflective trim should show no signs of abrasion or loss of reflectivity.
✓ All pockets, knee and other accessory items should be firmly attached to the garment and show no signs of excessive wear.
✓ Where fabric color change is noted, a condition that high heat exposure or ultraviolet exposure could cause, the entire area should be checked for loss of tear strength.
✓ Any garment that is heavily soiled with hydrocarbons should be taken out of service immediately.

Helmets (Including Wildland Helmets and Goggles)
✓ Inspect the shield hardware for seizing.
✓ Inspect the shield for clarity.
✓ Inspect the earflaps for proper installation and cleanliness.
✓ Inspect for exposure to extreme heat (reflective bars or letters have run lines in them).
✓ Inspect the impact cap.
✓ Inspect for overall cleanliness and to ensure all the components are in place.

Hoods
✓ Inspect for cleanliness
✓ Inspect all seams and material inside and out for charring, burns, or holes
✓ Have fire fighter don SCBA face piece and hood, check for proper elasticity and fit.

Coat (Including Wildland Jumpsuits)
✓ Inspect for cleanliness
✓ Inspect for holes, burns, or tears
✓ Inspect seams and stitching (including reflective trim)
✓ Inspect zippers and Velcro closures (if Velcro has lint and thread in it, it needs to be cleaned out. This condition is often caused by washing without closing Velcro.
✓ Inspect collar and cuffs for excessive wear
✓ Inspect all snaps, inside and out
✓ Inspect the liner for rips and excessive wear
✓ Inspect wristlets for stretching or other damage.

Pants
✓ Inspect for cleanliness
✓ Inspect for holes, burns, or tears
✓ Inspect seams and stitching (including reflective trim)
✓ Inspect cuffs for fraying (pants may be too long)
✓ Inspect suspender attachment points (should be eight)
✓ Inspect hooks, d-rings, and snaps, inside and out

Suspenders
✓ Inspect for proper elasticity
✓ Inspect suspender loops for damage or unauthorized repair (tape).

Gloves (Including Wildland Gloves)
✓ Inspect for cleanliness
✓ Inspect for cuts, tears, or separation of seams
✓ Inspect wristlets for stretching or other damage

Boots
✓ Inspect for cleanliness
✓ Inspect for damage (punctures, cuts, cracking…)
✓ Inspect for leakage
✓ Check for proper fit
After PPE has been inspected, the Station Officer will log their findings on the Personal Protective Equipment Sanitation and Repair sheet (found on OCFD FORMS). The Station Officer will also ensure any necessary repair or replacement procedures are initiated.

**Warning:** FOLLOW MANUFACTURER AND WASHER INSTRUCTIONS

**Warning:** AT NO TIME WILL BUNKER CLOTHING CONTAMINATED BY HAZARDOUS CHEMICALS OR BIOHAZARDS WASTE BE TAKEN HOME OR TO A PUBLIC LAUNDRY TO BE CLEANED! REFER TO THE OKLAHOMA CITY FIRE DEPARTMENT "EXPOSURE CONTROL PLAN"

**HELMET MARKINGS AND CARE**

There will not be any names or any other markings allowed on the outside of the fire department helmet that is not factory issue except station numbers, initials, rig assignment, and the American Flag. The numbers and letters will be issued from the Fire Department Operations Division only. Any changes must be approved by the Deputy Chief of Operations.

**Helmet Color Coding System**

- **White:** Chief Officers
- **Black:** Majors, Captains, Lieutenants, Sergeants, Corporals, Firefighters, and Recruits

Helmets must be kept clean. The carbon and soot on these helmets will carry electrical current and you could be electrocuted if your helmet comes in contact with an electrical power line.

The following are guides for the proper care and maintenance of fire department helmets:

1. Dirt and foreign matter should be washed from the helmet with soap and water. The interior suspension of the helmet should be cleaned with mild soap and water and thoroughly rinsed.
2. Chemicals, oils, paint, and petroleum products must be removed from the helmet as soon as possible.
3. Solvent may be used to remove tar and grease, but the helmet must be washed with soap and water immediately after using solvent.
4. No abrasive material should be used to clean helmets.
5. A coat of wax or polish applied when the helmet is clean will make it easier to clean when dirty.

It is the responsibility of company officers and district officers to see that helmets are kept clean at all times.

**REPLACEMENT OF PROTECTIVE CLOTHING AND EQUIPMENT**

Anytime protective clothing and/or equipment is lost, damaged, needs to be altered, or worn to the point it must be replaced, a protective clothing request form (available on Fireweb) will be completed and signed by the District Officer. For structural firefighting gear, the Chief Safety Officer or designee will facilitate replacement through the Independent Service Provider (ISP).

Personnel needing Structural PPE replacement will be issued gear through the ISP from the department loaner pool until it can be determined if gear can be repaired or replacement is needed. Personnel needing wildland jump suit replacement will be assessed on a case by case basis. Paperwork should be submitted through the Safety Office. Personnel will be issued wildland gear from the reserve cache until determination can be made as to repair or replacement.

Any item not listed on the form can be listed in the remarks section of the form.

Replacement of any gear may require documentation through Lost/Damaged Property reporting procedures.

The exception to the above is replacement of SCBAs. To replace an SCBA, a City of Oklahoma City Building/Property Damage Report form (available on Fireweb) must be completed, along with a letter of explanation.
After Hours Replacement of Bunker Gear
If bunker gear becomes unwearable due to heavy soiling, contamination or damage after hours:

1. The Station Officer will contact the District Officer and notify them of the issue.
2. The District Officer will contact Safety Officer/Assistant Safety Officer or can contact the ISP directly to make arrangement to have loaner gear issued and the contaminated or damaged gear left for cleaning or repair.
3. Once the gear is ready for pick up, the Station Officer will be notified through the District Officer that the gear is ready to be picked up. The loaner gear should be taken to the ISP location and turned in to be replaced with the wearer’s original gear.
4. If determination is made that the gear is contaminated beyond cleaning capabilities or damaged beyond repair, the determination will be made by the safety office to either replace the gear or loaner gear will be issued on a permanent basis to the wearer.

For bunker boot replacement, approval must come from the District Officer. A protective clothing form located in “OCFD forms” on Fireweb must be filled out, signed by the employee and district officer. The employee should write in the comments the reason for boot replacement. Take the form to CASCO industries located at 3601 NW 10th street in Oklahoma City. Personnel at CASCO will copy the form and send it to the Shop and Safety Office, the hard copy of the form should be taken to the shop and given to the Administrative Coordinator for filing. The District Officer should inspect the boots requesting to be replaced and ensure replacement is justified.

DECONTAMINATION/DISPOSAL OF PERSONAL PROTECTIVE CLOTHING & EQUIPMENT
All Oklahoma City Fire Department personnel will make every effort to avoid contaminating their personal protective equipment (i.e. bunker gear, gloves, nomex hoods, boots, helmets and SCBA). Realizing that this may be unavoidable in certain instances, such as rescue situations and/or unintentional contact with hazardous substances, the following guidelines have been instituted:

1. At any scene where a possible contaminant has been identified to exist, the Incident Commander will determine if any responding personnel’s protective clothing has been contaminated.
2. The determination of whether contamination exists will be made prior to any personnel being allowed to leave the scene.
3. If a determination of contamination is made, the proper course of action must be identified and the appropriate method of handling determined before any personnel is allowed to leave the scene.
4. Prior to leaving the scene, the IC will direct any subsequent action necessary to implement the chosen method of handling.
5. If the IC is uncertain as to whether the responding personnel’s protective clothing has been contaminated, the IC will proceed as if contamination has occurred until otherwise determined.
6. The Hazmat Team may be contacted in one of the ways outlined below to assist in such determination.

The IC may determine that the protective clothing can be decontaminated at the fire station by the responding personnel. The IC may then release the personnel to return to the station for such decontamination. The IC should not make such a determination unless certain that the protective gear can be successfully decontaminated at the station. Considerations the IC must take into account in making this decision are:

1. Types of substances involved
2. The extent of exposure
3. Expertise of the IC
If any uncertainty exists as to the success of decontamination, the IC will contact the Hazmat Team prior to determining the method of handling. Contact the Hazmat Team via telephone or dispatch for risk assessment. The responding Hazmat Team member will provide the IC with additional information on the hazardous substance and will make recommendations as to the appropriate method of handling. To better enable the responding Hazmat Team member to make an appropriate method recommendation, the IC will provide to the responding Hazmat Team member all known pertinent information regarding the contaminating product. If possible, a SDS for the contaminating product will be obtained.

Request Hazmat to respond to the scene if not initially dispatched. At any scene where the IC desires an on-site contamination risk assessment, the Hazmat Team will respond to the scene at the IC’s request. Hazmat should always be dispatched to a scene if the IC is uncertain as to what substance is involved, or if known hazardous substances are involved. If the Hazmat Team is dispatched to a scene, the Hazmat Team will function in its usual capacity, and will additionally make recommendations as to the appropriate method of handling the contaminated protective clothing. The final decision concerning the suitable method of handling the contaminated protective clothing at the emergency scene will be made by the Incident Commander.

**Method of Handling**

Methods of Handling the affected PPE may include, but are not limited to:

1. On-scene decontamination by responding personnel and/or Hazmat Team.
2. Responding personnel placing the affected PPE in plastic bags for transporting back to the fire station for thorough washing with warm soapy water, rinsing and air-drying.
3. Turning the affected PPE over to the responding clean-up contractor for disposal.
4. Placing the affected PPE in plastic bags for later disposal or decontamination.
5. Transporting to the station for washing in the District commercial washer/extractor with the approval of the Chief Safety Officer.
6. Arranging, through the Safety Officer or designee, to have the affected PPE transported to the contracted ISP.
7. Personnel found to have contaminated gear will be issued gear from the ISP loaner pool until such time as the contaminated gear can be cleaned. If it is determined that the gear cannot be effectively cleaned, the determination will be made by the Safety Office to replace the gear or a permanently issue gear from the loaner pool.

**Further Considerations**

Once PPE has been identified as contaminated, no personnel will use the contaminated PPE until the designated Method of Handling has been determined.

Replacement gear for contaminated PPE will be issued as soon as possible. The incident commander will notify the Deputy Chief of Operations or his designee of the equipment contamination and the need for replacement. The Deputy of Operations or designee will facilitate the replacement. Per contract the ISP has a 2 hour window in which they will be available to facilitate the replacement of bunker gear from the department loaner pool.

The following section is to provide a minimum standard guideline for OKCFD personnel to select and use the level of Personal Protective Equipment needed.

All personnel will select the appropriate PPE needed for the situation.
Company Officers are responsible to assure that all personnel are utilizing the level of PPE needed from the guidelines provided.

1. **EMS:** At a minimum will be Safety Glasses, latex gloves. On full arrest and suspected communicable disease, splash protection for the face will be utilized, i.e. TB mask, face shields. Scenes involving copious amounts of body fluids will require personnel to utilize disposable gowns, eye, face protection, latex gloves, and if incident dictates, TB masks.

2. **Vehicle Accidents:** At a minimum helmet, bunker pants, bunker coat, or reflective vests, latex gloves. If extrication is required, the minimum PPE will require helmet, safety glasses or goggles, bunker coat, bunker pants, bunker boots, bunker gloves with latex gloves under leather gloves. Extrication gloves may be worn, but latex gloves will be required under the extrication gloves. If fire is present on the scene, SCBA and firefighting hood will also be required in addition to above listed PPE.

3. **Vehicle Fires:** Helmet, bunker coats, bunker pants, firefighting gloves, firefighting boots, firefighting hood and **SCBA with face piece on and with personnel breathing air.**

4. **Wildland Fire:** Full complement of bunker gear, structural or wildland gear, and eye protection. In extreme conditions firefighting hood and SCBA with wildland canister attached.

5. **Dumpster Fire:** Helmet, bunker coat, bunker pants, firefighting gloves, firefighting boots, firefighting hood and SCBA with face piece on and with personnel breathing air.

6. **Technical Rescue:** Rescue Helmet with chinstrap, wildland bunker gear and/or Nomex coveralls or Nomex BDU's with long sleeve Class C Shirt. If the firefighter is working in an oxygen deficient atmosphere a Supplied Air Breathing Apparatus (SABA) will be used by trained personnel.

7. **Hazardous Materials:** The level of protection for all Operations Level Personnel will be Helmet, bunker coat, bunker pants, firefighting boots, firefighting gloves, firefighting hood, and SCBA. The HazMat Branch or HazMat Team will determine the level of protection for all Technician Level Personnel.

8. **Structural Fire:** Helmet, bunker coats, bunker pants, firefighting gloves, firefighting boots, firefighting hood and SCBA with face piece on and with personnel breathing air. Personal PASS devices will be utilized unless an integrated PASS SCBA is utilized.

**Salvage and overhaul operations require SCBA to be worn until the IC has monitored and assured that structure is free of possible contaminants.**

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**A/SAF-212 APPARATUS DOORS**

Each facility supervisor and or station officer will be responsible for conducting regular training concerning good habits to prevent accidents when entering or exiting through the Apparatus doors at the work site.

The officer will ensure each person on the apparatus is aware of their responsibilities to ensure we safely enter and exit Apparatus doors. The officer will advise personnel to connect your safety belt as soon as possible and advise the apparatus driver “Ready”.

The officer will advise personnel to keep compartment doors closed. If you walk away from the apparatus, close and secure the compartment door. Closed and secure means just that. If you open it, you close it before walking away.

**EXITING THE APPARATUS ROOM / APPARATUS DOOR**

The officer will assign a firefighter to shut the apparatus door for a single house company. The officer and the rest of the crew will get in the apparatus and put seat belts on and each passenger should verbally state “Ready”. Once the apparatus stops clear of the door the firefighter outside the apparatus, after insuring door closes, will get in the apparatus and fasten his/her seat belt and verbally state “Ready” which will be the signal for the driver to proceed to the incident.
Single Company Response
Everyone assigned to the apparatus will bunk out if needed, prior to getting in the apparatus. Once inside the apparatus place seat belt on. Each passenger should verbally state “Ready”. Once the driver hears everyone on the apparatus advise the operator “Ready”, the operator will proceed slowly out the door. This procedure should be followed anytime the crew is in the apparatus leaving the fire station, emergency call or not. It is the driver’s responsibility to ensure the Apparatus door is fully open before leaving the station. For stations using “common” overhead doors, the driver should look up and make sure the door is at or above the paint stripe on the side of the doorway before exiting through the doorway. If the paint stripe is faded or not present, contact the Fire Department Maintenance Facilities Manager for assistance. Stations using the “bi-fold” doors, the driver should confirm that the doors have fully opened and come to a complete stop.

The driver of the apparatus is responsible for the clearance when leaving the apparatus room.
The driver is also responsible for ensuring all compartments are closed before exiting the apparatus room. After personnel are in the apparatus and they advise the driver “Ready”, the driver will slowly exit the apparatus room at idle speed until the apparatus clears the door opening. At this time, if a firefighter was assigned to close the door they can get in the apparatus, fasten their seat belt, and advise the driver “Ready”. The driver can then proceed to drive to the destination or incident.

Some apparatus pedals may be difficult to manage while wearing bunker boots. The driver should wait to put on bunker gear in this instance.

If the driver chooses they can have spotters get out of the apparatus and assist with exiting the apparatus room.

Remember that the short delay caused by proceeding with caution cannot compare to not arriving at all due to injury or damage to apparatus or the apparatus room door.

Apparatus doors should be fully open, or completely closed. Never leave the door half-way open.

ENTERING THE APPARATUS ROOM / APPARATUS DOOR
All passengers will exit and assist the driver anytime an apparatus is entering through an apparatus door opening. At least one passenger will assist the driver with ensuring the overhead door is fully opened and signal the driver when it is safe to proceed.

Note: When an OKCFD vehicle has only one or two personnel assigned and there are no additional OKCFD personnel to assist the driver, the operator will use extreme caution to ensure the vehicle does not contact other objects. Other options should be considered and other resources utilized prior to making the determination to proceed.

If it is not necessary to back up an apparatus DON’T. If you do have to back up, a three foot clearance in front of and behind the apparatus is preferred.

PARKING THE APPARATUS AT DIFFERENT FIRE STATION & RESERVE EQUIPMENT
Extra caution should be taken when an apparatus is relocated to a different fire station or in a reserve piece of equipment pulling into or out of your station. The company officer should make every effort to ensure height, width and length clearances before the driver pulls in or backs into a Fire Station.

