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I. <u>Policy</u>

- A. This document serves as the foundational document for the Health and Safety Program of the Prince George Fire and Emergency Services (PGFEMS). The program is aligned with the 2021 edition of the National Fire Protection Administration (NFPA) 1500 Standard on Occupational Safety, Health, and Wellness, OSHA requirements, federal, state, and local laws, and industry standards. It also incorporates the standard operating policies, policies, and procedures of PGFEMS, ensuring that all career and volunteer members are covered.
- B. The program's primary objective is to provide the highest level of safety and health for all members of PGFEMS and to take reasonable measures to create a safe and healthy work environment. This helps to prevent and reduce the occurrence of accidents, injuries, and occupational illnesses.
- C. It is acknowledged that members of PGFEMS may face a range of health-related issues within the work environment, some of which may stem from hazardous conditions and others from poor health practices. Additionally, members may experience the same mental and emotional stress as any other individual, and the demands of their job may exacerbate these issues. PGFEMS Administration is committed to providing personnel with training in good health practices and offering support to help them overcome mental and emotional stress. This is achieved through appropriate training, supervision, procedures, program support, and a regular review of policies and procedures to achieve specific safety and health objectives.

II. <u>Purpose</u>

A. The objective of the program is to mitigate the risk of injury resulting from unsafe practices or choices. The Prince George Fire and Emergency Services Department is dedicated to maintaining a secure and healthy work environment and will collaborate with personnel to exert every reasonable effort to attain this objective.

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III. <u>Program</u>

- A. The Health and Safety Program is a comprehensive initiative that necessitates the active participation of all members of the Prince George Fire and Emergency Services (PGFEMS) team to attain optimal outcomes. While the importance of involvement is acknowledged, certain aspects of the program are mandatory to ensure that individuals make a concerted effort to enhance their health.
- B. This document outlines several Standard Operating Procedures (SOPs), policies, and procedures, and it is imperative that all career and volunteer members of PGFEMS are conversant with all SOPs, policies, and procedures, not only those specified in this document.
- C. The program is comprised of three key elements:
 - 1. Designation of key personnel and their individual responsibilities
 - 2. Development of a comprehensive health and safety plan
 - 3. Implementation of a method of individual feedback to monitor progress.

IV. Organization

- A. <u>Fire Department Organizational Statement:</u> The Prince George Fire and Emergency Services has prepared and shall maintain "Organizational Guidelines for the Prince George Fire and Emergency Services Department", including associated guidelines, in its Operations Manual and department web site, a copy of which shall be available to each member of the department. Within the Operations Manual will be Standard Operating Guidelines that identify task descriptions and safe operating procedures to be followed by all members of PGFEMS.
- B. <u>Risk Management Plan</u>: The Prince George Fire and Emergency Services Department shall prepare and maintain a risk management plan that is a stand-alone document within the Operations Manual.
- C. <u>Occupational Safety and Health Statement</u>: It is the policy of PGFEMS to provide and operate with the highest possible levels of safety and health for all members. The prevention and reduction of accidents, injuries, and occupational illnesses are goals of PGFEMS and shall be primary considerations at all times. This concern for safety and health applies to all members of PGFEMS and to any other persons who could be involved in fire department activities.



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V. KEY PERSONNEL AND INDIVIDUAL RESPONSIBILITIES

- A. Health and Safety Officer, Incident Safety Officer, Health and Safety Committee, Career, Volunteers and Fire Department Leadership team
- B. Each of these listed above is essential in ensuring the program's success. A partnership between these four people or groups is vital to achieving the program goal. It is the responsibility of the Prince George Fire and Emergency Services Fire Chief to ensure the policy is implemented, along with the head of the training division, and all members of the fire department leadership team, career, and volunteer, to ensure it is enforced, and the responsibility of each fire department member to ensure it is complied with daily. As with any departmental program, compliance from the top down ensures success.

VI. POSITIONS AND FUNCTIONS

A. **Health and Safety Officer** -A Health and Safety Officer shall be appointed and responsible for managing the Department's safety program and shall report to the Prince George Fire and Emergency Services Fire Chief or designee.

1. Qualifications:

- i. Meet the qualifications for Health and Safety Officer as outlined in NFPA 1521.
- Knowledge of NFPA 1500, Standard on Fire Department
 Occupational Safety and Health Program, OSHA standards related to fire safety, including 29 CFR 1904 for recording occupational injuries/illnesses, 29 CFR 1910 for general industry, 1910 Subpart L for fire protection, 1910.156 for fire brigades, among others, as well as other laws, codes, and standards regulating firefighter safety/health.
- iii. The Health and Safety Officer will have and maintain knowledge of occupational safety and health hazards involved in emergency and non-emergency operations.
- iv. The Health and Safety Officer will have and maintain knowledge of current principles and techniques of safety management.
- v. The Health and Safety Officer will have and maintain knowledge of current health maintenance and physical fitness issues that affect the fire service members;
- vi. Knowledge of infection control practices as defined in NFPA 1581.



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- vii. Ability to educate personnel regarding the significance of accident prevention and personal wellness using verbal and written communication skills.
- 2. **Roles and Responsibilities -** The Health and Safety Officer duties shall include, but not be limited to:
 - i. Development, implementation, and management of the PGFEMS written risk management plan.
 - Conduct regular meetings and communication with the department Health and Safety Committee, as well as working with the County Wellness Committee to ensure continued implementation.
 - iii. Chair the Safety Committee by preparing meeting agendas, notices, and minutes.
 - iv. Work with the Health and Safety Committee on development, review, and revision of rules, regulations, and standard operating procedures pertaining to the Department's occupational safety and health program and ensure compliance to acceptable standards with Federal, State, and Local laws, as well as industry standards, are being followed;
 - v. Act as the Incident Safety Officer at incidents, when needed;
 - vi. Provide input on equipment and protective clothing safety;
 - vii. Assist with the investigation of all accidents, injuries, and exposures;
 - viii. Make recommendations to reduce or eliminate accidents, injuries, or exposures;
 - ix. Provide safety and infection control education to all Department members.