If it is not necessary to back up an apparatus DON’T. If you do have to back up, a three foot clearance in front of and behind the apparatus is preferred.

STATION TOUR & VISITORS IN THE STATION
The station tour guide should advise everyone in the group the procedure to use if an alarm is dispatched.

It is also good practice if small children are visiting the station that each firefighter checks around and under the apparatus for added safety.

Anyone left in the apparatus room needs to stay clear of vehicle exhaust system hoses.
This Policy conforms to OSHA’s HazCom 2012, which aligns with the UN Globally Harmonized System of Classification and Labeling of Chemicals (GHS).

The Modification of the Hazard Communication Standard (HSC) to align with a Globally Harmonized System of Classification and Labelling of Chemicals (GHS).

The Globally Harmonized System (GHS), is an international approach to hazard communication, providing agreed criteria for classification of chemical hazards, and a standardized approach to label elements and Safety Data Sheets (SDS). The GHS was negotiated in a multi-year process by hazard communication experts from many different countries, international organizations, and stakeholder groups. It is based on major existing systems around the world, including OSHA’s Hazard Communication Standard (HCS) and the chemical classification and labeling systems of other US agencies.

GHS includes the symbols used in international transport recommendations for physical hazards and acute toxicity. This was done to harmonize transport with other sectors where chemicals are used. DOT aligned with the international transport system many years ago. OHSA’s alignment with GHS harmonizes the standards of the two agencies with regard to symbols.

There is nothing in HazCom 2012 that prevents the use of NFPA and HMIS labels. According to the final rule as published in the Federal Register, “neither the proposal nor final rule prohibits the use of NFPA or HMIS rating systems.” NFPA and HMIS are voluntary systems, and their use has never been part of the mandatory requirements of the HCS.

CLASSIFICATION DIFFERENCES BETWEEN NFPA AND GHS
There is a big difference in the way OSHA uses numbers in HazCom 2012 versus the way the NFPA and HMIS labeling systems use them. In OSHA’s HazCom 2012, category numbers would NOT appear on labels at all. They would only be on the SDS.

<table>
<thead>
<tr>
<th>HMIS/NFPA Hazard Ratings</th>
<th>GHS Hazard Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Minimal Hazard</td>
<td>Category 1 = Severe Hazard</td>
</tr>
<tr>
<td>1 = Slight Hazard</td>
<td>Category 2 = Serious Hazard</td>
</tr>
<tr>
<td>2 = Moderate Hazard</td>
<td>Category 3 = Moderate Hazard</td>
</tr>
<tr>
<td>3 = Serious Hazard</td>
<td>Category 4 = Slight Hazard</td>
</tr>
<tr>
<td>4 = Severe Hazard</td>
<td>Category 5 – Minimal Hazard</td>
</tr>
</tbody>
</table>

GHS category/numbers determine the label elements that would be required for a chemical, but the category numbers themselves would not appear on labels. Where GHS category numbers would appear on the SDS (Section 2 – Hazards Identification), they would be accompanied by the label elements for the chemical, which would clearly indicate the degree of hazard.

The primary purpose of this program is to lessen or eliminate chemical exposures so that you can return home safe and healthy. This program will also inform interested persons, including employees, that the Oklahoma City Fire Department is in compliance with OSHA’s Hazardous Communication Standard (HazCom 2012) 29 CFR 1910.1200 by adhering to the following:

- Using a hazardous Chemicals Inventory List
- Using Safety Data Sheets (SDSs)
- Ensuring containers are appropriately labeled
- Providing our employees with training and information at least annually or when new hazards and chemicals are introduced into the OKCFD workplace
This program applies to all work operations within the department where employees may be exposed to hazardous substances under normal working conditions or during an emergency situation.

The Chief Safety Officer is the program coordinator, acting as the representative of the fire department to the City of Oklahoma City. The City of Oklahoma City has overall responsibility for the program. The Safety Officer will review and update the program as necessary. Copies of the written program may be obtained from the office of the Chief Safety Officer and are accessible at all work sites via the FIREWEB Desk Reference link. The Safety Office will review hazardous chemical SDS’ before the chemical is introduced into the OKCFD workplace.

All employees, or their designated representatives, can obtain further information on this written program, the hazard communication standard, applicable MSDS’s, and chemical information lists from the Safety Officer. Under this program, our employees will be informed of the contents of the Hazard Communication Standard, the hazardous properties of chemicals with which they work, safe handling procedures, and measures to take to protect themselves from these chemicals.

LABELS

Chemicals utilized at OKCFD facilities shall be labeled according to the UN Globally Harmonized System of Classification and Labeling of chemicals (GHS). The types of information employees can expect to see on the new GHS shipping labels include the following elements:

- **Product Identifier:** how the hazardous chemical is identified, such as the chemical name, code number or batch number. The manufacturer, importer or distributor can decide the appropriate product identifier. The same product identifier must be on the label and in Section 1 of the SDS (Identification). It will also be located on the department's Chemical Information List.

- **Signal Word:** used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. There are only (2) signal words that will be used:
  1. **“Danger”:** is used for more severe hazards; and
  2. **“Warning”:** is used for the less severe hazards. However, only one of the two signal words will be used on a label, no matter how many hazards a chemical may have. If one hazard warrants the signal word “Danger” signal word and another warrants the signal word “Warning”, the only the “Danger” should appear on the label.

- **Pictogram:** OSHA’s required pictograms must be in the shape of a square set at a point and include a black hazard symbol on a white background with a read frame sufficiently wide enough to be clearly visible. A Square red frame set at a point without a hazard symbol is not a pictogram and is not permitted on the label. OSHA has designated (8) pictograms under this standard for application to a hazard category.

- **Hazard Statement(s):** describe the nature of the hazard(s) of a chemical, including where appropriate, the degree of hazard. For example: “Causes damage to kidneys through prolonged or repeated exposure when absorbed through the skin.” All of the applicable hazard statements must appear on the label. Hazard statements may be combined where appropriate to reduce redundancies and improve readability. The hazard statements are specific to the hazard classification categories, and chemical users should always see the same statement for the same hazards, no matter what the chemical is or who produces it.

- **Precautionary Statement(s):** means a phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling.

- **Name, Address and Phone Number of the Chemical Manufacturer, Distributor or Importer:** This information is not required when making labels for use on secondary containers.
The Station Officer or Supervisor at the work site is responsible for ensuring that all hazardous chemicals in secondary containers (spray bottles, gas cans, etc.) are properly labeled and updated. Labels for portable containers can be obtained through the Safety Office. The District Officer and Station Officer or Supervisor will ensure that newly received materials are checked for labels prior to use.

The Station Officer or Supervisor and the person receiving chemicals will refer to the corresponding SDS to assist employees in verifying label information.

A hazardous materials labeling system will be used on OKCFD portable containers that hold hazardous chemicals.

Periodic inspections are to be completed by the Station Officer, Supervisor or District Officer to review and update label information when necessary and ensure that labels that fall off, become unreadable, defaced or removed are immediately replaced.

**TRAINING**

Everyone who works with or is potentially "exposed" to hazardous chemicals will receive initial training and any necessary retraining on the Hazard Communication Standard and the safe use of those hazardous chemicals annually. An exposure means that an employee in the course of employment was exposed to a level above that allowed by 29 C.F.R. 1910 of a chemical that is a physical or health hazard, and includes accidental or possible exposure. Whenever a new hazard is introduced or an old hazard changes, additional training shall be provided within 15 days. Training shall be provided within 30 days of employment, during the recruit academy, or when an employee could possibly be placed in an area where exposures are likely.

Information and training are a critical part of the hazard communication program. We train our employees to read and understand the information on labels and MSDS’s, determine how the information can be obtained and used in their own work areas, and understand the risks of exposure to the chemicals in their work areas as well as the ways to protect themselves. In order to prevent possible exposures, all employees will receive annual hazard communication training emphasizing the following elements:

1. Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area.
2. The physical and health hazards of the chemicals in the work area.
3. The measures employees can take to protect themselves from these hazards, including specific procedures the employer has implemented to protect employees from exposure to hazardous chemicals such as: appropriate work practices, emergency procedures, and personal protective equipment to be used.

4. An explanation of the labeling system and the SDS, and how employees can obtain and use the appropriate hazard information.

Each contractor bringing chemicals on site must provide the Station Officer or work site Supervisor with the appropriate hazard information on these substances, including the SDS, the labels used, and the precautionary measures to be taken when working with these chemicals.

**PLACARDING**

The National Fire Protection Association Standard 704 (N.F.P.A. 704) applies to placarding of fixed storage facilities, tanks etc., that exceed a threshold for compliance. Any Oklahoma City Fire Department storage tank or storage container with 55 gallons of liquid, 500 pounds of non-liquid, or 800 cubic feet of pressurized gas, must have an appropriate N.F.P.A. placard according to this standard (see below for N.F.P.A. application). Buildings or Structures with a floor space of five thousand (5000) square feet or less, must post a sign on the outside of the building or structure identifying the highest degree of hazard in each category. Buildings with more than five thousand (5000) square feet must have additional signs posted inside the building where significant amounts of hazardous chemicals are permanently stored to identifying the type of hazardous chemicals. See Appendix “D” for appropriate N.F.P.A. placard.

**Placard Application**

The following ratings will be used when the placarding total amount of hazardous chemicals stored, placed, or used at an OKCFD work site is greater than or equal to 55 gallons of liquid or five hundred pounds of non-liquid or eight hundred cubic feet of pressurized gas:

- Health rating of greater than or equal to TWO (2), or
- Flammability rating of greater than or equal to TWO (2), or
- Reactivity rating of greater than or equal to ONE (1).

If the hazardous chemical is a combination of the liquid and non-liquid state, the total amount measurement shall be made considering the combined poundage. The numbers to be utilized on the placard are based on a numbering system from zero (0) to four (4). Zero being the least hazard and four being the worst hazard based upon the Material Safety Data Sheet or information provided by Station 5 (Hazardous Materials Task Force). In the event your work site or applicable tanks need placarding, contact the Safety Officer or Fire Station 5 for further instructions.

**OKCFD EMPLOYEE EXPOSURE**

Any employee exposed to a hazardous substance beyond O.S.H.A. permissible exposure limits must report the exposure to their immediate supervisor. An exposure means that an employee in the course of employment was exposed to a level above that allowed by 29 C.F.R. 1910 of a chemical that is a physical or health hazard, and includes accidental or possible exposure. This includes any route of entry (i.e., inhalation, ingestion, skin contact or absorption). The proper steps for handling a chemical exposure can be found in A/SAF-203 INJURY REPORTING SYSTEM.

In the event a potential exposure occurs that you are uncertain about, contact the Chief Safety Officer or your supervisor immediately.
LABEL ELEMENTS
For the GHS, the assigned pictogram, signal word and hazard statement are given in that order for each hazard category of the hazard class. Where the hazard class and or categories are covered under the UN Recommendations on the Transport of Dangerous Goods, Model Regulations, the assigned corresponding pictogram is given for each category below the GHS requirements. (see A/SAF-301 for additional information)

A/SAF-214    OCFD HEARING PROTECTION GUIDELINES

Based on the OKCFD Safety and Health Philosophy (all OKCFD employees return home from work as safe and healthy as they were when they arrived) this SOP exceeds the requirements of the OSHA Standard for occupational noise exposure in the hope of reducing or eliminating any potential hearing loss so that you may enjoy a long and productive career and a long and healthy retirement.

OSHA states that protection against the effects of noise exposure shall be provided when the sound levels exceed those shown in the following table:

<table>
<thead>
<tr>
<th>Continuous dB</th>
<th>Permissible Exposure Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>85 dB</td>
<td>8 Hours</td>
</tr>
<tr>
<td>88 dB</td>
<td>4 hours</td>
</tr>
<tr>
<td>91 dB</td>
<td>2 hours</td>
</tr>
<tr>
<td>94 dB</td>
<td>1 hour</td>
</tr>
<tr>
<td>97 dB</td>
<td>30 minutes</td>
</tr>
<tr>
<td>100 dB</td>
<td>15 minutes</td>
</tr>
<tr>
<td>103 dB</td>
<td>7.5 minutes</td>
</tr>
<tr>
<td>106 dB</td>
<td>3.75 minutes (&lt; 4 min)</td>
</tr>
<tr>
<td>109 dB</td>
<td>1.875 minutes (&lt; 2 min)</td>
</tr>
<tr>
<td>112 dB</td>
<td>.9375 min (~ 1 min)</td>
</tr>
<tr>
<td>115 dB</td>
<td>.46875 min (~ 30 sec)</td>
</tr>
</tbody>
</table>

The following figures, if you are exposed to a sound as loud as your OKCFD Pass device for three-hours or longer per day, then all aspects of this SOP would be required by OSHA. Based on audiometric surveys at emergency scenes, fire stations and the maintenance shop, OKCFD employees are not currently exposed to occupational noise that necessitates the implementation of OSHA requirements [OSHA, 29 CFR 1910.95 paragraphs (c) through (o)].

The following procedures will be mandatory for all OKCFD employees to lessen or eliminate occupationally related hearing loss.

MONITORING
The Oklahoma City Fire Department shall complete noise level surveys every two-years, or when new equipment or technology is put in place that would dictate a need for a re-survey. The OKCFD shall notify each employee exposed at or above an 8-hour time-weighted average of 85 decibels of the results of the monitoring.

AUDIOMETRIC TESTING
The OKCFD shall establish and maintain an audiometric testing program by making audiometric testing available to all employees whose exposures equal or exceed an 8-hour time-weighted average of 85 decibels.

Baseline audiogram
Within 6 months of an employee's first exposure at or above 85 dB for eight hours, OKCFD shall establish a valid baseline audiogram against which subsequent audiograms can be compared. All fire recruits will receive a baseline audiogram prior to employment with OKCFD.

Annual audiogram
At least annually after obtaining the baseline audiogram, the OKCFD shall obtain a new audiogram for any employee exposed at or above an 8-hour time-weighted average of 85 decibels. Each employee's annual audiogram shall be compared to that employee's baseline audiogram to determine if the audiogram is valid and if a standard threshold shift has occurred.
HEARING PROTECTORS
The OKCFD shall make hearing protectors available to all employees at no cost to employees. Hearing protectors shall be replaced as necessary. Hearing protectors currently available include:

- Anti-noise Ear Muffs
- Disposable Anti-noise Ear Plugs

USAGE
The Incident Commander or Officer in charge shall require the use of hearing protection devices when employees are;

- Performing a high-level noise tasks. (i.e., chain saw operations, AMKUS operations, or during the use of any other equipment which has the capability of producing noise levels that may have a harmful effect on one’s hearing).
- Working in close proximity of a high-pressure gas leak.
- Employees in the jump seat of an open-cab apparatus that does not have an internal communications head set available during every code 1 or 3 responses.
- Working in close proximity to any diesel powered apparatus when the engine is running above idle speed.
- Performing pumping, and aerial ladder operations.
- Other times where noises that cause discomfort occur.

CARE AND MAINTENANCE
Non-disposable hearing protectors, including muffs, should be cleaned after each use and stored in a manner that will provide protection against damage and contamination. Zip-lock bags may be used for this purpose. Hearing protectors that show signs of deterioration or are unable to be cleaned sufficiently should be replaced.

Anti-noise Muffs should be replaced by completing a Personal Protective Equipment Request Form. Once your District Officer has signed this form, you may submit it to Maintenance Shop for replacement.

TRAINING PROGRAM
The OKCFD has instituted a training program for all employees who are exposed to elevated noises and shall ensure employee participation in such program.

The training program shall be repeated annually for each employee included in the Hearing Protection Guidelines. Information provided in the training program shall be updated to be consistent with changes in protective equipment and work processes.

The OKCFD shall ensure that each employee is informed of the following:

1. The effects of noise on hearing;
2. The purpose of hearing protectors, the advantages, disadvantages, and attenuation of various types, and instructions on selection, fitting, use, and care including; how to properly insert ear plugs in order to attain the best seal possible against the walls of the ear canal
3. The purpose of audiometric testing, and an explanation of the test procedures.
4. OKCFD Hearing Protection Guidelines will be evaluated annually by the Safety Office.

Proper training will be provided for any employee before issuance of equipment, and incumbent employees who use equipment will be trained prior to original issue of any new gear.

A copy of the OSHA Standard (29 CFR 1910.95) can be obtained by contacting the Safety Office or by logging onto the web site at [http://www.osha.gov](http://www.osha.gov).
RECORD KEEPING
Noise exposure measurement records shall be retained for two years.
Audiometric test records shall be retained for the duration of the affected employee’s employment.

A/SAF-215 SECURING LOOSE ARTICLES IN THE CAB

Please use the following SOP to ensure all loose articles are secured, and will not become projectiles in the unlikely event of rapid deceleration, low level flight or rollover.

1st Step
All Station Officers should reach a consensus on what loose items are necessary in apparatus cabs to do the job in your response district. District Officers should reach a consensus on their cars. Please contact your District Officer, Chief Safety Officer or any Safety and Health Committee member to help with any loose items that you cannot reach a consensus.

2nd Step
Identify zero dollar cost solutions to relocate or secure loose items. Do not modify the structure of the apparatus (drill holes, remove components, etc.) Contact the shop for supplies that you may need to effectively secure loose items that must remain in the cab.

3rd Step
District Officers shall inspect apparatus during the Friday Inspection to ensure all loose articles are secure or removed from apparatus cabs.

A/SAF-216 MANDATORY EXHAUST SYSTEM USE

The following ensures the safety and health of all Fire Department personnel by outlining proper use of exhaust systems to prevent potential inhalation exposures.

It is the policy of the Oklahoma City Fire Department that all apparatus will be properly connected to the vehicle exhaust system when vehicles are located within a fire station apparatus room.

In an effort to improve the air quality of our facilities and to reduce the spread of diesel fumes into the living areas, onto protective clothing, and most importantly into employee’s breathing air, the department has installed vehicle exhaust venting systems in our facilities. All employees assigned to apparatus that utilize bays fitted with these control systems shall follow these guidelines at all times.

- After apparatus has entered rig room, comes to a complete stop and operator has turned engine off the exhaust system should be connected to apparatus.
- Overhead door in which apparatus entered should remain open until exhaust system has been connected.
- At no time should apparatus be operated above idle inside the rig room with exhaust venting system connected except when apparatus is leaving the facility
- When apparatus engine is running at idle inside the station for extended periods the exhaust system should be switched to the manual position on the control panel.
- Unless access to a particular compartment is needed, system hoses should be attached at all times while the vehicle is in quarters. The Company Officer is responsible for compliance with this directive.
- Questions concerning the system should be directed to the District Coordinator or Facilities Manager
When two or more apparatus are stationed together and when possible the apparatus located on the right should exit station first to prevent exhaust hose from retracting back and striking crews boarding apparatus adjacent to first exiting rig.

Stay clear of the passenger side of any vehicle leaving the station.

This SOP contains minimum requirements for the assignment, duties and responsibilities of the Incident Safety Officer (ISO) and assistant ISO(s). At emergency incidents where activities are judged by the ISO to be unsafe or to involve an imminent hazard, the ISO shall have the authority to suspend or terminate those activities. The ISO shall immediately inform the Incident Commander (I.C.) of any actions taken to correct imminent hazards at the emergency scene. At an emergency incident where an ISO identifies unsafe conditions, operations, or hazards that do not present an imminent danger, the ISO shall take appropriate action through the I.C. to mitigate or eliminate the unsafe condition, operation or hazard at the scene. At an emergency incident, assistant ISO(s) shall be granted the same authority as the ISO.

ASSIGNMENT
The ISO may be the Incident Commander (IC), a separate individual appointed by the IC or the OKCFD Chief Safety Officer or designee. To be readily identifiable on the incident scene The ISO and Assistant ISO(s) shall wear a lime green vest with the words “SAFETY OFFICER”. Safety Officer vests are located in the ISO Bag on all District Officer’s vehicles.

DUTIES AND RESPONSIBILITIES
The ISO shall monitor conditions, activities and operations to determine whether they are acceptable based on the OKCFD Emergency Scene Site Safety Plan and the OKCFD Incident Safety Officer Field Operations Guide located in the ISO Bag on all District Officer’s vehicles. The ISO shall ensure that the I.C. establishes a rehabilitation area.

The ISO shall monitor the scene and report the status of conditions, hazards and risks to the I.C. The ISO shall use the OKCFD Emergency Scene Site Safety Plan and the OKCFD Incident Safety Officer Field Operations Guide located in the ISO Bag on all District Officer’s vehicles.

The ISO shall ensure that the OKCFD Personnel Accountability System (PAS) is being utilized.

The ISO shall ensure that established safety zones, collapse zones, hot zone, and other designated hazard areas are communicated to all personnel present. The ISO may do this using banner guard, radio, or other means necessary.

An officer/acting officer who does not enforce this policy is subject to disciplinary measures as is the individual who does not comply with this policy.

The ISO shall communicate to the I C. the need for assistant ISO(s) due to the need, size, complexity or duration of the incident.

COMPLIANCE
The ISO Go Bag contains the tools necessary to identify hazards, evaluate risks and implement control measures to lessen or eliminate risks to OKCFD employees operating on an emergency scene. The OKCFD Incident Safety Officer Field Operations Guide is located in the ISO Bag carried on all District Officer’s vehicles and available on Fireweb.

The OKCFD Incident Safety Officer Field Operations Guide shall be used whenever an ISO is appointed by the IC. An OKCFD Emergency Response Site Safety Plan shall be completed on all incidents where the IC assigns an ISO.
There have been several near misses and one severe injury to OKCFD firefighters due to hazardous energy exposures (electrical, hydraulic, mechanical, and pneumatic) at emergency scenes or during training. The O.S.H.A. 1910.147, Lockout/Tagout standard covers the shutoff of equipment, machines and various dangerous energy sources that will affect firefighters on emergency scenes, routine operations and training. Sources included in this program include, but are not limited to any unexpected energization or startup of processes that could affect the health and safety of OKCFD responders, support and maintenance personnel. The standard establishes minimum performance requirements for the control of hazardous energy such as those listed below.

**POTENTIALLY FATAL ENERGY SOURCES**

1. **Electrical:** Electric Meters, Generators, Circuits, Sub-Stations, Electric Fixtures, Batteries, Breaker Boxes, Mechanical Equipment, Electro-magnetic (M.R.I.)
2. **Mechanical:** Wreckers, Winches, Hoisting Systems, City Equipment, Fire Equipment.
5. **Chemical:** Tank Batteries, Ammonia Systems, Drug Lab, Industrial facilities, Chlorine cylinders (1 ton), Transport vessels, Chemical Reactions, O.N.G. Natural Gas, Liquefied Petroleum Gas.
6. **Thermal:** Refrigeration Units, transport vessels, Incinerators, Laser Units, Heat Treaters, (Oil Fields) Cryogenic Liquids (Tanks, Lines, etc., Sterilization Units, Commercial Ovens)
7. **Energy:** Radiation or Nuclear devices.

This program establishes procedures for de-energizing, isolating, and ensuring the energy isolation of equipment and machinery. This program will be used to ensure that each firefighter is protected through de-energizing and isolation from unexpected start-ups by physically locking or tagging machinery, breaker boxes or other sources to a state of zero energy. In the absence of locking capabilities, tagout or OKCFD responders supervising the device (Fire Fighter Stand by System) to prevent energization, the Incident Commander, or their designee, will consult with facility maintenance personnel or facility representatives, if available. If operations or tasks do not expose OKCFD employees or others to the unexpected startup of machines, equipment, energization, or release of hazardous energy, the standard does not apply.

**PROGRAM RESPONSIBILITIES**
The Oklahoma City Fire Department Chief Safety Officer will have the overall responsibility of the program to ensure that:

1. Authorized and affected employees receive adequate training and information.
2. The program is evaluated annually.
3. The Lockout/Tagout equipment is properly used.
4. The procedures in this program are followed.
On emergency scenes, routine operations and training, the company officer and/or Incident Commander will have the responsibility to insure that all OKCFD employees are complying with this program.

ENERGY CONTROL PROGRAM REQUIREMENTS
The Lockout/Tagout standard requires that Oklahoma City Fire Department establish an energy control program that includes:

1. Documented energy control procedures
2. An employee training program
3. Periodic inspections of procedural use

The standard requires the Oklahoma City Fire Department to establish a program to ensure machines, equipment and energy sources are isolated and inoperative before any employee performs any operations (including investigation, training, salvage and overhaul), when the unexpected energization, start up, or release of stored energy could occur and cause injury.

GENERAL: LOCKOUT / TAGOUT
The Incident Commander, or their designee, is responsible to ensure a zero energy state exists whenever OKCFD employees may be exposed to hazardous energy sources such as electrical, mechanical, hydraulic, or pneumatic.

1. Affected employees (citizens and non-OKCFD employees) will be made aware of the purpose and use of energy control procedures and the prohibition relating to attempts to remove OKCFD lockout or tagout devices, or operate locked or tagged out equipment.
2. Authorized employees (all OKCFD personnel operating at emergency scenes, routine operations and training) will be made aware of the purpose, the recognition of applicable hazardous energy source(s), the type and magnitude of energy available, and the policies and procedures of the energy control program.
3. Implementation of lockout/tagout shall be performed only by trained and authorized OKCFD employees.
4. Before any employee performs any operation where unexpected start up or release can occur and cause injury, the machine or equipment shall be isolated, and rendered inoperative.
5. If an energy isolating device is capable of being locked out, then this policy requires that lockout and tagout be utilized. The facility’s lockout/tagout policy for emergency responses shall be used if possible. In the event that a facility does not have a policy in place, the fire department’s policy will be utilized. If an energy isolating device is not capable of being locked out, then a tagout and secondary control measures shall be used. Secondary control measures may include:
   - Firefighter on standby
   - Removal of an isolating circuit element
   - Blocking of a controlling switch
   - Removing fuses
   - Blocking of switches
   - Opening an extra disconnecting device
6. All tagout systems have limitations as a sole means of energy control. Initial training will be provided during energy control program implementation. These limitations are as follows:
   - Tags are warning devices and do not provide the physical restraint that a lock would.
   - Tags may provide a false sense of security.
   - Tags may become detached during use.
7. The Incident Commander, or their designee, will provide the necessary devices to effectively lockout or tagout energy isolation devices. Locks and Tags are located in the Incident Safety Officer bag located on all suppression Chief’s vehicles and Rescue 8 and HM5.

8. Lockout/tagout devices will indicate the identity of the employee or OKCFD unit number who applied the device and the tagout device will warn against the hazards if the equipment is energized.

Lockout is the preferred method of energy isolation. When physical lockout is not possible, the energy isolation device will be tagged out of service with a warning tag attached in conjunction with a secondary control measures such as:

✓ A firefighter on standby
✓ The removal of an isolating circuit element
✓ Blocking of a controlling switch
✓ Removing fuses
✓ Blocking of switches or opening an extra disconnecting device

In the case of plug-in power source, the tag will be attached to the plug. To ensure full employee protection using tagout instead of lockout, a secondary control measure shall be taken to guard against accidental or inadvertent energization.

PROTECTIVE MATERIALS AND HARDWARE

The Incident Commander, or their designee, must provide employees with the necessary protective materials and hardware to perform lockout/tagout. This may include locks, tags, chains, wedges, key blocks, adapter pins, self-locking fasteners, or other hardware. All devices used for lockout/tagout must be properly identified and must not be used for any other purposes. Lockout/tagout devices must also meet the following requirements:

1. **Durable**: OKCFD lockout/tagout devices must be capable of withstanding the environment to which they are exposed for the entire period of time that they are used. Tagout devices must be constructed so that exposure to weather conditions or wet and damp locations will not cause the tag to deteriorate or the message on the tag to become illegible. Tags must not deteriorate when used in corrosive environments, such as areas where acid and alkali chemicals are used or stored.

2. **Standardized**: OKCFD lockout/tagout devices must be standardized within the OKCFD. The following criteria will be: color; shape, size; and in the case of tagout devices, print and format.

3. **Substantial**: OKCFD lockout devices must be substantial enough to prevent removal without the use of excessive force or unusual techniques, such as with the use of bolt cutters or other metal cutting tools. Tagout devices must be substantial enough to prevent inadvertent or accidental removal. Tagout devices must be attached with nylon cable ties that are non-reusable, self-locking, and non-releasable with a minimum unlocking strength of no less than 50 pounds.

4. **Identifiable**: OKCFD lockout/tagout devices must identify the employee or OKCFD unit I.D. number (E6, RL14, etc.) applying them.

5. **Wording**: OKCFD tagout devices must warn against hazardous conditions if the machine or equipment is energized and include a wording such as the following: "Do Not Start, Do Not Open, Do Not Close, Do Not Energize, Do Not Operate"
GENERAL PROCEDURE FOR LOCKOUT/TAGOUT

1. The Incident Commander, or their designee, will notify appropriate affected employees that emergency operations, training or routine operations will occur on a machine or equipment and that the machine or equipment must be shut down and locked.

2. If the machine or equipment is operating, shut it down by the normal stopping procedure (depress the stop button, open switch, close valve, etc.).

3. De-activate the energy isolating device(s) (such as switches, valves, circuit breakers, etc.) so that the machine or equipment is isolated from the energy source(s).

4. Lock or tag out the energy isolating device(s) with assigned individual lockout/tagout device(s).

Note: If a tag is used without a lockout device to isolate an electrical circuit, then it must be supplemented by one additional safety measure such as a firefighter on standby, the removal of an isolating circuit element, blocking of a controlling switch, or opening an extra disconnecting device.

5. Dissipate or restrain stored or residual energy (such as that in capacitors, springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) by methods such as grounding, repositioning, blocking, shoring bleeding down, etc.

6. Ensure that the equipment is disconnected from the energy source(s) by first checking that no personnel are exposed, then verify the isolation of the equipment by operating the push button or other normal operating control(s) or by testing to make certain the equipment will not operate.

Caution: Return operating control(s) to neutral or "off" position after verifying the isolation of the equipment.

Note: An authorized OKCFD employee (Company Officer or above) must verify that all electrical circuit parts to which employees must be exposed during emergency operations, training or routine operations are de-energized through the use of test equipment. This test must also determine if any energized condition exist due to inadvertently induced voltage or unrelated voltage feedback even in circuits that have been de-energized and presumed safe.

7. The machine or equipment is now locked or, tagged out.

TESTING OR POSITIONING OF MACHINES OR EQUIPMENT FOR EMERGENCY OPERATIONS

The Incident Commander, or their designee, must use the following procedure where lockout/tagout devices must be temporarily removed from the energy isolation devices so that the equipment or machine may be energized.

1. Check the machine or equipment and the immediate area around the machine to ensure that nonessential items have been removed and that the machine or equipment components are operationally intact.

2. Check the work area to ensure that all employees have been safely positioned or removed from the area.

3. Verify that the controls are in neutral.

4. Remove the lockout/tagout devices and re-energize the machine or equipment for testing or positioning.

5. When testing or positioning is complete, de-energize machine or equipment and reapply control measures.

6. In the event OKCFD presence is no longer required on scene and the energy isolating devices are left in place (shoring, blocks, wedges, locks, etc.), the occupant of the facility must be notified of the proper procedures to re-energize the machine.
RESTORING OF EQUIPMENT TO SERVICE AT THE CONCLUSION OF EMERGENCY OPERATIONS

The Incident Commander, or their designee, or other OKCFD personnel shall not restore any equipment back to service or re-energize any energy sources (electrical, mechanical, hydraulic, pneumatic, chemical, thermal, natural gas...). Start up or re-energizing the equipment is the responsibility of the business owner or occupant.

The Incident Commander, or their designee, will release the property or occupancy back to the owner/manager with instruction that they are responsible for restoring the equipment in accordance with their hazardous energy control procedures (Lockout/Tagout) and/or contact competent professionals to assist them in returning the equipment or energy sources to normal operation.

RESTORING OF EQUIPMENT TO SERVICE AFTER TRAINING, OR OTHER NON-EMERGENCY OPERATIONS

The Incident Commander, or their designee, will ensure that when OKCFD operations are completed and the machine or equipment is ready to return to normal operating condition, the following steps are employed by the authorized employee(s) who applied the lockout/tagout or other energy controlling devices. If that employee(s) is not available and the energy control device(s) must be removed, follow the procedure outlined in the Alternate Procedure for Lockout/Tagout Device Removal section of this document.