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- x. The Health and Safety Officer will have the authority to cause immediate correction of situations that create an imminent hazard to members. Where no imminent hazards are identified, the Health and Safety Officer shall develop actions to correct the situation within the Department's administrative process. The Health and Safety Officer shall have the authority to bring notice of such hazards to whoever has the ability to cause correction.
- xi. Ensure training in safety procedures relating to all Department operations and functions is provided to all members;
- xii. Review specifications for new apparatus, equipment, protective clothing, and protective equipment for compliance with applicable safety standards;
- xiii. Submit recommendations on occupational safety and health to the Prince George Fire and Emergency Services Fire Chief;
- xiv. Ensure that the Department's infection control program meets or exceeds the requirements of 29CFR1910.1030, Occupational Exposure to Blood-borne Pathogens;
- xv. Establish a critical incident stress management program;
- xvi. The Health and Safety Officer will oversee record-keeping for the Health and Safety Plan. Documentation is an essential aspect of the program, and ensuring quality data can be extracted from the records management system is vital to evaluating information for trends and preventative efforts. The Health and Safety Plan will include documentation of accidents, injuries, exposures, and close calls.

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B. **Incident Safety Officer (ISO)** – The Incident Safety Officer (ISO) ensures that safety objectives are met during an emergency or non-emergency activity.

1. Qualifications:

i. All individuals designated to serve as ISO must be trained to meet the NFPA 1521 Standards for Fire Department Safety Officers, with periodic refresher training to maintain their proficiency. The role of the ISO should be considered, as it is critical to the daily operations of the Prince George Fire and Emergency Services (PGFEMS). In the absence of a direct appointment, the incident commander will serve as the ISO.

2. Roles and Responsibilities -

- i. The ISO is responsible for several vital duties, including consulting with the incident commander, monitoring radio communications, and closely observing the scene. The ISO must also ensure compliance with safety policies and Standard Operating Policies (SOPs), such as "2 in 2 out," "Rapid Intervention Team," and "working around moving traffic." The ISO must monitor the establishment of proper rehabilitation, keep a vigilant eye on safety and collapse zones, provide the incident commander with feedback on scene conditions, and ensure that the incident action plan is executed safely.
- ii. The ISO has the authority to halt any action that they consider unsafe. Ideally, this is done through the incident commander. Multiple ISOs may be necessary for more significant incidents, and the appropriate number of safety officers should be assigned based on the scope of the scene. For special operations incidents, the ISO must be trained to the level of the response being performed on the scene.



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3. <u>Functions of the Incident Safety Officer will include, but not be</u> <u>limited to:</u>

- i. Shall be integrated with the incident management system as a command staff member;
- ii. Shall monitor conditions, activities, and operations to determine whether they fall within the criteria as defined in the Department's risk management plan;
- iii. Will ensure that the Department's Personnel Accountability System is utilized;
- iv. Will obtain the incident action plan from the Incident Commander and will provide the Incident Commander with a risk assessment of incident scene operations;
- v. Ensure that established safety zones, collapse zones, hot zone, and other designated hazard areas are communicated to all members present on the scene;
- vi. Will evaluate motor vehicle scene traffic hazards and apparatus placement and take appropriate actions to mitigate hazards;
- vii. Monitor radio transmissions and stay alert to transmission barriers that could result in missing, unclear, or incomplete communication;
- viii. Survey and evaluate the hazards associated with the designation of a landing zone and interface with helicopters;
 - ix. Shall ensure that a Rapid Intervention Team is available and ready for deployment;
 - Where a fire has involved a building or buildings, shall advise the Incident Commander of hazards, potential collapse, and any fire extension in such building(s);
 - xi. Monitor accessibility of entry and egress of structures and the effect it has on the safety of members conducting interior operations;
- xii. Assist with the safety management of Hazardous Materials events.
- xiii. See Operations policy 2.17 for additional information.



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C. Health and Safety Committee -

- 1. The Prince George Fire and Emergency Services (PGFEMS) Departmental Health and Safety Committee will convene quarterly or as deemed necessary to assess the efficacy of the Health, Safety, and Wellness Plan, evaluate the performance of safety activities, and propose any necessary modifications. The Committee will also maintain written records of its meetings and make them accessible to all firefighters within the department.
- 2. The Health and Safety Committee will gather feedback from PGFEMS team members and bring this information to meetings for consideration, discussion, and the development of safety procedures. The plan's success is heavily dependent on regular communication, making the role of the Committee paramount. The Health and Safety Officer (HSO) will present bi-annual reports to the Health and Safety Committee, outlining the implementation and impact of the Safety Program and the effectiveness of any specific program actions.
- 3. The County Wellness Committee will play a significant role in the PGFEMS Health and Safety Plan, serving as a resource for information gathering and offering any other support that may be required. The HSO will regularly communicate with the Wellness Committee and attend its meetings.
- 4. The Health and Safety Committee will review the Shift Officer's incident reports, excluding personal information, to identify any necessary changes to the Safety Program, implement and monitor physical fitness program changes, disseminate articles and reports on fire service safety, and establish a "close calls" reporting system for the department.



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5. The Health and Safety Committee may include the following members as approved by the Chief of Fire and Emergency Services:

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- i. Health and Safety Officer
- ii. PGFEMS Battalion Chiefs
- iii. Department training coordinator
- iv. Incident Safety Officers
- v. One Firefighter per station

D. Members and Supervisors

All Prince George Fire and Emergency Services (PGFEMS) members are required to:

- 1. Familiarize themselves and comply with departmental policies, County policies, and Standard Operating Policies (SOPs).
- 2. Identify and report any safety violations or concerns.
- 3. Regularly inspect their protective equipment and be responsible for their driving practices, lifestyle choices, and overall health.