1. Check the machine or equipment and the immediate area around the machine to ensure that nonessential items have been removed and that the machine or equipment components are operationally intact.
2. Check the work area to ensure that all employees have been safely positioned or removed from the area.
3. Verify that the controls are in neutral.
4. Remove the lockout/tagout devices and reenergize the machine or equipment.

Note: The removal of some forms of blocking may require re-energizing the machine before safe removal.

5. Notify affected employees or civilians that the OKCFD has competed their operations.
6. The Incident Commander, or their designee, will be responsible for disposal of used OKCFD tags.

ALTERNATE PROCEDURE FOR LOCKOUT/TAGOUT DEVICE REMOVAL

Lockout/tagout devices must be removed only by the authorized employee who applied the devices. However, when that employee is not available and the device must be removed, the following procedure must be used.

1. An Incident Commander, or their designee, must verify that the employee has left the scene or the facility.
2. The lockout/tagout device must be removed by an authorized employee (OKCFD responder) through the use of bolt cutters or some other safety measure.
3. All reasonable efforts must be made to contact the employee and inform him/her that the lockout/tagout device has been removed.
4. The Incident Commander, or their designee, must ensure that the employee has been informed that his/her lockout/tagout device has been removed before he/she resumes work or training.
PROCEDURE FOR GROUP LOCKOUT/TAGOUT
When emergency operations, training or routine operations are performed by more than one person, the following procedure must be used. This procedure has been designed to provide an equivalent level of protection as that provided by individual lockout/tagout devices.

1. One authorized employee (usually the Company Officer) must be designated as responsible for a set number of employees working under the protection of a group lockout/tagout device.
2. Each employee in the group must review the lockout/tagout procedure to be used.
3. If more than one Company, shift, etc. is involved, the Incident Commander, or their designee, will ensure that all control methods are applied and that there is continuity of protection for the group.
4. Each authorized employee must affix a personal lockout/tagout device to the group lockout device, group lockbox, or comparable device before beginning work, and must remove it upon completion of their work.

PROCEDURE FOR SHIFT OR PERSONNEL CHANGES
This procedure must be used during shift or personnel changes to ensure the continuity of lockout/tagout protection, for individual and group lockout/tagout. The Incident Commander shall ensure that

1. The on-coming authorized employee(s) (OKCFD responder) must exchange lockout or tagout devices with the off-going authorized employee (OKCFD responder) or designated facility authorized employee.
2. Re-testing must be done to ensure the de-energized state of the equipment.
3. Employees must discuss the status of maintenance or servicing and any notification of start-up or testing to be performed.

ANNUAL PROGRAM REVIEW
Each year an authorized employee, who is not involved in the procedure being inspected (possibly OKC Risk Management or another OKC Department), must conduct an inspection of the lockout/tagout procedure. The inspection procedure must include the following elements.

1. Where lockout or tagout is used, a discussion of the authorized employee’s responsibility under the lockout/tagout program with the inspector.
2. Where tagout is used, a discussion of the authorized employee’s responsibility under the lockout/tagout program and the limitations of the tagout system or the firefighter standby system.
3. If deficiencies are noted during the inspection of the program, corrective actions and retraining of employees, as necessary, must be done immediately.

LOCKOUT/TAGOUT GLOSSARY

Affected Employee: (All OKCFD emergency responders and support personnel) An employee who performs the duties of his or her job in an area in which the energy control procedure is implemented. An authorized employee and an affected employee may be the same person when the affected employee’s duties also involve performing operations on a machine or equipment that must be locked or a tagout system implemented. An affected employee does not perform operations on machines or equipment and, consequently, is not responsible for implementing the energy control procedure. An affected employee becomes an “authorized” employee whenever he or she performs emergency operations, training or routine functions on machines or equipment that must be locked or tagged.

Authorized Employee: An employee who performs emergency operations, training or routine functions on machines and equipment. Lockout or tagout is used by these employees for their self-protection.
**Capable of Being Locked Out:** An energy-isolating device is considered capable of being locked out if it meets one of the following requirements:

- It is designed with a hasp to which a lock can be attached;
- It is designed with any other integral part through which a lock can be affixed;
- It has a locking mechanism built into it; or
- It can be locked without dismantling, rebuilding, or replacing the energy isolating device or permanently altering its energy control capability.

**Energized:** Machines and equipment are energized when (1) they are connected to an energy source or (2) they contain residual or stored energy.

**Energy-isolating Device:** Any mechanical device that physically prevents the transmission or release of energy. These include, but are not limited to, manually operated electrical circuit breakers, disconnect switches, line valves, and blocks.

**Energy Control Procedure:** A written document that contains those items of information an authorized employee needs to know in order to safely control hazardous energy during emergency operations, training or routine functions.

**Energy Control Program:** A program intended to prevent the unexpected energizing or the release of stored energy in machines or equipment. The program consists of energy control procedure(s), an employee-training program, and periodic inspections.

**Energy Source:** Any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal, or other energy.

**Firefighter Stand-by System:** A system where an OKCFD designated authorized employee will stand by an energized source to assure that authorized and affected employees are not affected by any unexpected start-up or energization of equipment.

**Lockout:** The placement of a lockout device on an energy-isolating device, in accordance with an established procedure, ensures that the energy-isolating device and the equipment being controlled cannot be operated until the lockout device is removed.

**Lockout Device:** Any device that uses positive means such as a lock, either key or combination type, to hold an energy-isolating device in a safe position, thereby preventing the energizing of machinery or equipment. When properly installed, a blank flange or slip blind are considered equivalent to lockout devices.

**Tagout:** The placement of a tagout device on an energizing-isolating device and the equipment being controlled may not be operated until the tagout device is removed.

**Tagout Device:** Any prominent warning device, such as tag and a means of attachment that can be securely fastened to an energy-isolating device in accordance with an established procedure. The tag indicates that the machine or equipment to which it is attached is not to be operated until the tagout device is removed in accordance with the energy control procedure.
The Oklahoma City Fire Dept. is committed to providing a safe and healthful work environment for our entire department. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees.

ADMINISTRATIVE DUTIES
The EMS Chief and Chief Safety Officer or designees are responsible for developing and maintaining the program and related records. Copies of this program are located on the Fire Department’s Intranet site. This plan is current as of March 28, 2012.

Employee input and suggestions are encouraged. If after reading this program, you find that improvements can be made, please contact the EMS Chief (297-1312) or Chief Safety Officer or designee (297-3314). We encourage all suggestions because we are committed to the success of our written ECP. We strive for clear understanding, safe behavior, and involvement from every level of the OKCFD.

- The EMS Chief and/or Chief Safety Officer will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- The EMS Chief and/or Chief Safety Officer will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- The EMS Chief and/or Chief Safety Officer will be responsible for training, documentation of training, and making the ECP available to employees, OSHA, and NIOSH representatives.
- The OSHA Standard for bloodborne pathogens is available to any OKCFD employee at http://osha.gov/
- Oklahoma City Fire Department makes sure that appropriate PPE in the correct sizes is readily accessible at the work site or is issued without cost to employees.
- The OKCFD is responsible for all costs associated with the supply, repair, replacement, and safe disposal of exposure control PPE.
- The EMS work section will determine proper stock supply levels of PPE for stations and for response vehicles. For questions about supply levels: 297-2796
- The senior officer at each station will ensure that station stock of PPE is adequate and that supplies nearing expiration date are used first.
- The decision to use barrier protection to protect clothing, and the type of barrier protection used will be dictated by the situation at hand and the IC will ensure compliance.

EMPLOYEE EXPOSURE DETERMINATION
All employees will avoid touching hands to eyes, nose, and mouth prior to completing decontamination and exposure evaluation will be performed in a location separate from the decontamination area.

The following is a list of job classifications in which some employees at our establishment have potential occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals:
Fire Recruits, Firefighters, Corporals, Sergeants, Lieutenants, Captains, Majors, District Officers, Deputy Chiefs, and the Fire Chief have a potential for occupational exposure during emergency and non-emergency response to include the following OKCFD activities:

- Emergency Medical Care to injured or ill citizens and coworkers.
- Rescue of persons from burning structures, flammable atmospheres, toxic atmospheres, oxygen deficient atmospheres, and other hostile environments.
- Extrication of persons from vehicles, machinery, trench excavations, collapsed structures and other confined spaces, body recovery/removal.

**Walk-in patients:** Those coming into the Fire Stations or other OKCFD facilities seeking medical assistance.

**Public visitors:** Those coming into the Fire Stations or other OKCFD facilities to visit with on duty personnel, citizens taking CPR classes, citizens attending neighborhood association meetings in our facilities, groups or citizens touring OKCFD facilities, etc.

**METHODS OF IMPLEMENTATION AND CONTROL**

**Engineering and Work Practice Controls**

Engineering and work practice controls will be used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, employees are required to wear personal protective equipment.

Body Substance Isolation (BSI) is used to prevent contact with blood or other body fluids. All blood or body fluids will be treated as infectious regardless of the perceived status of the source individual. OKCFD identifies the need for changes in engineering controls and work practices through review of OSHA records, employee interviews, recommendations from the safety and health committee and EMS Work Section.

OKCFD evaluates new procedures and new products regularly by interaction with the Medical Directors Office, the EMS Work Section, and employee input.

**Specific engineering and work practice controls**

- PPE including respirators and eye protection will be taken with the trauma/medical kits to the area of victim’s assistance and will be used.
- Select maximal rather than minimal PPE. True Prevention is Protection and there is NO replacement for properly worn PPE!
- OKCFD Employees will wear gloves and eye protection on all EMS calls.
- Everyone wears masks, patients and OKCFD personnel, if there is any potential respiratory hazard.
- If it's wet treat it as infectious, use eye, respiratory, and skin protection.
- Performing procedures so that splashing, spraying, splattering, and producing drops of blood or body fluids are minimized.
- Removing soiled PPE as soon as possible.
- Cleaning and disinfecting all equipment and work surfaces potentially contaminated with blood or body fluids. Note: We use EPA approved disinfectant solutions.
- Thorough hand washing with soap and water immediately after providing care or provision of antiseptic hand cleanser where hand washing facilities are not available.
Prohibition of eating, drinking, using tobacco products, touching mouth-nose-eyes, and so on in work areas where exposure to infectious materials may occur.

Use of leak–proof, labeled containers for contaminated disposable waste or laundry.

OKCFD Employees will practice Body Substance Isolation and are to treat all body fluids as infectious.

Kitchens, bathrooms, or living areas will not be used for decontamination or storage of patient care equipment or infectious waste.

Under no circumstances will contaminated uniforms/Turn-out gear be taken home.

Limit the number of OKCFD personnel treating or in near proximity to the patient, when possible.

Mouth pipetting/suctioning of blood or body fluids is prohibited. All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or body fluids by covering whatever opening they are coming from. (i.e.) Cover patient wounds ASAP, mask the patient, remove body fluid soaked contaminated clothing from patient if the clothing could present a problem.

Special Situations
There have been several exposures to blood and other body fluids in transport ambulances. The incident commander or company officer will be responsible for ensuring that OKCFD employees have adequate PPE prior to entering an ambulance or other vehicle that is leaving the scene. OKCFD personnel must don proper PPE, based on the potential exposure risk, prior to entering the ambulance/vehicle.

Another significant risk to OKCFD employees is during CPR. Bag valve mask connections have disconnected spraying blood, lung and stomach contents into OKCFD employees’ eyes, nose and mouths. Anytime CPR is being performed, minimum PPE will be gloves, safety glasses and appropriate respiratory protection masks. Masking up is especially important if the employee is involved in any type of airway management, or providing chest compressions.

Needles and Other Sharps
Employees may not bend, recap, remove, shear, or purposely break contaminated needles and other sharps. Used needles and other sharps will be disposed of in sharps containers that are carried in the trauma/medical bags. Be very careful handling sharps in ambulances and never lay sharps down unattended. Needle sticks may occur when passing needles from one person to another, or leaving sharps (needles, lancets...) momentarily unattended at emergency scenes. Needle systems with built-in safety features are not a replacement for safe handling procedures. Remember it is better to move the container to the sharp, than the sharp to the container.

- All needles/sharps go in approved sharps containers immediately.
- If someone (Paramedic, EMT) tries to hand you a needle or other sharp do not accept it, pass the sharps container to/near the person and allow them to put it into the sharps container.
- During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as possible to the immediate area where sharps are used or can be reasonably anticipated to be found.
- Carefully inspect medical wastes and packaging left on scene for discarded sharps (lancets, needles, bloody glass) before handling.
- When moving containers of contaminated sharps from the area of use, the containers are closed immediately before removal or replacement to prevent spills or protrusion of contents during handling, storage, transport, or shipping.
The containers are placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous (cut, lacerated or punctured skin) injury.

Sharps containers are kept upright throughout use, replaced routinely and not allowed to be over 2/3 full.

When the biohazard waste container is 2/3 full, the Company Officer of the apparatus that has the biohazard container will ensure the container is closed and placed inside a red biohazard bag. The biohazard bag is tied closed and then taken to Station 1 for storage until disposal.

Specimens
Specimens of blood or body fluids will be placed in containers that prevent leakage during their collection, handling, processing, storage, and transport. Any specimen containers that could puncture a primary container will be placed within a secondary container that is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Since we use body substance isolation and specimen containers that are easily recognizable (i.e. red biohazard bags) as such, we opt to take an OSHA exemption not to label or color code these containers. This exemption applies only while the specimens remain in OKCFD employee’s control.

Personal Protective Equipment (PPE)
All personal protective equipment (PPE) used is provided without cost to employees. PPE is chosen based on the anticipated exposure to blood, or body fluids. Training in the use of the appropriate PPE for specific tasks or procedures is provided by EMS training.

All OKCFD apparatus will be issued black canvas PPE bags to carry all Personnel Protective Equipment (PPE), for protection from blood and other potentially infectious material. Each bag will contain PPE for all personnel assigned to the apparatus.

The primary purpose of the PPE Bags is to have all PPE equipment readily accessible to OKCFD personnel on all EMS incidents and to eradicate PPE storage problems. PPE Bags will accompany personnel with the trauma/medical kit on all EMS incidents.

PPE bags will contain the following supplies:

<table>
<thead>
<tr>
<th>Engine</th>
<th>Trash Bags</th>
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<tbody>
<tr>
<td>Rescue Ladders</td>
<td>5</td>
</tr>
<tr>
<td>Haz-Mat 5</td>
<td>3</td>
</tr>
<tr>
<td>Engines</td>
<td>3</td>
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<table>
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<tr>
<th>Tankers</th>
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<tr>
<td>Tank Pumpers</td>
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<td>Brush Pumpers</td>
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* see A/SAF-221 Respiratory Protection Written Program for information on use and limitations
Personnel that the N95-9210 respirator will not fit properly will be referred to the Safety Officer to be fitted for their own specific style and size N95 respirator. The Oklahoma City Fire Department will purchase (when consumable), clean, launder, and dispose of personal protective equipment as needed. Upon return to quarters, contaminated equipment will be removed and replaced with clean equipment. All repairs and replacements are made by OKCFD at no cost to employees.

Employees must remove all garments that are penetrated by blood immediately or as soon as possible. They must remove all PPE before leaving the work area. When PPE is removed, employees will place it in a designated container for disposal, washing, or decontamination.

Gloves
Employees must wear gloves (latex or equivalent) when they anticipate hand contact with blood, body fluids, non-intact skin, mucous membranes, or any patient contact; when performing vascular access procedures, and when handling or touching contaminated items or surfaces. Gloves will also be used for cleaning, disinfecting, or decontamination of equipment.

Non-latex gloves, glove liners, powderless gloves, or other similar alternatives are readily accessible to those employees who are allergic to the gloves normally provided.

Additional conditions of use include:
- Disposable latex or nitrile gloves will be worn on all EMS calls. All employees will carry an extra pair of disposable gloves.
- Gloves will be replaced as soon as possible when soiled, torn, or punctured. Wash hands after glove removal.
- Disposable gloves will not be reused, washed, or disinfected for reuse.
- Gloves shall be changed between patients in multiple casualty situations.
- Structural firefighting gloves will be worn in situations where sharp or rough edges are likely to be encountered. Disposable gloves will be worn under leather gloves during rescue operations if blood or other potentially infectious materials are involved.

Eye, Face, Respiratory protection:
Eye protection will be worn on all EMS incidents.

Face shields and flip visor shields on structural firefighting helmets do not meet OSHA regulations for bloodborne/airborne pathogen facial protection and will not be used for exposure control purposes.

The performance of procedures that can generate small particle such as; endotracheal intubation and open suctioning of the respiratory tract, have been associated with transmission of infectious agents to healthcare personnel, including Tuberculosis, Influenza, SARS, and Meningitis. Protection of the eyes, nose and mouth, in addition to gown and gloves, is recommended during performance of these procedures in accordance with Standard Precautions.

Whenever splash contact with the face is possible (including cleanup operations) face and eye protection shall be used. When treating a patient with a suspected or known airborne transmissible disease, everyone will be masked. Fire personnel will use an approved N95 respirator or equivalent, while placing an oxygen mask on the patient. Provide ventilation of the patient area if possible & safe for the patient and limit personnel exposure to only necessary personnel.
Known airborne transmissible diseases:

- **Tuberculosis**: patients with a confirmed diagnosis should be considered infectious if they are coughing.

- **Pandemic Influenza**: There are many types of influenza and occasionally a strain of influenza is so strong that it causes a pandemic (an epidemic that becomes very widespread). The CDC states that healthcare workers within 6 feet of the patient should wear respiratory protection.

- **SARS (Severe Acute Respiratory Syndrome)**: is a sometimes (approx. 10%) fatal viral infection. Droplet spread can happen when droplets from the cough or sneeze of an infected person are propelled a short distance (generally up to three feet) through the air and deposited on the mucous membranes of the mouth, nose, or eyes of people who are nearby.

- **Meningitis**: may develop due to bacteria, viruses, physical injury, cancer, and certain drugs. Meningitis is a disease caused by the inflammation of the protective membranes covering the brain and spinal cord. There are 5 “types” of meningitis. Bacterial Meningitis can be life-threatening and requires immediate medical attention. Viral Meningitis is serious but rarely fatal. Fungal Meningitis is a form that can be serious in immunosuppressed people. Parasitic Meningitis is an often fatal, rare form that is associated with exposure to bodies of water. Non-infectious Meningitis is not spread from person to person but can be caused by cancers, lupus, certain drugs, and traumatic injury.

See A/SAF-221 Respiratory Protection Written Program for more information on ways to prevent inhalation of potentially lethal airborne bacteria, viruses, fungi and parasites.

**Skin/Clothing Splash protection:**
Contamination of clothing is a possible method of transferring contaminates from the scene to the rig and station. The best prevention is protecting employees from contamination. Intact skin is an important protection measure and any open sores on employees must be covered with bandages prior to operating in patient areas or during biohazard cleanup.

Fluid resistant gowns are designed to protect clothing from splashes. Structural firefighting gear also protects clothing from splashes and is preferable in fire, rescue, or vehicle extrication activities. Gowns may interfere with, or present a hazard to, the employee in these circumstances. The decision to use barrier protection to protect clothing, and the type of barrier protection used will be dictated by the situation at hand and the IC will ensure compliance. Structural firefighting gear will always be worn for fire suppression and extrication activities.

Additional PPE selections such as use of head covers, gowns, and foot covering may be necessary to ensure employee safety in regards to bloodborne pathogens. Under certain circumstances, head covers and/or shoe covers will be required to protect these areas from potential contamination. Structural firefighting gear (impervious boots, helmets) also may be used for barrier protection.

**PPE Summary**
- ✓ True prevention is PROTECTION and there is NO replacement for properly worn PPE!!
- ✓ Wear disposable gloves and safety glasses on all EMS calls.
- ✓ If it's wet, treat it as infectious - use gloves and eye protection.
- ✓ If it could splash onto your face, use eye shields and a respirator or full face shield.
- ✓ If it's airborne, mask yourself and the patient.
- ✓ If it could splash your clothes, use a gown or structural firefighting gear.
- ✓ If it could splash on your head or feet, use appropriate barrier protection
- ✓ Employees are to keep any and all open wounds/sores covered while on duty. Company &/or Station Officers are to ensure compliance to this rule.
HOUSEKEEPING / HYGIENE AND PERSONAL RESPONSIBILITY
Through a multidisciplinary approach, focusing intensely on hand hygiene, contact precautions and environmental cleaning, employees can have an impact in lowering their risk of contracting a multi-drug resistant organism.

DISINFECTING
The biohazard disinfec ting sinks will be used only for the disinfecting and cleaning of medical supplies, PPE and hand washing. Sinks will be disinfected before and after disinfecting equipment.

To disinfect: clean equipment then allow it to be wet with disinfectant solution according to manufacturer’s instructions. Allow items to air dry on the shelving above sinks.

Cleaning: Is the use of water, chemical, towel or friction to wipe surfaces giving them a clean appearance. According to the CDC non-disinfectant detergents can become contaminated and spread or “seed” the environment with bacteria. Mop water is especially susceptible.

Disinfection: The application of a cleaning or disinfection product according to the manufacturer’s specifications that will include a “contact kill time” before removal of the chemical. The contact kill time may be different for specific bacteria.

Environmental surveys conducted across the nation indicate there are “hot-spots” at Fire Stations where multi-drug resistant organisms (Super Bugs) can hide.

- Couch fabrics are a definite hot spot. There is NO FDA approved product that can guarantee solid cleaning. Prevention is the best practice, and keeping these bugs from coming into the station is the best solution.
- Office equipment (station phones, computer key boards, desks, pens, books, remote controls, chairs, etc.) is frequently touched, but most likely they aren’t frequently cleaned.
- Smooth surface flooring is easier to disinfect than carpet. Be sure to wear shoes of some type whenever walking on carpet flooring as well as in the locker room and restroom area.

Additional areas to be concerned with may need to be cleaned and disinfected multiple times throughout the shift:

Hand Washing Facilities
- Decon Sinks for washing hands after occupational exposure are located at the station in the apparatus room. Hand washing facilities are located at all OKCFD work sites.
- When circumstances require hand washing and facilities are not available, waterless hand washing gel is provided on all emergency response vehicles and in all trauma kits. Employees must then wash their hands with soap and water as soon as possible.
- Incident Commanders, company officers and supervisors shall make sure that employees disinfect their hands and any other contaminated skin immediately after removing personal protective gloves, and as soon as feasible with soap and water.
- Supervisors shall ensure that if employees’ skin or mucous membranes become contaminated with blood or body fluids, then those areas are washed or flushed with water as soon as feasible following contact.
- All employees will avoid touching hands to eyes, nose, and mouth until completing decontamination and away from the decontamination area.
Work Areas
- Employees can disinfect their personal work spaces by ensuring that all hard (nonporous) surfaces in the working environment that may come into contact with bodily fluids are disinfected daily or regularly with an EPA registered or effective cleaning product, including but not limited to; desks, tables, doorknobs (push bars), computer desks, countertops, appliances, keyboards, mouse, light switches and other electronic control buttons.
- Employees who share the operation of motor vehicle equipment can disinfect the steering wheel, arm rest(s), control knobs and buttons with an EPA registered or effective cleaning product at the beginning of each shift and between each use of the vehicle if needed.

Exercise Areas
- In areas where exercise or weight rooms are present, equipment where bodily fluids may be present shall be disinfected between each use. Specific areas to be disinfected would include; bench, seat, grips, bars, handles and weight pins.

Restrooms
- Hand towels should be restricted to disposable paper and the use of communal bar soap will be eliminated and replaced with liquid soap dispensers and/or hand sanitizers (≥60% Alcohol).

Shower Areas
- In areas where showers and locker rooms are present floors, walls, and fixtures should be disinfected daily. Wall dispensers should be available for liquid soap. Use of communal bar soap shall not be allowed. Employees should not handle other person’s personal items, such as a towel, without the use of gloves.

Program Areas/High Use Areas
- In areas where “Sports Equipment” is utilized, the equipment should be disinfected after each use. This includes specialty equipment, footballs, basketballs, kick balls, soccer balls, softballs, volley balls, etc.
- In areas where sports or play activities are conducted ALL participants are required to bandage or securely cover every skin abrasion, cut or laceration before participating in an activity. Participants observed with active bleeding should be removed from participation. Participants with active skin infections (wound drainage) should be referred to a physician for evaluation.
- In public program areas, or high use areas, hand sanitizer should be readily available in portable containers or mounted in a fixed location near the entry/exit doors.

DISINFECTANTS
OKCFD provides the disinfectant cleaners: “Lysol I.C. Quaternary” and “Amphyl”.

All disinfectants must be EPA approved and registered. Disinfecting will be performed with a department approved disinfectant solution mixed within the last 24 hours. Be aware of all safety and health precautions by referring to the Material Safety Data Sheet for each chemical.

The Lysol Brand I.C. Quaternary Disinfectant Cleaner Concentrate must be mixed new each shift. It is effective against a variety of germs, but specifically the following pathogens:

- **Bacteria:** Pseudomonas aeruginosa, Salmonella choleraesuis, Staphylococcus aureus - Methicillin Resistant (MRSA), Staphylococcus aureus, Acinetobacter calcoaceticus, Bordetella bronchiseptica, Chlamydia psittaci, Enterobacter aerogenes, Enterobacter cloacae, Escherichia coli1, Fusobacterium, necrophorum, Klebsiella pneumoniae1, Listeria monocytogenes, Pasteurella multocida, Proteus mirabilis, Proteus vulgaris, Salmonella enteritidis, Legionella pneumophila, Salmonella typhi, Salmonella typhimurium, Serratia marcescens, Shigella flexneri, Shigella sonnei, Staphylococcus epidermidis, Streptococcus faecalis, Streptococcus pyogenes, Enterococcus faecalis -Vancomycin Resistant (VRE)
- **Fungi:** Aspergillus niger, Candida albicans, Trichophyton mentagrophytes
- **Viruses:** Human Coronavirus, HIV-1 (AIDS Virus), Herpes Simplex Type 1, Herpes Simplex Type 2, Respiratory Syncytial Virus (RSV), Rubella (German Measles), Adenovirus Type 4, Vaccinia, Influenza A/Hong Kong, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV)
- **Animal Viruses:** Canine Distemper, Feline Leukemia, Pseudorabies (PRV), Avian polyomavirus, Feline Picornavirus, Rabies

Special instructions for cleaning and decontamination against HIV-1(AIDS Virus), HBV (Hep-B), or HCV (Hep-C) on surfaces/objects soiled with blood/body fluids:

- **Contact Time:** HIV-1 (AIDS VIRUS) is inactivated after a contact time of 4 minutes. HBV (Hep-B) and HCV (Hep-C) are inactivated after a 10 minute contact time. Let the cleaner sit on all surfaces for 10 min before wiping off or rinsing.

**Toilet Bowls**
To disinfect, clean bowl then remove or expel the residual bowl water. Pour in 3 oz. of the use-solution. Swab the bowl completely using a scrub brush, making sure to get under rim. Let stand for 10 minutes or overnight, then flush.

**Fungicidal Directions**
For use in areas such as locker rooms, dressing rooms, shower and bath areas and exercise facilities follow disinfection directions above using disinfected mop or brush.

Amphyl, Hospital Bulk Disinfectant Cleaner:

- This product can be used for Broad Spectrum Disinfection at 1% dilution.
- To kill HIV mix, Amphyl at 2% dilution and let stand for 10 minutes prior to wiping. Allow to air dry if possible.
- This dilutable, phenol-based hospital cleaner and disinfectant is an effective germicidal, fungicidal, virucidal, and tuberculocidal agent on hard, nonporous surfaces. Not only does it help eradicate harmful germs, it also prevents odor and the growth of mold and mildew—and it works on laundry. The EPA registered formula provides efficacy against the following microorganisms:

<table>
<thead>
<tr>
<th>Bacteria</th>
<th>Viruses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mycobacterium tuberculosis var bovis</td>
<td>HIV-1 (AIDS Virus)</td>
</tr>
<tr>
<td>Salmonella choleraesuis</td>
<td>Adenovirus Type 2</td>
</tr>
<tr>
<td>Staphylococcus aureus</td>
<td>Herpes Simplex Type 1</td>
</tr>
<tr>
<td>Pseudomonas aeruginosa</td>
<td>Influenza A2 (Japan)</td>
</tr>
<tr>
<td></td>
<td>Vaccinia</td>
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</tbody>
</table>

**FOR CLEANING**
Apply solution to surface using a sponge or mop to wet all surfaces thoroughly. Let stand 10 minutes before wiping or allow to air dry.

A fresh solution should be prepared daily or more often if solution becomes diluted or soiled. Always follow dilution recommendations found on the product label.

**FOR DISINFECTION**

- **FOR MOLD AND MILDEW ON HARD NONPOROUS SURFACES**
  - Wash surfaces with Professional AMPHYL® Brand Hospital Bulk Disinfectant Cleaner solution; allow to air dry. Repeat application if necessary.

- **FOR PSEUDOMONACIDAL ACTIVITY** (a prevalent human pathogen associated with infections that occur in nursing homes/hospitals) (Use at 2% dilution-See Dilution Chart)
  - Clean surfaces thoroughly. Apply solution using a sponge or mop. Wet surfaces thoroughly. Let stand 10 minutes before wiping or let air dry.
FOR SANITIZING LAUNDRY, LINENS, BLANKETS AND DIAPERS
- Add 1 cup Amphyl® Brand Hospital Bulk Disinfectant cleaner to each 17 gallons of water.

FOR HUMAN IMMUNODEFICIENCY VIRUS TYPE 1 (AIDS Virus) ACTIVITY
- (Use at 2% dilution—See Dilution Chart)

Personal Responsibility
Wash your hands and wash thoroughly. Experts suggest that you wash your hands for as long as it takes you to recite the alphabet. Use soap and water, or an alcohol-base hand product if your hands are not visibly soiled.

Cover cuts and scrapes/open wounds with a clean bandage. This will help prevent you from spreading bacteria to other people, and vice versa. Replace the bandage when it becomes loose, saturated or otherwise not intact.

Do not touch other people's wounds or bandages unless you are wearing gloves. If this happens accidentally, immediately wash your hands with soap and water.

Do not share personal items like towels or razors. If you use any shared equipment, wipe it down before and after you use it.

Drying clothes, sheets, and towels in a dryer -- rather than letting them air dry -- also helps kill bacteria.

Under no circumstances will kitchens, bathrooms, or living areas be used for decontamination or storage of patient care equipment or infectious waste. Decontamination will be performed in designated locations...

Worksite Disinfection
The District Officer/Supervisor shall ensure that worksites are maintained in a clean and sanitary condition.

The District Officer/Supervisor or their designee shall determine and implement an appropriate schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

In an effort to reduce employee’s risk of exposure to biohazard wastes, the following procedure shall be followed concerning the collection and disposal of biohazard waste material:

All worksites will designate separate areas for decontamination.
- Decontamination areas will be marked with biohazard signs and will be properly equipped. Infectious waste storage areas will be marked with biohazard signs.
- Trauma/medical bags, and any contaminated reusable equipment will be decontaminated on-scene or immediately upon return to the station
- Reusable bins and containers used to store biohazard waste will be inspected, cleaned, and disinfected weekly, and immediately if outside contamination is present.
- All contaminated work surfaces should be decontaminated at the scene when practical. Immediately upon return to the station contaminated surfaces and equipment will be disinfected using an Approved EPA disinfectant cleaner. Under no circumstances will any kitchen facility be used for the purpose of cleaning, sterilizing, disinfecting, storing, or disposal of any infectious material or waste.

Biohazard Waste Containers
- **Use:** Plastic biohazard boxes will be used for sharp items and other items that might puncture biohazard bags. The bags will be used for contaminated gloves, dressings, and other contaminated materials. The bags shall also be used for transporting re-usable contaminated medical equipment back to the station for cleaning. Never clean and re-use disposable equipment.
Disposal: Waste generated at the station from medical equipment cleanup or medical treatment performed at the station, shall be placed in one of the containers on the apparatus assigned to that station. Note: only contaminated items should be placed in approved biohazard containers for disposal. Items not contaminated should be put in the trash.

Disposable PPE and other biohazard waste generated during on-scene operations and not given to the ambulance service will be stored in the biohazard disposal area in appropriate leak proof containers or biohazard bags.

The biohazard bag will be deposited in the designated locker at Fire station 1. The deposit will be logged into the biohazard waste log book in the watch office. The OKCFD has a contract with a waste management company to pick up the waste when necessary. Station 1 will contact the pickup company posted on the locker door as needed. The current contractor will make every effort to pick up the waste within one week after notification.