All PGFEMS members' collective responsibility is to maintain a secure work environment for colleagues, members, and the community. The Health and Safety Plan provides a framework for training, education, and the implementation of safety and health measures. However, it does not absolve individuals of their responsibility to remain vigilant and aware of their surroundings and actions. Furthermore, this document does not supersede the decision-making authority of our members and leadership, emphasizing the importance of exercising sound judgment and common sense in all duties performed.

E. Other Provisions

- 1. PGFEMS will develop an accident investigation procedure.
- 2. All accidents involving PGFEMS assets will be investigated.
- 3. Necessary corrective actions will be taken to prevent future accidents and exposures.
- 4. This collective approach ensures that the department can meet its occupational safety and health objectives effectively.



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VII. COMPREHENSIVE HEALTH AND SAFETY PLAN:

The comprehensive health and safety plan encompasses eight (8) key program areas.

A. Physical Fitness Program

Prince George Fire and Emergency Services recognizes the need for members to maintain peak physical fitness to ensure that the needs of the community are met, to mitigate the risk of First Responder injury or death, and to aid in the personal health of our members. The National Fire Protection Association (NFPA) reported that 43% of Firefighter Line-of-Duty Deaths (LODD) were due to cardiac related events from 2007 to 2017. The NFPA also determined that 52.7% of major injuries received while working on fire scenes and 58.0% injuries not sustained on a fire scene were due to strains, sprains, and muscular pain. Remaining physically fit helps to curtail some of the most common types of LODDs and injuries.

PGFEMS Administration has provided Physical Fitness equipment at various stations that are free to use by any career or volunteer member of PGFEMS as part of our physical fitness efforts for firefighters. Participation in this program, while not mandatory, is strongly encouraged. Scheduling of workout times is at the discretion of Station Officers.

1. Equipment and Facilities

Physical Fitness equipment is provided at various stations, free for use by any career or volunteer member of PGFEMS.

2. Physical and Mental Fitness

Physical and mental fitness are paramount for the safety and well-being of our firefighters. With a focus on cardiovascular health—the leading cause of firefighter fatalities—members are encouraged to use the results of their individual physical or health risk assessments to identify needs and areas for improvement.

- 3. Program Components
 - Development and Maintenance of a Fitness Program for the Recruit Academy: - Ensuring alignment with the fitness benchmarks set in NFPA 1583: Standard on Health-Related Fitness Programs for Fire Department Members. - Promoting a structured regimen to maintain cardiovascular fitness, muscular strength, endurance, and flexibility.

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- Regular Interaction with the County Health and Wellness Committee:
 Collaborating to stay updated with local health recommendations and initiatives. - Sharing firefighter-specific concerns and solutions regarding wellness.
- Nutrition and Hydration Guidance: Members should consult their healthcare providers to establish a healthy diet and hydration plan. -Encourage adherence to nutritional guidelines in NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments for optimal firefighter health and performance.
- iv. Mental Health Assessments: Periodic screenings for stress, anxiety, or other mental health issues are available through Prince George County. Ensuring compliance with NFPA 1500: Standard on Fire Department Occupational Safety, Health, and Wellness Program, which emphasizes the importance of behavioral health programs and resources for firefighters.
- v. Skill Proficiency Evaluations: All skill proficiency evaluations are conducted at the station level, overseen by the PGFEMS Fire Administration Health and Safety Officer (HSO) or Training Division. These evaluations are tailored to gauge the competence of firefighters in various activities and equipment operations, ensuring alignment with departmental guidelines and National Fire Protection Association (NFPA) standards.
 - a. Basic Firefighting Activities (In accordance with NFPA 1001: Standard for Fire Fighter Professional Qualifications):
 - 1) Hose Handling
 - 2) Ladder Operations
 - 3) Fire Suppression Techniques
 - b. Advanced Firefighting Activities (Compliant with NFPA 472: Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents):
 - 1) Hazardous Materials Handling
 - 2) Search and Rescue
 - 3) Vehicle Extrication

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- c. Equipment Proficiency (Based on NFPA 1500: Standard on Fire Department Occupational Safety, Health, and Wellness Program):
 - 1) Personal Protective Equipment (PPE)
 - 2) Breathing Apparatus
 - 3) Hydraulic Tools
- d. NFPA Physical Agility Recommendations: Firefighters undergo evaluations that adhere to the NFPA 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments, ensuring they are physically adept at performing their duties securely and efficiently. This covers:
 - 1) Cardiovascular Endurance Evaluations
 - 2) Strength and Flexibility Assessments
- vi. Education and Training: Updates on safety protocols, equipment, and best practices.
- vii. Safety Protocols: Continuous Safety Procedure Updates aligned with NFPA 1500: Standard on Fire Department Occupational Safety, Health, and Wellness Program
 - a. Review and Update Frequency:
 - 1) PGFEMS will conduct periodic reviews (e.g., annually or bi-annually) of all safety protocols to ensure they are up to date.
 - Any changes or updates in the NFPA 1500 standards would be cross-referenced with existing PGFEMS safety protocols during these reviews.
 - b. Committee Establishment:
 - A dedicated committee or task force may be formed, with representatives from different roles within PGFEMS, to oversee the integration of NFPA 1500 guidelines.
 - 2) This committee would also be responsible for communicating any changes to the wider department.