Ordering: Replacement biohazard waste containers can be obtained by ordering them from the monthly EMS supply order form.

DECONTAMINATION OF RE-USABLE EQUIPMENT AND PPE
Eating, drinking, using tobacco products, handling contact lenses, or touching eyes-nose-mouth is prohibited during cleaning or decontamination procedures.

Equipment that has become contaminated must be decontaminated before servicing or shipping, unless the decontamination of the equipment is not feasible. The manufacturer’s guidelines will be used for the cleaning and the decontamination of all equipment.

Durable equipment (backboards, laryngoscope blades, ems kits, safety glasses/strings, CPR pocket masks …) will be washed with hot, soapy water, rinsed with clean water, and disinfected with an approved disinfectant solution according to manufacturer’s recommendations in the biohazard decontamination sink. Equipment will be allowed to air dry.

Contaminated equipment will be removed and replaced with clean equipment. Disposable supplies will be replenished. Delicate equipment (radios, monitors, etc.) will be wiped clean with hot, soapy water, wiped with clean water, and then wiped with disinfectant solution according to manufacturer’s recommendations. Equipment will be allowed to air dry.

Contaminated structural firefighting gear (turn-out coats/bunker pants, boots, etc.) should have any dry debris or chunks brushed off, ensemble elements and element layers shall be separated whenever possible to prevent cross contamination and given a gross decon prior to leaving the scene. Bringing dirt, toxins or pathogens into the apparatus and back to the station should be minimized whenever possible.

Uniforms/Turn-out Gear
Uniforms/Turn-out Gear will include any uniform, work clothes, tee shirts, pants, boots, structural firefighting gear, grass gear, and personal clothing if it is worn on duty. Uniforms/Turn-out Gear will be cleaned according to manufacturer's recommendations found on attached labels. Normally, this will consist of a wash with warm, soapy water followed by a rinse with clean water or washing in the district washer extractor. Turnout gear will be air-dried. Chlorine bleach may impair the fire-retardant properties of Turn-out gear and will not be used. Contaminated boots will be brush-scrubbed with a solution of hot, soapy water, disinfected, rinsed with clean water, and allowed to air dry.

Contaminated Uniforms/Turn-out Gear will be exchanged for clean clothes. For heavily soiled contaminated turn-out gear, contact the District Officer immediately. The District Officer will contact the Safety Office or the ISP directly to make arrangements for loaner gear and to have the contaminated gear cleaned. The employee will shower. Employees must take care not to touch eyes, nose, or mouth until decontamination is completed.

Washer extractors are located at Fire Stations 1, 4, 6, 7, 14, 18, 21, 25, 26, and 34.
Uniforms/Turn-out Gear that is contaminated should be flushed and sprayed with disinfectant solution on scene. The PPE should be bagged in a biohazard bag if possible then placed in an exterior compartment for transport back to the station for decontamination. The compartment(s) and any equipment in that compartment shall be decontaminated after returning to the station and removing contaminated gear. For heavily soiled contaminated turn-out gear, contact the District Officer immediately. The District Officer will contact the Safety Office or the ISP directly to make arrangements for loaner gear and to have the contaminated gear cleaned. Under no circumstances will any contaminated Uniforms/Turn-out Gear be taken home. This will help protect employees' families from both infectious and chemical contamination. All employees will maintain additional clean work clothing at the worksite.

All contaminated materials used by Fire Department personnel (i.e., gloves, dressings, bandaging material, and other items) are to be placed in the biohazard waste container on the responding ambulance before departure, if possible.

Any biohazard waste left at the scene will be collected and placed in the designated biohazard waste container on the responding fire apparatus. Large disposable items, such as emesis containers, shall be put into the red plastic bags and sealed.

Decontaminate any visible blood or body fluids that might be an exposure risk for employees or citizens. If there is a significant amount of blood or body fluids (any biohazard greater than the contents of one (1) biohazard bag), contact the OKCFD Hazardous Materials Team.

**Large blood/body fluid cleanup**

Large blood/bodily-fluid contamination may include large volumes of biohazard or contaminants spread over a large geographical area.

- Contact OKCFD Hazardous Materials Team as necessary for response or consultation.
- The recommended clean-up method is to remove all visible blood/bodily fluid and then to decontaminate using an approved disinfectant for the appropriate amount of time.
- It is important to note that while we are able to assist with clean-up, the property owner will be responsible for decontamination. Property owners must be notified that they are responsible for decontamination.
- OSHA states that an EPA-registered tuberculocidal disinfectant, EPA-registered disinfectants effective against both HIV and HBV, or a diluted bleach solution (solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1:10 (1cup of bleach to 9 cups of water) and 1:100 (1/4 cup bleach per gallon of water) are acceptable for clean-up of a contaminated surface or item. All disinfectant solutions should be mixed daily.
- Use of a booster line will cause splash, wear eye goggles and cover or wash boots/shoes.
- If the contamination is in a vehicle or building have owner/occupant contact a cleanup company.
- Washing with soap and water is not a substitute for disinfectant.
- As you enter the spill area, be careful not to step in any contaminated fluids. Flood the spill area with the bleach and water solution, allowing it to stand for fifteen minutes. Note: Under certain conditions a micro-encapsulation absorbent material may be applied to pooled blood so that the bulk of the contamination can be removed to a biohazard bag prior to decontamination.
- Place blood soaked articles into the red biohazard bags along with any contaminated single use PPE items.
POST POTENTIAL EXPOSURE PROTOCOLS

Employees are responsible for reporting any potential exposure to their immediate supervisor. There are new post-exposure treatment procedures for potential exposures to the Human Immunodeficiency Virus (HIV). For significant exposures, anti-viral medications may be given to for potential HIV exposures. Post potential exposure procedures must be started immediately.

**NOTE:** Please refer to *A/SAF-203 INJURY REPORTING SYSTEM* for a complete list of the necessary forms. All documented written and oral procedures of potential exposures, and information entered on the forms are to be held in strictest confidence for the employee and the source patient. Due to this issue, exposures will not be added to the Fire Incident Report.

If an employee sustains any of the following consider reporting it as a potential exposure:

- Break in skin caused by a potentially contaminated object.
- Needle stick (contaminated needle)
- Contact with blood or other potentially infectious material through:
  - Eyes
  - Nose
  - Mouth
  - Skin with cuts, abrasions, sores, or rashes
  - Breathing in an area that is potentially contaminated with an airborne infectious material.
  - Any other exposure that the employee may feel is significant

**Critical Procedures-Post Potential Exposure**

The following procedures must be followed immediately after a potential exposure occurs:

- The affected area must be washed thoroughly with soap and water or saline eye wash if the eyes are involved.
- The supervisor will contact the EMS Chief or designee immediately after a potential exposure has been identified for advice on the matter. If necessary contact dispatch from the scene to alert the EMS Chief or designee.
- The District Officer should also be notified as soon as possible without delaying treatment.
- The District Officer will ensure all necessary injury forms are completed.
- If an employee perceives that he/she has had a potential exposure to a bloodborne or airborne pathogen, the employee and supervisor with some assistance from the EMS Chief or designee will complete the following as soon as possible:

**Oklahoma State Department of Health (OSDH) Communicable Disease Risk Exposure**

- OSDH Form 207 (Part 1, items 1 through 13).
- Follow instructions on the form. Know your hepatitis B vaccination history.
- Form must be completed in a legible manner.
- Item 11. "Description of Exposure" must, be as descriptive as possible. If there is not enough room for a total description, attach an additional sheet to the form. The employee must describe what area of the body was exposed, to what extent, and how long exposed. (i.e., blood covered both gloved hands and onto forearms to elbow, skin without cuts or abrasions, 30 minutes before able to clean up, etc.).
- EMS Chief or designee will complete items 14 - 19.
- Hospital personnel will complete items 20, 21, and 22.
- The green copy of the form will be retained by the treating facility. The yellow copy of the form will be sent with other required paperwork to Fire Administration (this form will not be scanned and emailed to Risk Management).
Additional Necessary Forms (available on Fireweb)

1. 3-part OJI Electronic Entry System
   a. Part I: The Initial Entry
   b. Part II: The OJI Informational Entry
   c. Part III: The Supervisor’s Review

**NOTE:** If exposure occurred on a dispatched call, incident number will need to be entered into the OJI Electronic Entry System.

2. Supervisor’s Investigation Report
3. Physician Authorization Form (if treatment is sought)
4. OKC Risk – Witness Statement Form
5. (Bloodborne/Airborne Exposures only) Oklahoma State Department of Health Communicable Disease Risk Exposure Report-OSDH Form 207

EMS Chief Responsibilities

- Counsel with the employee about the exposure
- Get the source patient’s name, D.O.B., location, and phone #, if after counseling, the employee requests a hospital evaluation.
- If the source patient was not transported, the EMS Chief or designee will attempt to contact the source patient in person to request the patient allow testing.
  - If the source patient agrees, accompany the patient to the hospital and stay with them until testing is complete.
  - If the source patient refuses, continue with employee testing.
  - Transport to (or meet) the employee(s) at the source patient’s hospital.

If there "Was a Risk Exposure"
A District Officer or the EMS Chief ensures follow-up procedures are started at the hospital:

- Take the completed Form 207 and an OSDH envelope to the Health Care Facility to which the source patient was transported.
- Inquire to meet with the Exposure Control Practitioner or the Emergency Department Supervising Nurse.
  - Have the Exposure Control Practitioner sign the Form 207 in the lower right hand corner.
  - Remove the yellow copy of the form and mail it to OSDH, and leave the green copy of form and envelope with the facility.
- Ensure all completed forms (EXCEPT State Form 207) are placed in an envelope and forwarded through the Chain of Command.
- If the EMS Chief or designee is on scene, the EMS Chief or designee will secure the State Form 207 and mail them in the appropriate envelope to the designated State Department. If the EMS Chief or designee is not available to collect the signed State Form 207 from the ER Physician it will need to be placed in an envelope and sent directly to the EMS Chief or designee. The EMS Chief or designee will then place this document in the appropriate envelope and mail it to the designated State Department.

**THE STATE FORM 207 IS CONFIDENTIAL, AND SHOULD NOT BE INCLUDED IN THE OFFICIAL JOB INJURY FORMS BEING FORWARDED THROUGH THE CHAIN OF COMMAND**

If there "Was Not a Risk Exposure"
The EMS Chief or designee will:

- Provide counseling concerning the incident
- Ensure the completed Form 207, Online Injury Notification, Online Official Injury Report, Online Supervisor’s Review, Supervisor’s Investigation Report, and a letter from the employee explaining what happened and any OKC Risk Witness Statements are forwarded to the Safety Officer through the Deputy Chief of Operations.
Safety Office Responsibilities
- Contact the employee for additional counseling if warranted.
- Forward all documentation to HR to be filed in the employee’s confidential medical file.

POST-INCIDENT EXPOSURE NOTIFICATION - OSDH AND OCCHD
All medical facilities in the State of Oklahoma are required to report findings of any patient who may have a reportable acute disease to the State Health Department (OSDH), Acute Disease Division, who in turn contact the Oklahoma City/County Health Department (OCCHD) in the responsible county.

OSDH and OCCHD have 24/7 on-call personnel that receive reportable infectious disease reports.

The OCCHD is responsible to follow-up with all contacts of the reported patient in a reasonable amount of time to be able to determine if there was an exposure and if so, to ensure that anyone exposed receives proper follow-up medical treatment, if needed.

OCCHD Procedures
If the patient was transported to the hospital, OCCHD will contact the transport agency and the Oklahoma City Fire Department by telephone.

If notified by OCCHD:
- Dispatch will contact the EMS Chief or designee
- The EMS Chief or designee will determine if the OKCFD responded to the incident and if so, contact the OKCFD personnel and determine if there was a potential exposure and notify them of the report.
- If there was a potential exposure, the EMS or Safety Office will assist with the follow-up.
- The OKCFD EMS or Safety Office will contact the OCPD Exposure Control Officer if determined in the investigation that OCPD employees were on the scene.

TUBERCULOSIS SCREENING PROGRAM
The Oklahoma City Fire Department offers free TB screening annually to all personnel. If your annual Tuberculosis (TB) screening result is positive, GENEX will schedule your appointment with McBride Clinic. A chest x-ray and other exams will be done to make sure you do not have TB disease. The employee will not be transported to Integris Baptist Medical Center or any other location. DO NOT fill out a 207 Form.

The following steps are to be completed to insure you have been evaluated properly:

   a. Date/Time of injury: DATE OF POSITIVE READING
   b. How injury occurred: If known, complete in same – if unknown enter: POTENTIALLY EXPOSED TO AN AIRBORNE PATHOGEN.
   c. Severity of Injury: CIRCLE: CURRENTLY BEING TREATED
   d. Complete the OKC Supervisor’s Investigation Report:
      - Date: DATE OF POSITIVE READING
      - What happened? HAD POSITIVE READING TO TB TEST
      - Why did it? UNKNOWN UNTIL FURTHER TESTING
      - What should be done? N/A
      - What have you done so far? ASSISTED EMPLOYEE WITH PROCEDURES ON FURTHER TESTING
   e. Complete the Physician’s Authorization Form.
Once an individual has a positive TB skin test, they will no longer be tested but will need to complete a Health Screen questionnaire annually.

**Potential Tuberculosis Exposure**

- Once the Critical Post Potential Exposure Procedures are followed the employee will not go to Integris Baptist Medical Center.
- The EMS Chief or designee will take the 207 form to the source patient’s hospital location.
- Employee will be contacted by GENEX to schedule TB testing which can be up to two weeks. The first test is your baseline, the second TB test is given two weeks later to rule out false negatives, and the third is given 90 days later.

If the employee receives a positive reading during any portion of the TB testing, they will receive a chest X-ray and referral to their resident county health department for further treatment.

**HEPATITIS B VACCINATION PROGRAM**

Oklahoma City Fire Department offers the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure to bloodborne pathogens, and post exposure follow–up to employees who have had an exposure incident. All medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post–exposure follow–up, including prophylaxis are:

- Made available at no cost to the employee.
- Made available to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
- The Hepatitis B vaccine is offered to all uniformed personnel employed by the OKCFD.
- Participation in a pre–screening program is not a prerequisite for receiving Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination will be made available.
- All employees who decline the Hepatitis B vaccination offered must sign the OSHA–required waiver indicating their refusal.

**Information and Training**

OKCFD will ensure that employees, covered by the bloodborne pathogens standard, are trained at the time of initial assignment to tasks where occupational exposure may occur, and every year thereafter by the following methods:

- Annual training will be given from the Safety Office through the annual OSHA computer training on Target Solutions.

Training is tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

- The standard and its contents.
- The epidemiology and symptoms of bloodborne diseases.
- The modes of transmission of bloodborne pathogens.
- This Oklahoma City Fire Department Bloodborne Pathogen Exposure Control Plan (ECP) and a method for obtaining a copy.
- The recognition of tasks that may involve exposure.
- The use and limitations of methods to reduce exposure, for example engineering controls, work practices and House Keeping, Personal Hygiene and personal protective equipment (PPE).
- The types, use, location, removal, handling, decontamination, and disposal of PPE.
The basis for selection of PPE.

The Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.

The appropriate actions to take and persons to contact in an emergency involving blood or body fluids.

The procedures to follow if an exposure incident occur, including the method of reporting and medical follow-up.

The evaluation and follow-up required after an employee exposure incident.

The signs, labels, and color coding systems.

Additional training is provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

RECORD KEEPING

The Safety Work Section shall maintain training records for three years from the date of training. The following information shall be documented:

- The dates of the training sessions;
- An outline describing the material presented.
- The names and qualifications of persons conducting the training.
- The names and job titles of all persons attending the training sessions.

Exposure and all medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These confidential records shall be kept at the City Clinic, and must be maintained for 30 years.

Record Availability

All employee records shall be made available to the employee in accordance with 29 CFR 1910.20. All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

SAFE USE OF WIRELESS COMMUNICATION

The purpose of this program is to prevent motor vehicle and injury accidents associated with the use of battery powered communications equipment and to ensure that attention is not diverted from the emergency scene upon arrival. Included are cell phones, radios, and other electronic devices that might be used while operating motor vehicles, at work sites, or fueling locations for vehicles. When a piece of apparatus has only one person assigned (BP, TP, Public Education, Code, etc.) they may use the OKCFD radio, if no driving hazards exist.

- This policy applies to all personnel operating OKCFD vehicles, while at the scene of a response, or other public event as the station officer deems appropriate.

- No use of personal cell phones or electronic devices, for any OKCFD personnel, is allowed during Code 3 responses, emergency scenes or any other time the officer deems appropriate (schools, public education, inspections, etc.).

- All personal cell phones and electronic devices are to be kept in vibrate or silent mode while in uniform, and the device’s appearance must not be a distraction from the uniform as determined by the company officer.
Roles and Responsibilities
District Officers/Work Section Supervisors are to see that the provisions of this program are implemented.

Officers/Work Section Supervisors are responsible to see that this program is implemented within their area of authority and to assure employee compliance with its provisions.

Employees are required to know and comply with the provisions of this program.

Other Safety Considerations
Portable communications equipment (cell phones, pagers, etc.) generate electric current while operating and pose a potential ignition source in areas where there is a possibility of an ignitable gas/air mixture. Therefore, such devices must be turned off or not be worn or used when around hydrocarbon storage tanks, fueling vehicles, construction sites, or spraying hydrocarbons (i.e., paint, solvent). OKCFD radios are intrinsically safe and exempt from this SOP.

Flammable gas and liquids shall not be stored or transported in the same compartment as portable communications equipment.

All communications equipment, including OKCFD radios, must be turned off at construction sites where the use or storage of explosives is known or suspected.

Regulatory References
29 CFR 1910.106 Flammable and Combustible Liquids
29 CFR 1910.109 Explosives and Blasting Agents
NFPA “Fire Protection Handbook”

The Respiratory Protection Written Program is designed to control occupational diseases caused by breathing air contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays, microorganisms and vapors so that you may return home from work safe and healthy.

The Oklahoma City Fire Department will use engineering controls (controlling the hazard at the source, confinement of the operation, natural and pressurized ventilation...) work practices (limiting the number of emergency personnel in the hazard area, limiting amount of time employees spend in the atmosphere), (risk a lot to save lives, risk a little to save property, risk nothing to save property that is already lost) and personal protective equipment (atmosphere-supplying respirators and air purifying respirators) to eliminate or lessen the risk of exposure.

The purpose of this program is to ensure the protection of all employees from respiratory hazards which they may encounter during the course of their employment through the use of respirators, and to meet the requirements of the United States Department of Labor Occupational Safety and Health Administration's Respiratory Protection Standard 29 CFR 1910.134 (Respiratory Protection) and 1910.139 (Respiratory protection for M. tuberculosis).

Atmosphere-supplying and air purifying respirators, training, and medical evaluations will be provided at no charge to employees, and the respirators, training and medical evaluations will be of the type applicable and suitable for actual OKCFD work-site specific operations.

This written program shall be updated whenever changes occur. Changes include different respirator choices, changes in fit testing, and changes in work operations.
RESPONSIBILITIES
The EMS Chief and the Chief Safety Officer shall be the respirator program administrators and are responsible for:

1. Ensuring that federal, state and local regulations are followed concerning the use of respirators.
2. Determining the need for respirators in the workplace.
3. Selection of the proper respirators for the hazards.
4. Providing surveillance of work area conditions.
5. Periodically evaluating the respirator program.
6. Regularly consulting employees required to use respirators to assess employees’ views and identify any problems to include:
   a. Respirator fit while working
   b. Appropriate respirator selection for the hazards
   c. Proper respirator use under the workplace conditions the employee encounters
   d. Proper respirator maintenance
7. Ensuring the implementation of a respiratory training program.
8. Administering the overall program.

Incident Commanders and Company Officers are responsible for:

1. Ensuring that respirators are available as needed.
2. Ensuring that employees wear respirators as required.
3. Ensuring that respirators are properly used, maintained, cleaned, stored, and ready for use.

Every employee is responsible for:

1. Proper use of the appropriate respirator as determined by a fit test and in accordance with instructions and training. Employees shall only wear the type, style and size of respirator they were last fit tested for.
2. Inspecting the respirator periodically and before each use.
3. Performing (positive and negative) face piece seal checks prior to each use.
4. Making certain that filters and cartridges are adequate for the hazard.
5. Leaving a contaminated area immediately if they suspect a problem with their respirator or feel any discomfort.
6. Protecting the respirator against deterioration and damage.
7. Cleaning, disinfecting, inspecting, and storing the respirator after each use.
8. Reporting respirator malfunctions to supervisors.

RESPIRATOR SELECTION
( ATMOSPHERE-SUPPLYING AND AIR PURIFYING RESPIRATOR )

Respirators shall be selected by the Incident Commander based on the biological, chemical and physical properties of the contaminant, as well as the toxicity and concentration of the hazardous material and the amount of oxygen present.
Respirator user factors such as the nature and extent of the hazard, work rate, area to be covered, mobility, work requirements and conditions, as well as the limitations and characteristics of the available respirators are also selection factors.

- The Incident Commander shall require supplied air respirators to be used during overhaul operations until they are certain ambient conditions are below the permissible exposure limit and lung damage will not occur.


- Keep in mind the primary goal of this program is that every OKCFD employee returns home as safe and healthy as they were when they arrived at work. Sometimes the safety and health goals appear to conflict with "getting the job done". With that said wearing SCBAs during overhaul can further fatigue exhausted firefighters and increase the risk of injury. The IC should consider these risks when managing overhaul operations. The IC may wish to look at the way overhaul is being conducted. Can the ventilation be improved during overhaul? Is overhaul necessary immediately or can the firefighters rest? Could firefighters use the airline respirators off of R-8 so that SCBAs would not be necessary? Could the IC rotate in fresh crews for overhaul operations?

  Regarding atmospheric monitoring, currently there are no suitable real time direct reading monitors for all the products of combustion present during overhaul. Quantifiably speaking, the IC doesn’t know what is in the atmosphere during overhaul, which is why the IC should require employees wear some type of Supplied Air Respirators.

Respirators for atmospheres considered immediately dangerous to life or health (IDLH) shall meet at least one of the following:

**Note:** IDLH means an atmosphere that poses an immediate threat to life, which would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere. IDLH atmospheres include unknown atmospheres and oxygen deficient atmospheres.

1. A full-face piece positive pressure SCBA certified by the National Institute for Occupational Safety and Health (NIOSH) for a minimum service life of 45 minutes. The OKCFD uses Scott Air-PAK X3 Snap-Change SCBA.

2. A combination full-face piece positive pressure umbilical supplied-air respirator (SAR) with auxiliary self-contained air supply. The OKCFD uses Air Source C.A.R.T. system. The C.A.R.T. system provides an uninterrupted supply of breathing air for up to three air-supplied respirators or air-driven tools. Continuous air supply is maintained by rotating fully charged cylinders. Umbilical airlines are limited to 300 feet.

3. Respirators provided only for escape from IDLH atmospheres shall be full face NIOSH-certified for escape from the atmosphere in which they will be used. The OKCFD uses the Scott Air-PAK X3 Snap-Change SCBA. The Air-PAK X3 is designed to actuate at approximately 33% of the full rated service pressure and will continue until the cylinder is nearly depleted.

**Air Purifying Respirators**

All air purifying respirators will not be used against chemical gases and vapors at hazardous materials or any other incident unless the exposure is quantified below the Permissible Exposure Limit as defined by OSHA 29 CFR 1910.1000 Table Z-1 (Limits for Air Contaminants of Toxic and Hazardous Substances).
All air purifying respirators used against particulates during grass fire fighting operations will use NIOSH certified HEPA filters. For grass fire fighting OKCFD employees wear the Scott AV2000 OVista with a Scott face piece adapter (#805622-01) and Scott Model 742 twin filter cartridge (#7422-FP1).

All air purifying respirators used against airborne pathogens such as M. tuberculosis, will be NIOSH approved for the biological hazard anticipated and filter particles 1 micrometer in size in the unloaded state with a filter efficiency greater than or equal to 95%. The OKCFD uses 8210 N95 particulate, 6000 series, and 9970 High Efficiency Air Purifying Respirators for airborne pathogens. See Appendix D for more information.

Wearing an approved respirator for protection from TB transmission and other airborne pathogens will be utilized by OKCFD personnel, for any contact with patients who are identified from the high risk category below, or patients who have a cough.

Persons at high risk for TB:

- Medically under-served low-income populations
- Residents of long term care facilities (e.g., nursing homes and mental institutions)
- Health care workers who provide care for high-risk groups
- Foreign-born persons from countries with a high prevalence of TB
- Transients living in facilities for the homeless
- Correctional inmates
- Alcoholics and intravenous drug users
- Persons with HIV infection or medical conditions known to increase the risk of TB once infected (e.g., diabetes mellitus, chronic renal failure, being 10% or more below the ideal body weight, persons receiving immunosuppressive therapy, leukemia and lymphomas, and other malignancies).

Identification of potential TB infectious persons:

- Any patient who presents with a noticeable cough will be asked the following screening question: Have you had a cough for 2 weeks or more?
- Ask patient if he or she currently has TB, is taking TB medication, or has been in contact with anyone with TB?
- Persons who answer yes to any of these questions will be considered at high risk of TB disease.
- Other signs are persons that are 10% underweight, coughs up blood, has night sweats, and extreme fatigue
- Where patients with known or suspected infectious TB are located
- During cough inducing procedures with known or suspect TB patients
- During administration of aerosolized medications with known or suspect TB patients.
Additional airborne pathogen engineering controls and work practices for OKCFD personnel include:

- Instructing patients to cover all coughs and sneezes with a tissue.
- Providing a non-rebreather mask for patient, if administering oxygen.
- Limiting the number of OKCFD personnel providing patient care and/or in near proximity to the patient.
- If the patient is located in a confined, poorly ventilated area, move to larger room, outside, or open windows/doors, if weather permits.

Limitations of all Air Purifying Respirators utilized by OKCFD:

- Do not use for protection against oil aerosols, gases, vapors, or asbestos, in salvage, overhaul or fire investigation operations, or in atmospheres containing less than 19.5% oxygen.
- Do not use for contaminants that generate high heats of reactions.
- Do not use when concentrations of contaminants are immediately dangerous to life and health, are unknown, or when concentrations exceed 10 times the permissible exposure limit, applicable OSHA standards, or applicable government regulations, whichever is lower.
- Do not use with beards or facial hair that prevent direct contact between the face and the edge of the respirator.
- Leave the contaminated area immediately if dizziness or other distress occurs. If the air purifying respirator becomes damaged, breathing becomes difficult, or exposure to oil aerosol occurs, leave the contaminated area and dispose of respirator.
- Never alter or modify the air-purifying respirator.

The Oklahoma City Fire Department is not required to include in a written respiratory protection program those employees whose only use of respirators involves the voluntary use of filtering face pieces (dust masks).

Those employees whose only use of respirators involves the voluntary use of filtering face pieces should be furnished with the information found in Appendix A to 29 CFR 1910.134.


**TUBERCULOSIS AND OTHER AIRBORNE DISEASES**

An airborne pathogen is any microorganism, such as meningococcal meningitis or tuberculosis (TB), where droplets are forced into the air from patients to a suitable portal entry, usually the respiratory tract.

They may remain suspended in the air for long periods of time.

- **Droplet nuclei**: from patients with diseases such as tuberculosis.
- **Dust**: small particles from the evaporation of fluid from clothes, bedding, or contaminated floors.

**Tuberculosis transmission**: is a recognized risk in the delivery of pre-hospital emergency medical care by OKCFD personnel. TB exposure and transmission are not limited to emergency medical care activities, it also can occur when entering areas where suspected or confirmed TB diseased persons are housed, or while working with people at high risk for TB.

An effective tuberculosis program requires the early identification, isolation, and treatment of persons with active TB.
The prevention of tuberculosis transmission requires the following approaches be used:

- Preventing the generation of the infectious droplet nuclei.
- Preventing the spread of infectious droplet nuclei into the general air circulation.
- Following established guidelines for cleaning, and disinfecting contaminated items.
- Conducting surveillance of personnel for TB exposure by conducting TB skin testing.
- Wearing appropriate PPE when providing care for persons with known TB infection or persons who exhibit signs or symptoms consistent with TB infection.

Epidemiology and Transmission

The mycobacterium tuberculosis is carried in airborne particles, known as droplet nuclei, that can be generated when persons with pulmonary or laryngeal TB sneeze, cough, speak, or when procedures are performed that stimulate cough or gag reflex, such as, placement of an oral airway or suctioning of the posterior pharynx.

- The particles are so small that normal air currents keep them airborne and can spread them throughout a room or building.
- Infection occurs when an unprotected person inhales droplet nuclei containing mycobacterium tuberculosis, and bacilli become established in the alveoli of the lungs and spread throughout the body.
- The probability that a susceptible person will become infected depends upon the concentration of infectious droplet nuclei in the air.

Environmental problems that enhance transmission include:

- Contact with an infectious patient in relatively small, enclosed spaces.
- Inadequate ventilation that results in insufficient dilution or removal of infectious droplet nuclei.
- Re-circulating of air containing infectious droplet nuclei.

Persons at high risk for TB:

- Medically under-served low-income populations.
- Residents of long term care facilities (e.g., nursing homes and mental institutions).
- Health care workers who provide care for high-risk groups.
- Foreign-born persons from countries with a high prevalence of TB.
- Transients living in facilities for the homeless.
- Correctional inmates.
- Alcoholics and intravenous drug users.
- Persons with HIV infection or medical conditions known to increase the risk of TB once infected (e.g., diabetes mellitus, chronic renal failure, being 10% or more below the ideal body weight, persons receiving immunosuppressive therapy, leukemia and lymphomas, and other malignancies).
Identification of potential TB infectious persons:

- Any patient who presents with a noticeable cough will be asked the following screening question: “Have you had a cough for 2 weeks or more?
- Ask patient if he or she currently has TB, is taking TB medication, or has been in contact with anyone with TB.
- Persons who answer yes to any of these questions will be considered at high risk of TB disease.
- Other signs are persons that are 10% underweight, coughs up blood, night sweats, and extreme fatigue.

Guidelines for prevention of TB transmission

Wear of an approved respirator mask for protection from TB transmission and other airborne pathogens will be utilized by OKCFD personnel for any contact with patients who are identified from the high risk category, or patients who present with a cough.

Additional precautions for OKCFD personnel include:

- Instruct patients to cover all coughs and sneezes with a tissue.
- Provide mask for patient; oxygen mask can be used if administering oxygen.
- Limit access to the patient to necessary personnel only.
- If patient is located in a confined, poorly ventilated area, move to larger room, outside, or open windows/doors, if weather permits.
- If the following are ways to protect yourself and your crew from patients who are suspected of “active” TB, viral meningitis, or other potentially lethal airborne pathogens:

  If patient is in a confined, poorly ventilated area, move to larger room, outside, or open windows/doors (if weather permits).

  Limit number of personnel providing patient care.

  - Mask the patient (an oxygen mask can be used if administering oxygen)
  - All OKCFD personnel wear an approved respirator mask.

Respiratory Protection

The Oklahoma City Fire Department will provide fit testing and training for use of approved masks as needed.

- Masks are available to all personnel.
- Gloves, eye protection, and a TB mask (air purifying respirator)
- Respirator fit testing will be provided any time there is a 10% weight gain or loss, injury or facial scarring, change in denture structure, or anytime the employee fails the fit check.
- All students will complete the TB Mask Fit Update form (which is a part of the Level-2 OSHA Exam on Target Solutions) or they will be fit tested.

Respirator training fit check procedures

1. Employee must fit check the face seal of the respirator each time it is donned and prior to entering a high risk area.
2. Follow specific fit check procedures that accompany the mask.
3. Show students how to fit check their respirators.
4. These guidelines comply with OSHA standard 29 CFR 1910.139.
   a. Instructors must be certified fit testers and adhere to all guidelines.
Assure students have an understanding of selection and use of respirators. Confirm students know the proper use, limitations of respirator, proper donning, removal, and fit checking procedures of respirators they wear. Respirators will be used one time, then properly disposed, unless assigned a reusable respirator.

Individuals that are assigned reusable personal respirators will thoroughly clean and disinfect respirator after each use and filters will be changed after each use. Respirators will be kept in a leak proof plastic bag. Extra respirators should be packed or stored so that the face piece and exhalation valve (if applicable) will rest in a normal position and function will not be impaired.