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c. Training & Workshops:

- When significant changes to safety protocols are identified, the PGFEMS will organize training sessions or workshops for its personnel. This ensures that all members are familiar with the updated procedures.
- These sessions would highlight the reasons for the changes, the benefits of following the updated protocols, and hands-on exercises or demonstrations where applicable.
- d. Documentation:
 - Updates would be documented in a revised safety manual or digital platform accessible to all PGFEMS PGFEMS Members.
 - The documentation would highlight changes from previous versions and provide clear guidance on the implementation of the updated protocols.

e. Audits & Inspections:

- Random safety audits and inspections might be carried out to ensure compliance with the updated safety protocols. These would help in identifying areas of improvement and ensuring that the standards set by NFPA 1500 are being met.
- 2) Feedback from these audits would be used to further refine and improve the protocols.
- f. Collaboration with NFPA:
 - 1) PGFEMS could maintain a direct line of communication with NFPA or its representatives. This ensures that the department is immediately informed of any upcoming changes to the NFPA 1500 standards and can prepare accordingly.

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viii. Peer Support Programs:

- a. *Chaplain Assistance:* A Chaplain is available to assist teams in discussing physical and emotional challenges, providing spiritual and emotional support.
- b. *Peer Counseling*: In alignment with NFPA 1500's emphasis on firefighter behavioral health, peer counseling and support groups are available to address firefighters' unique stresses and challenges.
- c. *Crisis Intervention:* Ensuring the availability of crisis intervention resources and professionals for firefighters experiencing acute stress or trauma.
- d. *Compliance Requirements:* All firefighters are required to pass the NFPA 1582 physical upon entry and annually thereafter. The PGFEMS Fire Administration Health and Safety Officer or designee will also conduct an annual physical agility test that is mandatory for all PGFEMS Operational members.

B. Annual Firefighter Medical Physicals

This section outlines the requirements and procedures for annual firefighter medical examinations per the National Fire Protection Association (NFPA) 1500/1582 Standard on Fire Department Occupational Safety, Health, and Wellness Program. These examinations aim to ensure the health and fitness of all our firefighters, promote overall wellness, and maintain the highest level of safety and operational readiness within the Prince George Fire and EMS Department.

All Prince George Fire and EMS Department members, career, and volunteer firefighters, shall undergo an annual medical examination in compliance with the NFPA 1500/1582 Standard. A licensed healthcare professional with experience in occupational medicine and knowledge of the specific demands and requirements of firefighting contracted by the PGFEMS department will conduct this examination. All members of the department shall work with the Fire Administration Office to set up the appointment which shall take place on the anniversary of the firefighter.

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The medical examination will include but is not limited to, the following components as outlined in the NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments:

- 1. Medical history review
- 2. Physical examination
- 3. Vision and hearing assessments
- 4. Cardiorespiratory fitness evaluation
- 5. Laboratory tests and screenings as appropriate

The fire department will maintain a list of approved healthcare providers who meet the requirements outlined in this policy. Firefighters shall schedule their annual medical examination with an approved provider at a mutually agreed-upon time through Fire Administration.

All medical examination results will be treated as confidential and securely maintained in accordance with applicable privacy laws and regulations. Access to these records will be restricted to authorized personnel only. The healthcare provider conducting the medical examination will determine if a firefighter meets the medical requirements for firefighting duties based on the NFPA 1582 Standard. If a firefighter is found to have medical conditions that may affect their ability to perform firefighting duties safely and effectively, the provider will recommend appropriate accommodations, restrictions, or further evaluations as necessary.

If a firefighter cannot meet the medical requirements for performing firefighting duties, the Prince George County Fire Chief and leadership will work closely with the affected firefighter to determine an appropriate course of action. This may include reassignment to non-firefighting duties, provision of reasonable accommodations, or referral to a wellness or rehabilitation program. The Prince George Fire and EMS Department is committed to providing the necessary resources and support to ensure all firefighters can participate in the annual NFPA 1500/1582 medical examination process. This includes covering the examination costs and providing administrative support for scheduling and record-keeping.



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Return-to-Active Volunteer Duty:

The Prince George County Fire and Emergency Services (PGFEMS) Department is deeply committed to the health, safety, and welfare of all its members. PGFEMS has a deep understanding of the physically demanding nature of our responsibilities; it's crucial to ensure that every member is medically and physically fit to perform their duties safely and effectively after an injury, illness, or extended absence. Therefore, PGFEMS enforces a stringent Return-to-volunteer duty policy, complying with the standards specified by the National Fire Protection Association (NFPA) 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments and recommendations from the Prince George County workers compensation provider for volunteer members.

This policy governs the comprehensive procedures for the return of members, from the initial medical evaluation to the final clearance for full duty, to ensure their smooth and secure reintegration into their roles.

This Return-to-volunteer duty policy applies to all PGFEMS volunteer members who have been absent from work due to injury, illness, medical condition, or extended absences, irrespective of whether it's volunteer or work-related. The policy details the steps for an initial medical evaluation, the formulation of an individualized Return-to-volunteer duty plan, functional capacity evaluations, Possible Worksite Adjustments, regular health check-ins, the clearance process for resuming full duty, thorough documentation practices, and strict compliance with all relevant legal and departmental stipulations.



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Initial Medical Evaluation and Physical Condition:

Upon a volunteer member's readiness to return to PGFEMS volunteer duty, members must undergo an initial medical evaluation according to NFPA 1582 standards conducted by a PGFEMS contracted provider. Conditions requiring this medical evaluation include:

- 1. **Cardiovascular Incidents (Chapter 6 of NFPA 1582):** Conditions like heart attacks, angina, or other cardiovascular diseases that have the potential to impair cardiac function during high-stress activities.
- 2. Cerebrovascular Events (Chapter 6 of NFPA 1582): Incidents such as strokes or transient ischemic attacks that may affect motor functions, cognition, and other neurological systems.
- 3. **Major Orthopedic Injuries:** Injuries like bone fractures, severe ligament tears, or dislocations that could influence movement, weight-bearing, and physical agility.
- 4. **Systemic Illnesses with Significant Physical Impairment:** Diagnosed conditions like uncontrolled diabetes, which results in complications such as neuropathy, nephropathy, or retinopathy.
- 5. Notable Changes in Chronic Medical Conditions: Such as a significant worsening of asthma, diabetes, or hypertension that might require additional interventions or adjustments to work conditions.
- 6. **Mental Health Crises (Chapter 10 of NFPA 1582):** Conditions like severe depression, anxiety, PTSD, or other disorders that can significantly impact decision-making, stress handling, and interpersonal interactions.
- 7. **Recovery from Major Surgical Procedures:** Surgeries including joint replacements, significant cardiac surgeries, hernia repairs, or organ transplants necessitating extended recuperation.
- 8. **Hospitalization:** Any condition requiring hospitalization of more than 14 consecutive days, which may lead to reduced physical or cognitive capacities.
- 9. Vision Impairments and Hearing Loss (Chapter 5 of NFPA 1582): Issues such as macular degeneration, uncorrected vision problems, or significant hearing loss, which is not mitigated by devices compatible with IDLH environments.



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- 10. **Respiratory Conditions (Chapter 6 of NFPA 1582):** Diseases like COPD, asthma with frequent exacerbations, or other significant pulmonary diseases affecting respiratory endurance.
- 11. **Digestive Disorders (Chapter 7 of NFPA 1582):** Conditions like Crohn's disease or significant liver disorders. It should be noted that many digestive disorders, when managed effectively by a medical doctor, may not necessitate an NFPA 1582 evaluation.
- 12. Hematologic Disorders (Chapter 8 of NFPA 1582): Blood conditions such as anemia, clotting disorders, or blood cancers affecting health and stamina.
- 13. Genitourinary Disorders (Chapter 9 of NFPA 1582): Diseases such as significant kidney disorders or recurring kidney stones. Many genitourinary conditions, when under control, might not need an extensive evaluation.
- 14. Skin Disorders (Chapter 12 of NFPA 1582): Conditions that can affect the skin's barrier function and sensitivity, like chronic eczema or severe burns.
- 15. **Medications and Treatments (Chapter 14 of NFPA 1582):** Use of regular medications or treatments that may influence physical stamina, cognition, or risk of injury.
- Miscellaneous Conditions and Disorders (Chapter 15 of NFPA 1582): Issues like severe allergies, morbid obesity, or any other condition possibly affecting safety and performance on duty.
- 17. **Tumors and Cancers:** Active malignancies or undergoing recent treatments that can influence stamina, immune function, and overall physical capacity.
- Any PGFEMS member with a leave of absence extending beyond six months, regardless of the cause, is subject to an NFPA 1582 evaluation before returning to active duty.



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Furthermore, regarding the duration of leave of absence:

- Less than 6 Months: If a member has taken a leave of less than six months, their recent annual physical should suffice unless they've experienced one of the significant medical events mentioned in the policy during their absence.
- **6 to 12 Months**: Any member who has been on leave for a duration between 6 to 12 months could be required to undergo a new NFPA 1582 evaluation before returning to work. This ensures they are still fit for duty, considering any potential medical changes during their absence.
- **Greater than 12 Months**: If the absence is more than 12 months, they would be due for their annual physical anyway, so a new medical evaluation according to NFPA 1582 standards would be mandatory.

The requirement for an NFPA 1582 evaluation hinges on the treating physician's or healthcare provider's recommendation, the nature of the medical condition or injury, and the specific physical and mental demands of the member's duties at PGFEMS. This ensures that comprehensive evaluations are conducted as necessary, confirming a member's ability to fulfill their responsibilities safely and efficiently.

Individualized Return-to-Work Plan:

An individualized Return-to-Work plan will be crafted based on the initial medical evaluation. This plan, highlighting the member's capabilities and any limitations, involves collaborative input from the member, their healthcare provider, and relevant PGFEMS personnel.

Functional Capacity Evaluations (FCE):

Members will participate in an FCE to objectively measure their physical and cognitive abilities relative to their job requirements. This assessment is crucial for modifying the Return-to-Work plan, guaranteeing it aligns with the member's functional capacity and job expectations.

Possible Worksite Adjustments:

If necessary, temporary or permanent worksite modifications will be implemented to accommodate the member's safe return, considering any medical limitations. These adjustments, in compliance with applicable laws and standards, require coordination with the member's direct supervisor and departmental leadership.



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Regular Check-Ins:

Scheduled check-ins will monitor the returning member's health status, address any issues, and revise the Return-to-Work plan as required. These sessions will engage healthcare professionals, supervisors, and mental health specialists if needed.

Clearance for Full Duty:

Before resuming full duty, members must receive formal clearance from a healthcare provider asserting they meet NFPA 1582 standards. This clearance considers all relevant medical information, FCE outcomes, and job performance.

Documentation:

Every phase of the Return-to-Work process, from the initial medical assessment to final clearance, must be meticulously documented. This record-keeping will respect confidentiality norms, adhering to the Health Insurance Portability and Accountability Act (HIPAA) and other relevant privacy statutes.

Compliance:

Full compliance with every aspect of the Return-to-Work policy is mandatory. Failure to comply may affect a member's employment status and could lead to disciplinary measures. Any concerns regarding the policy or compliance should be communicated to department leadership or the appointed compliance officer.

Through this all-encompassing policy, PGFEMS reaffirms its dedication to its members' well-being, securing a work environment that prioritizes health, safety, and peak performance levels. This approach ensures our team is fully prepared to serve, upholding the excellence our community relies on.

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To ensure that all members are fit for duty post-injury, illness, or absence, PGFEMS has implemented a Return-to-Work policy in line with NFPA 1582 standards, including but not limited to:

- Initial Medical Evaluation
- Individualized Return-to-Work Plan
- Functional Capacity Evaluations (FCE)
- Possible Worksite Adjustments
- Regular Check-Ins
- Clearance for Full Duty
- Documentation
- Compliance

Documentation and Record-Keeping

All records related to the Physical Fitness Program will be securely stored within the PGFEMS Administration in accordance with OSHA and state requirements.