Reusable personal respirators will be inspected during cleaning. Worn or deteriorated parts or respirators will be replaced. Disposable respirators will be inspected at least monthly to assure satisfactory working condition. Reusable respirators will be inspected monthly and after each use. The respirator user's medical status will be reviewed periodically. It will be determined and documented that they are physically able to perform the work and use the equipment safely. Only approved respirators will be used. The respirator must provide adequate respiratory protection from airborne pathogens and are splash resistant to provide bloodborne pathogen protection.

A medical evaluation form will be completed by each employee prior to their initial fit test training (fit test training is required only if the employee needs the fit test).

- Forward medical evaluation forms to the Safety Office if a YES response is given to any of the medical questions - DO NOT FIT TEST UNTIL APPROVED.

Frequent random inspections will be conducted by the Exposure Control Officer or his designee to assure that respirators are properly selected, used, cleaned, and maintained.

Limitations of the N95 particulate respirators utilized by OKCFD:

- Do not use for protection against oil aerosols, gases, vapors, or asbestos, in sandblasting, or paint spray operations, or in atmospheres containing less than 19.5% oxygen.
- Do not use for contaminants which generate high heats of reactions.
- Do not use when concentrations of contaminants are immediately dangerous to life and health, are unknown, or when concentrations exceed 10 times the permissible exposure limit, applicable OSHA standards, or applicable government regulations, whichever is lower.
- Do not use with beards or facial hair that prevent direct contact between the face and the edge of the respirator.
- Leave the contaminated area immediately if dizziness or other distress occurs. If the respirator becomes damaged, breathing becomes difficult, or exposure to oil aerosol occurs, leave the contaminated area and dispose of respirator.
- Never alter or modify the respirator.
- Failure to follow all instructions and limitations on the use of this respirator and/or failure to wear this respirator during all times of exposure can reduce respirator effectiveness and result in sickness or death.

**Personnel Surveillance**

At the time of employment, all OKCFD personnel, including those with a history of Bacillus of Calmette and Guerin (BCG) vaccination, will receive a Mantoux tuberculin skin test as mandated by the Oklahoma State Firefighters Pension System. Exception to this would require documentation of the following: a previously positive reaction, completion of adequate preventive therapy or adequate therapy for active disease. Initial and follow up tuberculin skin tests are administered and interpreted to current guidelines.
Personnel with a documented history of a positive tuberculin skin test, or adequate treatment for disease or preventive therapy for infection, are exempt from further testing unless they develop symptoms suggestive of tuberculosis (questionnaires will be completed every year instead of the skin test). Retesting of PPD negative personnel will be offered annually or as required by Occupational Safety and Health Administration guidelines.

Guidelines for initial Mantoux skin test:

- The initial Mantoux test will be administered with five units of tuberculin PPD injected just under the skin of the forearm.
- The employee returns one week later to have the test read.
- At the second visit, those employees with reactions 10mm or greater are considered positive, and are to have follow up according to current guidelines.
- Those who have doubtful or negative reactions at the second visit will, at that time, have their skin test repeated.
- The results of the second skin test are read 48-72 hours later, and are recorded as the employee's "baseline reactivity" at the time of employment.
- Employees with a history of a positive skin test will not be re-tested; however, they will be required to complete a medical questionnaire.
- Those employees who have received a skin test within the previous year will only require an initial test and reading 48 to 72 hours later and will not require the third visit.

Positive TB skin test follow-up
People with TB infection (positive skin test without disease) have bacteria in their body but are not sick. These people cannot spread TB to others.

People with a positive TB Mantoux skin test only, cannot infect other people. Most people who test positive fall in this category. People with the TB disease usually have symptoms of TB and are sick because the bacteria are active (multiplying in the body). Persons with TB disease of the lungs can spread TB to others. People with "TB disease" can infect other people. Most people become noninfectious after the first few weeks of taking TB medication. About 5-10% of TB infectious people may develop TB disease during their lifetime.

Individuals with a positive TB skin test will be managed as follows:

1. Complete OJI Documentation
   a. 3-part Online OJI Information
   b. Supervisor’s Investigation Report
   c. Hard copies of the 3 part OJI report and Supervisor’s Investigation report will be sent to Administration for processing. Electronic copies will be emailed to Fi-Risk-quick-Oji@okc.gov and to FDsafetyofficers@okc.gov.

2. Chest X-ray

3. Blood drawn for Chemistry

4. An appointment will be scheduled for the employee to meet with a physician to discuss results of chest X-ray and blood chemistry and determine what treatment, if any, is indicated.
Evaluation of Personnel after Unprotected Exposure

The following post-exposure procedures will be observed in addition to established OKCFD exposure control instructions in A/SAF-219, EXPOSURE CONTROL PLAN. Personnel are evaluated if they have been exposed to a potentially infectious tuberculosis patient for whom the exposure control procedures outlined in this document have not been taken.

Unless a negative skin test has been documented within the preceding six months, each of those exposed will receive a Mantoux tuberculin skin test as soon as possible after exposure.

If the post-exposure skin test is negative, the test is repeated 12 weeks after the exposure. Exposed persons with skin test reactions 10mm, or with symptoms suggestive of tuberculosis, receive chest radiographs. Persons with previously known positive skin test reactions who have been exposed to an infectious patient do not require a repeat skin test or a chest radiograph unless they have symptoms suggestive of tuberculosis.

TB is curable if diagnosed early and treatment is quickly begun and completed.

Work Restrictions

Personnel with current pulmonary or laryngeal tuberculosis disease pose a risk to patients and other personnel while they are infectious; therefore, stringent work restrictions for those persons are required. They are excluded from work until adequate treatment is instituted, cough is resolved, and sputum is free of bacilli on three consecutive smears. Personnel who are otherwise healthy and receiving preventive treatment for tuberculosis infection are allowed to continue normal work activities.

DISTRIBUTION OF RESPIRATORS

Respirators shall be provided at no cost to the employees, and the type shall be determined based on the guidelines set forth in part II, sections A, B, C, D and E of this program (see above). All respiratory protective devices must be approved by the National Institute for Occupational Safety and Health (NIOSH).

Before an OKCFD employee may be required to use any respirator with a negative or positive pressure tight-fitting face piece, the employee will be fit tested with the same make, model, style, and size of respirator that will be used. Individual SCBA face pieces will be issued to employees who wear an extra-large, or small size face pieces. Individual SCBA face pieces will be issued to employees who wear prescription eyewear and request a SCBA face piece eyeglass kit from the air shop using the OKCFD protective clothing request form.

MEDICAL EVALUATIONS

The OKCFD shall provide a confidential medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace. A physician or other licensed health care professional (PLHCP) shall perform medical evaluations using the "Respirator Medical Evaluation Questionnaire" (RMEQ) form which is a part of OKCFD's respiratory program. A similar RMEQ to OKCFD's can also be found in Appendix A to 29 CFR 1910.134 of the Federal Register at http://osha.gov.

A follow-up medical examination by the City of Oklahoma City's Occupational Health Clinic shall be provided for any employee that the PLHCP deems necessary after reviewing their medical questionnaire. The follow-up medical examination shall include any medical tests, consultations, or diagnostic procedures that the PLHCP (City of Oklahoma City's Occupational Health Clinic) deems necessary to make a final determination.
The RMEQ and examinations shall be administered confidentially during the employee's normal work hours or at a time and place convenient to the employee. Examinations shall be scheduled by the City of Oklahoma City’s Occupational Health Clinic with the employee when deemed necessary. The RMEQ shall be administered in a manner that ensures that the employee understands its contents. The employee shall be provided with an opportunity to discuss the RMEQ and/or the examination results with the PLHCP.

The following information must be provided to the PLHCP before the PLHCP makes a recommendation concerning an employee’s ability to use a respirator:

- The type and weight of the respirator to be used by the employee.
- The duration and frequency of respirator use (including use for rescue and escape).
- The expected physical work effort.
- Additional protective clothing and equipment to be worn.
- Temperature and humidity extremes that may be encountered.

The OKCFD shall provide the PLHCP at the City of Oklahoma City’s Occupational Health Clinic with a copy of this written respiratory protection program and a copy of 29 CFR 1910.134 (e). In determining the employee's ability to use a respirator, the OKCFD shall obtain a written recommendation from the PLHCP regarding the employee’s ability to use the respirator. The recommendation shall provide only the following information:

- Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator.
- The need, if any, for follow-up medical evaluations.
- A statement that the PLHCP has provided the employee with a copy of the PLHCP's written recommendation.

Additional medical evaluations shall be provided if:

- An employee reports medical signs or symptoms that are related to his/her ability to use a respirator.
- A PLCHP, supervisor, or the respirator program administrators inform the OKCFD that an employee needs to be reevaluated.
- Information from the respiratory protection program, including observations made during fit testing and program evaluation, indicates a need for employee reevaluation.
- A change occurs in workplace conditions (e.g., physical work effort, protective clothing...) that may result in a substantial increase in the physiological burden placed on an employee.

**FIT TESTING**

Before an employee may be required to use any respirator with a negative or positive pressure tight-fitting face piece, the employee must be fit tested with the same make, model, style, and size of respirator that will be used.

All employees using a tight fitting face piece respirator shall:

- Pass an appropriate qualitative fit test (QLFT) or quantitative fit test (QNFT).
- Be tested prior to initial use of the respirator, whenever a different respirator face piece (size, style, model or make) is used, and at least annually thereafter.
Receive an additional fit test whenever the employee reports, or the OKCFD, PLHCP, supervisor, or program administrators make visual observations of, changes in the employee's physical condition that could affect respirator fit.

Example: Such conditions include, but are not limited to, facial scarring, dental changes, cosmetic surgery, or an obvious change in body weight.

If after passing a QLFT or QNFT, the employee subsequently notifies the OKCFD, program administrators, supervisor, or PLHCP that the fit of the respirator is unacceptable, the employee shall be given a reasonable opportunity to select a different respirator face piece and to be re-tested. The fit test shall be administered using an OSHA-accepted QLFT or QNFT protocol. The OSHA-accepted QLFT and QNFT protocols and procedures are contained in 29 CFR 1910.134, found at http://osha.gov.

Employees, who have been medically approved to wear a respirator, will be trained in the use of their respirator and administered a fit-test for their respirator. The incumbent employee shall document the completion of this training electronically during the department's Annual OSHA Training. The OKCFD Fit-Test Trainers shall document the fit testing results for each employee that they fit test electronically during this time period as well.

The Respirator Fit Testing Record shall be electronically filed by both the employee being fit-tested and the OKCFD Fit-Testing Trainer. Any employee who fails to pass a fit test shall not be assigned to use a respirator until they are able to pass a fit test. A different style or size of respirator may need to be acquired in order for the employee to pass a fit test. The Fit Test Record shall be maintained until the next fit test is administered (at least annually).

The employee must fit check the face seal of the respirator each time it is donned and prior to entering a high-risk area. Follow specific fit check procedures that accompany the respirator. Procedures for performing a seal check are found in Appendix A-1 to 29 CFR 1910.134.

USE OF RESPIRATORS

The Incident Commander and Company Officer shall prohibit conditions that may result in face piece seal leakage, prevent employees from removing respirators in hazardous environments, take actions to ensure continued effective respirator operation throughout the work shift, and establish procedures for the use of respirators in atmospheres considered to be IDLH.

The Company Officer shall not permit respirators with tight-fitting face pieces to be worn by employees who have:

- Facial hair that comes between the sealing surface of the face piece and the face or that interferes with valve function.
- Any condition that interferes with the face-to-face piece seal or valve function.

If an employee wears corrective lenses, goggles or other personal protective equipment, the Company Officer shall ensure that such equipment is worn in a manner that does not interfere with the seal of the face piece. Individual SCBA face pieces will be issued to employees who wear prescription eyewear and request a SCBA face piece eyeglass kit from the air shop using the OKCFD protective clothing request form. The information for the request should be written in the comments section of the form. For all tight fitting respirators, the Company Officer shall ensure that employees perform a user seal check each time they put on a respirator in accordance with Appendix A-1 to 29 CFR 1910.134 or the respirator manufacturers recommendations. Procedures for performing a seal check are found in Appendix A-1 to 29 CFR 1910.134 found at http://osha.gov.
The Incident Commander shall maintain surveillance of the work area to ensure that work area conditions and the degree of employee exposure or stress do not affect respirator effectiveness. The Incident Commander and Company Officer shall ensure that employees leave the respirator use area for any of the following reasons:

- To wash their faces and respirator face pieces as necessary to prevent eye or skin irritation as a result of respirator use.
- If the employee detects vapor or gas breakthrough, changes in breathing resistance, or leakage of the face piece.

If one or more of these conditions exists, the Company Officer will ensure the problem is solved before the employee is allowed to return to the work area. The Company Officer will immediately contact the air shop to replace or repair the defective respirator face piece.

- To replace the respirator or the filter, cartridge, or canister elements.

The Incident Commander shall ensure that no employee enters an atmosphere that is considered IDLH unless the following procedures are followed:

**Note:** *IDLH means an atmosphere that poses an immediate threat to life, which would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere. IDLH atmospheres include structure fires, unknown atmospheres, toxic, flammable and oxygen deficient atmospheres.*

**Rapid Intervention Teams (RIT):** All incidents requiring interior attack or operations in Immediately Dangerous to Life or Health conditions, the IC will maintain compliance with 2-in 2-out requirements of respiratory standard {OSHA's 29 CFR 1910.134 (g)(4)}. For more information on RIT please consult O/SUP-230, RAPID INTERVENTION TEAM (RIT).

- **Commercial Alarm:** The IC shall be responsible for designating a company or companies the assignment of RIT from among the companies responding to an incident. In the event the RIT is utilized at the incident, the IC will designate and assign an additional company as the RIT.

- **House Fire or Single Alarm:** The IC shall be responsible for designating a company or companies the assignment of RIT from among the companies responding to an incident. In the event the RIT is utilized at the incident, the IC will designate and assign an additional company as the RIT.

- At any time employees (working in teams of at least two) enter the IDLH atmosphere they will remain in visual, voice, or signal line communication. Radio or other communication will be maintained between employees in the IDLH atmosphere and the employees located outside the IDLH atmosphere.

- The employee(s) located outside the IDLH atmosphere (RIT) are trained and equipped to provide effective emergency rescue.

- The Incident Commander is notified before the RIT enters the IDLH atmosphere to provide emergency rescue.

- The Incident Commander, once notified, provides necessary assistance appropriate to the situation.

- The RIT located outside the IDLH atmosphere shall be equipped with:
  - Positive pressure SCBAs, or other positive pressure supplied-air respirator with auxiliary SCBA; and either
✓ Appropriate retrieval equipment for removing the employees who enter the IDLH atmosphere where retrieval equipment would contribute to the rescue of the employee(s) and would not increase the overall risk resulting from entry; or

✓ Equivalent means for rescue where retrieval equipment is not required.

**Monthly SCBA Inspection and Daily & Usage Check Information**
*(located in Target Solutions under the Daily Apparatus Inspection quick link)*

1. All SCBA's should be checked every morning and after each use and record the findings on the Daily Inspection Form located on Target Solutions.

2. Individuals (officers, drivers, and firefighters) will conduct a daily check on their assigned SCBA. Drivers will check their own plus any extra SCBA's. Extra breathing air bottles on the apparatus should be checked for the next hydrostatic test date and pressure, (no form is needed). Personnel not assigned to operations should check their SCBA every Friday and complete the Monthly Inspection form on Target Solutions.

3. Hydrostatic testing should occur every 5 years from the manufacture date located on the bottle. The air shop will provide a sticker located on the neck of the bottle, indicating the due date for the next hydrostatic test. If during inspection a test date is not found on the neck of the bottle, the air shop should be contact for a test date sticker or to have the bottle replaced with a bottle that has the proper sticker.

4. As the bottles are tested, the Air Shop personnel will date the bottles with a colored tape around the neck of the bottle. This will aid everyone in recognizing and removing from service those bottles that need testing. As bottles are tested, the date put around the neck will be the actual date you need to send the bottle in for testing. Air shop personnel will coordinate any testing and replacement of bottles.

**Cylinder – Date of Manufacture**
The date of manufacture is found on the cylinder label.

Cylinders must be hydrostatically tested every 3 years.

![OKCFD Hydrostatic Test Label](Image)

The repair form for SCBAs can be found on FIREWEB FORMS.
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