By adhering to this comprehensive program, we aim to ensure the highest levels of safety and performance among our team, aligned with NFPA 1582 and departmental guidelines.

C. Training and Education

General Requirements

As part of its Occupational Safety and Health Program the PGFEMS will conduct safety education and training for its members commensurate with the duties and functions that they are expected to perform. Safety awareness will be an integral part of all departmental training to enable members to perform their assigned duties in a safe manner. All training and education shall be provided by individuals deemed qualified by the Command Staff to provide instruction in the subject covered.



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Training Frequency

Training shall be provided as necessary to assist in obtaining the fire department's Occupational Safety and Health goals and objectives. Appropriate training and education shall be provided for all affected members whenever a new hazard is identified, new equipment is introduced, or there is a change in operating guidelines.

Basic Training and Education Objectives:

All members shall be provided with the training and education deemed appropriate by the Command Staff for their duties and responsibilities before being permitted to engage in emergency operations.

- 1. The Command Staff shall establish the training and education requirements for structural firefighting, fire apparatus operation, rescue operations, emergency medical services, and hazardous materials awareness and operations.
- 2. All members shall be trained in the Department's incident command system that complies with the National Incident Management System.
- 3. A guideline for emergency evacuation with required training for all members engaged in fire ground operations shall include procedures to be followed to provide for their safe exit from the danger area in the event of equipment failure or sudden changes in conditions.
- D. Training for Structural Fire Fighting
 - 1. Training in structural firefighting and fire ground operations shall be based upon Fire Department guidelines. These guidelines shall be maintained in written form and shall address emergency scene operations.
 - 2. All training exercises shall be conducted in accordance with established operational guidelines and shall be supervised by qualified instructors.
 - 3. Live firefighting training exercises shall be conducted based upon guidelines developed from NFPA 1403, Standard of Live Fire Training Evolutions in Structures.
 - 4. Smoke generating devices that produce a hazardous atmosphere shall not be used in training exercises, except for live fire burn training.



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5. Special Hazards Specialized training shall be provided to members regarding special hazards to which they may be exposed during fire department operations and activities. The PGFEMS shall develop guidelines that describe the actions to be taken in situations involving special hazards and shall include these in the training and education programs.

E. Training Safety

All members of Prince George Fire and Emergency Services (PGFEMS) and those involved in training will be thoroughly briefed on safety procedures before each training exercise, and all training activities will be conducted with due diligence and responsibility. An Incident Safety Officer (ISO) will be appointed for all practical training evolutions.

The training exercises will be aligned with operational tasks, and all live fire training will comply with NFPA 1403 and departmental policies. All personnel will receive training on safety topics as outlined in the PGFEMS training plan, and the department, through its Health and Safety Committee, will implement the life safety initiatives established in the "Everyone Goes Home" program.

Personal Protective Equipment (PPE) must be worn on the training ground, just as it would be on an emergency scene unless otherwise instructed by the Officer in Charge of the exercise. Tools and equipment must be used appropriately, and Standard Operating Policies (SOPs), policies, and procedures must be followed, with no room for horseplay. The Officer in Charge of the training will ensure that the conditions of the training environment are suitable, considering factors such as unsafe structures, illumination, and the impact on nearby occupied structures.

The weather must also be taken into consideration. While training in adverse weather conditions provides realistic scenarios, the safety of firefighters must always be considered. Training with an outdoor component will be automatically canceled if the temperature is less than 32 degrees or if the wind chill is less than 20 degrees, in accordance with the Virginia Department of Fire Programs policy.



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In other cases, the decision to continue with a training evolution will be made at the time of the exercise by the Lead Instructor, the Division of Training, or the on-duty Officer. The Training Division will keep firefighters informed of the most up-to-date information by utilizing online resources, subscribing to podcasts, and staying current with industry trends.

F. Motor Vehicle Operation and Safety

Understanding the Imperative for Safe Operation:

Motor vehicle accidents are the second leading cause of line-of-duty fire service death, often resulting from careless practices. Every member of the PGFEMS, especially officers, must prioritize safety in emergency and non-emergency driving situations.

Guidelines for Safe Operation:

Seatbelt Usage (NFPA 1901): All occupants must wear seatbelts at all times when the vehicle is in motion, even during short movements like shifting from the bay floor to the apron.

Safe Driving (NFPA 1451): All personnel must adhere to all PGFEMS vehicle operation policies. Vehicles should be operated with utmost care, especially during emergencies.

Mandatory Driver Training (NFPA 1451): Before being permitted to drive, every member must complete and follow all requirements under the PGFEMS Drivers Clearance program tailored for each apparatus class.

Vehicle and Equipment Maintenance

General Maintenance (NFPA 1911):

- Regular inspections should be carried out for all PGFEMS vehicles in line with departmental policies and manufacturer specifications.
- Immediate repairs or decommissioning are mandatory for any vehicle abnormalities.

Tool and Equipment Safety (NFPA 1901):

• Guidelines for safely using ropes, power tools, and hydraulic devices must be strictly followed.



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Inspection and Compliance

Routine Inspections (NFPA 1911): Health and Safety Officers are tasked with conducting weekly checks on all vehicles to ensure they meet safety standards.

Specific Vehicle Protocols:

- **Riding on Fire Apparatus (NFPA 1901)**: Everyone onboard a PGFEMS vehicle should be seated and securely belted when the vehicle is moving. Riding on the tailboard or any other exposed position and standing while riding shall be expressly prohibited.
- Only active employees, volunteer members, or those with approved waivers can ride in a PGFEMS apparatus during emergencies unless authorized by the PGFEMS County Chief.
- Vehicle Inspection, Maintenance, and Repair: Vehicles should be checked weekly and post any repairs. Any unsafe vehicle should be removed from service until it's repaired and verified safe.
- **Equipment Testing**: Fire pumps, aerial devices, and other critical apparatus components should be tested per PGFEMS guidelines and the relevant NFPA standards.

Aerial Devices and Fire Pumps (NFPA 1911, NFPA 1904):

• These should be inspected and tested according to departmental guidelines and the applicable NFPA standards.

Equipment Safety Inspection (NFPA 1962, NFPA 10):

• All portable firefighting equipment should be inspected and maintained in accordance with the manufacturers' instructions and applicable NFPA standards.



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G. Personnel Protective Equipment (PPE)/Exposure Protection

Comprehensive Policy on Personal Protective Equipment (PPE) and Exposure Protection

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Overview

The Prince George Fire and Emergency Services Department (PGFEMS) is committed to ensuring the safety of all personnel by strictly adhering to and often exceeding industry safety standards. We aim to be a leader in the field, particularly in providing and using Personal Protective Equipment (PPE). This comprehensive policy outlines measures that protect against various hazards, including but not limited to chemicals, heat, smoke, and biohazards.

PPE Standards and Specifications

General PPE Standards (NFPA 1500 and OSHA 29 CFR 1910.132):

- All gear and equipment provided meet or exceed the NFPA 1500 Standard on Fire Department Occupational Safety, Health Program, and OSHA's General Industry Safety Orders.
- PPE will be inspected routinely per the NFPA 1851 Standard on Selection, Care, and Maintenance of Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting.
- A compliance register is maintained to log these inspections, ensuring traceability and accountability.

Structural Firefighting PPE (NFPA 1971):

- All turnout gear, including protective coats, trousers, helmets, hoods, gloves, and footwear, complies with NFPA 1971 Standard on Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting.
- Specifics like thermal resistance and moisture barriers are carefully selected based on risk assessment and the types of hazards encountered in our operations.

Respiratory Protection Program (NFPA 1981 and OSHA 29 CFR 1910.134):

- Our respiratory protection program is in strict alignment with the NFPA 1981 Standard on Open-Circuit Self-Contained Breathing Apparatus (SCBA) for Emergency Services and OSHA's Respiratory Protection standard.
- The program includes N95 masks for situations with lower respiratory risks and SCBA facepieces for high-risk environments.

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- Fit-testing is conducted annually, or more frequently if needed, in accordance with NFPA and OSHA standards.
- Individuals performing the fit testing are trained and certified, and a comprehensive digital database is maintained to record all fit and function tests.

Maintenance and Accountability (NFPA 1851 and NFPA 1855):

- Officers must ensure that all primary and secondary gear are regularly inspected and maintained adequately as per NFPA 1851 for structural firefighting gear and NFPA 1855 for technical rescue gear.
- Specialized teams like hazmat and water rescue have their own sets of PPE, maintained and monitored rigorously per manufacturer guidelines or PGFEMS departmental protocols.
- Any PPE found to be defective or not in a state of readiness must be reported immediately to the PGFEMS Officer and Logistics Officer for immediate repair or replacement.

Hearing and Eye Protection (NFPA 1977 and OSHA 29 CFR 1910.133, 1910.95)

Eye Protection (NFPA 1977 and OSHA 29 CFR 1910.133):

- All personnel are required to wear safety eyewear that meets or exceeds the NFPA 1977 Standard on Protective Clothing and Equipment for Wildland Fire Fighting and OSHA's Eye and Face Protection standards.
- This includes goggles or safety glasses with side shields and face shields for tasks that pose a risk of eye injury.

Hearing Protection (NFPA 1500 and OSHA 29 CFR 1910.95):

- Hearing protection devices such as earplugs or earmuffs must be used in environments where the noise level exceeds the permissible noise exposure limits set by OSHA.
- Our hearing protection program aligns with NFPA 1500 Standard on Fire Department Occupational Safety and Health Program and includes annual hearing tests, education, and training on the effective use of hearing protection.



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Additional Guidelines

- These protections are not just to safeguard against immediate injury but are a proactive approach to long-term health risks.
- Eye and hearing protection gear will be subjected to the same rigorous inspection, maintenance, and documentation processes as other forms of PPE, in compliance with NFPA and OSHA standards.
- Failure to use eye and hearing protection when required may result in disciplinary actions, similar to violations concerning other forms of PPE.

Continuous Improvement, Monitoring, and Accountability

Data-Driven Evaluation and Adaptation:

- Our Logistics Department continually analyzes real-time data to identify trends, shortcomings, and areas for improvement in our PPE protocols.
- Supervisory roles are designated at all levels to ensure that PPE is used correctly, making it a collective responsibility within the department.

Documentation and Compliance (OSHA 29 CFR 1910):

- All relevant documents, such as inspection reports, repair logs, and replacement orders, are securely archived in compliance with OSHA 29 CFR 1910 and state regulations.
- This robust documentation system enables us to undergo periodic audits easily, ensuring full compliance with all statutory requirements.

Compliance and Consequences:

• Full compliance with all PPE policies is not just an expectation but a strict requirement.

Emergency Operations Policy and Protocol

Safety Objectives and Compliance

To ensure the safety of all members involved in emergency operations, training exercises, and similar hazard-presenting situations, this policy is designed to identify hazards and prevent accidents and injuries. It complies with NFPA (National Fire Protection Association) standards 1500, 1561, 1710, 1720, 1404, 1001, 1584, and 3000, as well as OSHA's (Occupational Safety and Health Administration) General Duty Clause (29 U.S.C. 654), 29 CFR 1910.120, 29 CFR 1910.134, and 29 C.F.R. 1904.



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National Incident Management System (NIMS)

All members shall complete NIMS training courses as directed by the Command Staff. The National Incident Management System (NIMS), including its written guidelines, will be consistently applied across emergency operations to maintain a unified and effective response.

Incident Command Responsibility

The incident commander is responsible for the overall safety of all participating members and the activities at the scene. An organizational structure with sufficient supervisory personnel shall be established to control member positions and functions, ensuring that all safety requirements are satisfied.

Personnel Accountability

A Personnel Accountability System shall be employed to track and account for every member operating within the "Hazard Zone" of an incident. This is essential for confirming the assignments and safety of all members on the scene.

Safety Measures and Personnel Adequacy

The PGFEMS department shall deploy adequately trained personnel to conduct operations safely. Limitations should be established to match the capabilities of the available personnel. Inexperienced members must be under direct supervision by seasoned officers or members. Non-certified members are strictly prohibited from engaging in Immediately Dangerous to Life or Health (IDLH) activities and must only perform tasks that align with their training and expertise.

Personal Protective Equipment (P.P.E.) and Traffic Safety

Members must wear the minimum P.P.E. prescribed by department guidelines, including retro-reflective garments when in potential conflict with motor vehicle traffic. Apparatus should be strategically placed to shield the incident scene and operating personnel.

Teamwork in Hazardous Areas

Members operating in hazardous areas should work in teams of at least two. A minimum of four individuals should be present during the initial stages of an emergency, like a structural fire. These four individuals shall include two inside the hazardous area and two standing by for immediate assistance or rescue.

Medical Support

Qualified basic life support personnel with necessary medical equipment should be standing by when there is an immediate risk of injury to members.



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Rapid Intervention Team (R.I.T.) and Emergency Evacuation

PGFEMS will establish and maintain a Rapid Intervention Team (R.I.T.) and comprehensive emergency evacuation guidelines. These measures are crucial for preparedness and effective rescue and evacuation efforts.

Civil Unrest and Domestic Disturbances

Members are prohibited from intervening in domestic disturbances or civil unrest involving ongoing violence unless law enforcement declares the scene secure.

Scene Safety and MAYDAY Procedures

Scene safety is paramount; all members must be familiar with the PGFEMS MAYDAY declaration procedures. When members feel in danger, they are encouraged to call a MAYDAY.

Incident Command System (I.C.S.)

An Incident Command System will be established upon arrival at any emergency scene to ensure effective management and safety of all personnel. This includes real-time monitoring of accountability and other critical activities.

Post-incident Analysis and Record-Keeping

Incident commanders or department administration should conduct post-incident analyses to evaluate the effectiveness of tactics, equipment, and safety procedures. Records, including safety breaches or near misses, shall be securely stored and maintained in compliance with OSHA and state requirements.

Rehab During Emergency Operations

The PGFEMS Department maintains a Rehab Team that has been educated in basic firefighter rehabilitation processes.

The PGFEMS Department provides the necessary supplies to maintain specific commercial products that assist in rehabbing emergency responders.



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H. Station Safety

All members of the Prince George Fire and Emergency Services Department are responsible for ensuring the safety of department facilities, including training and community rooms. The Health and Safety Officer and all members are tasked with monitoring these facilities and promptly reporting any safety issues or code violations to the Shift Commander.

Statistics indicate that incidents of slips, trips, and falls are the leading cause of injuries in facilities. To minimize such incidents, all personnel should regularly check for functioning light bulbs, including exit signs, and take corrective actions for wet floors, handrails, and worn floor coverings. Horseplay is strictly prohibited, as it has resulted in numerous injuries in the past.

The importance of team-building activities should be carefully considered, as sports such as basketball and wiffle ball may not be covered under workers' compensation policies. Station Officers should also monitor the usage of extension cords and storage around electrical panels and ensure outlets are not overloaded, in compliance with fire code regulations. Members are encouraged to use the same safe reaching, lifting, and climbing techniques they use during emergency operations.

Maintaining proper hygiene and housekeeping practices, such as cleaning, food storage, and laundry, is essential. Personal protective equipment should not be taken into the living quarters and should be cleaned only in designated sink areas in the bay. Biohazards should be disposed of in designated receptacles or on the scene in accordance with infection control policies. Members should also use provided gloves, eye protection, and hearing protection when working in the bay.

Station Officers should ensure proper storage of flammable liquids and the proper functioning of exterior lighting and walkways, clearing any potential trip hazards such as debris or improper landscaping. In case of an emergency at the station, a well-communicated plan for shelter during severe weather should be established. The station's visitors should be aware of and follow all safety precautions.



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I. Stress Reduction

Stress is an unavoidable aspect of life, and when combined with the stress of working in the fire service, it can pose a significant hazard to our members. With elevated rates of divorce and suicide among fire service personnel across the country, it is of utmost importance to address these issues. To that end, refresher training will be provided to members to equip them with the skills to recognize the signs and symptoms of stress.

The department's critical incident stress team will be utilized more extensively to support the mental well-being of our employees. PGFEMS officers are responsible for constantly monitoring the condition of our members and seeking assistance as needed. The County offers a comprehensive Employee Assistance Program (EAP) to support the mental health of our career members. The EAP is a confidential and voluntary service provided by professional counselors and offers support in areas such as aging, retirement, parenting concerns, drug, and alcohol abuse, problem-solving, conflict resolution, tobacco cessation, and general counseling.

Insurance Coverage

<u>Policy Maintenance</u>: The PGFEMS Fire Administration and the Prince George County Administration are responsible for providing and maintaining necessary insurance coverage for all activities and members. The specifics of this coverage will be determined by the Chief of PGFEMS and County Administration in accordance with legal and operational requirements.

J. Policies and SOP'S:

All policies, procedures, and standard operating policies (SOPs) have been crafted with a focus on maintaining the safety of firefighters. Regular evaluations of these policies and SOPs will be conducted annually and updates will be made as necessary to align with the latest industry practices and departmental trends. It is the responsibility of PGFEMS officers to provide training and familiarization to members, ensuring their adherence to both departmental and county policies and SOPs.