

RESOLUTION 2024-008

A RESOLUTION OF THE BOARD OF FIRE COMMISSIONERS OF THE IMMOKALEE FIRE CONTROL DISTRICT ADOPTING DISTRICT POLICIES 900, 910, 911, AND 1022

The undersigned, being all of the Fire Commissioners of the Board of Fire Commissioners of the Immokalee Fire Control District, a governmental entity, by this instrument at a meeting of the Board of Fire Commissioners, hereby consent to the following resolutions:

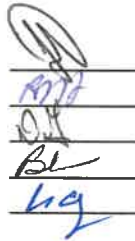
1. **WHEREAS**, the Board of Fire Commissioners of the Immokalee Fire Control District desires to adopt District Policies Section 900 – Illness and Injury Prevention Program, Section 910 – Health and Safety Officer, Section 911 – Vehicle Safety Belts, and Section 1022 – Critical Incident Stress Debriefing, attached hereto as Attachments 1 through 4;

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF FIRE COMMISSIONERS OF THE IMMOKALEE FIRE CONTROL DISTRICT that District Policies Section 900 – Illness and Injury Prevention Program, Section 910 – Health and Safety Officer, Section 911 – Vehicle Safety Belts, and Section 1022 – Critical Incident Stress Debriefing, attached hereto as Attachments 1 through 4, are hereby adopted.

This resolution shall take effect immediately upon its adoption.

The foregoing resolution was offered by Commissioner Gunthner who moved for its adoption. The motion was seconded by Commissioner Halman, and the Vote was as follows:

Commissioner Joseph Brister
Commissioner Robert Halman
Commissioner Donald Gunthner
Commissioner Bonnie Keen
Commissioner Patricia Anne Goodnight



Duly passed and adopted on this 18th day of April, 2024.

Board of Commissioners of the Immokalee Fire Control District

By: Joseph Brister
Joseph Brister, Chair

Illness and Injury Prevention Program

900.1 PURPOSE AND SCOPE

Best Practice

The purpose of this policy is to establish an ongoing and effective plan to reduce the incidence of injury and illness for members of the Immokalee Fire Control District.

Although this policy provides the essential guidelines for a plan that reduces injury and illness, it may be supplemented by district procedures outside the Policy Manual.

This policy supplements but does not supersede any related Districtwide safety efforts.

900.2 POLICY

Best Practice

The Immokalee Fire Control District will adopt an Illness and Injury Prevention Program (IIPP) in order to increase the safety of its members.

900.3 ILLNESS AND INJURY PREVENTION PROGRAM PLAN

State

The Health and Safety Officer (HSO) is responsible for developing an IIPP that shall include:

- (a) Workplace safety and health training programs.
- (b) Safety inspections.
- (c) Informing members of IIPP guidelines.
- (d) Recognizing members who perform safe work practices.
- (e) Member evaluation processes, including member safety performance.
- (f) A system ensuring that all safety and health policies and procedures are clearly communicated and understood by all members.
- (g) A communication system facilitating the continuous flow of safety and health information between supervisors and members. This system shall include:
 1. New member orientation, including a discussion of safety and health policies and procedures.
 2. Regularly scheduled safety meetings.
 3. Regular member review of the IIPP.
- (h) Establishing Division Safety Coordinators and defining their responsibilities.
- (i) Posting or distributing safety information.
- (j) A system for members to anonymously inform management about workplace hazards.
- (k) Availability of forms that address:
 1. Identification, documentation and correction of hazards, any unsafe condition or work practice, and actions taken to correct them.

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2. Investigations and corrective actions taken regarding individual incidents or accidents.
 3. Training records of each member, including the member's name or other identifier, training dates, type of training, and training providers.
- (l) Establishing a safety and health committee, which will (§ 633.522, Fla. Stat.):
1. Meet regularly.
 2. Prepare a written record of safety and health committee meetings.
 3. Review the results of periodic scheduled inspections.
 4. Review investigations of accidents and exposures.
 5. Make suggestions to command staff for the prevention of future incidents.
 6. Review investigations of alleged hazardous conditions.
 7. Submit recommendations to assist in the evaluation of member safety suggestions.
 8. Establish the procedures and guidelines as set forth in Rule 69A-62.043, F.A.C., including but not limited to training members on safety standards, investigating workplace accidents, and conducting safety inspections.
 9. Assess the effectiveness of efforts made by the District to meet standards.
- (m) The procedures and safeguards necessary to comply with the requirements of the Florida Firefighters Occupational Safety and Health Act (§ 633.520, Fla. Stat.).
- (n) A written Comprehensive Safety and Health Program incorporating the requirements of Rule 69A-62.021, F.A.C., including any necessary compliance plans (Rule 69A-62.020, F.A.C.; Rule 69A-62.022, F.A.C.; Rule 69A-62.024, F.A.C.).

The HSO must conduct and document a review of the IIPP at least annually.

900.3.1 SAFETY AND HEALTH COMMITTEE

State

The district HSO shall serve as the chairperson of the safety and health committee. The number of employer-selected representatives shall not exceed the number of employee-elected representatives (Rule 69A-62.042, F.A.C.).

The committee shall, at minimum, meet quarterly and at other such times as a majority of the committee agrees is necessary or the District requires. Minutes shall be taken of all safety and health committee meetings and made available to all members. Records of the committee shall be maintained by the District for a minimum of three years (Rule 69A-62.042, F.A.C.).

900.3.2 REVIEW OF SAFETY MANDATES

State

The IIPP shall also include a process to review compliance with safety mandates. The process should include a review of safety mandates relating to:

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- (a) Communicable diseases (see the Communicable Diseases Policy).
- (b) Respiratory protection (see the Respiratory Protection Program Policy).
- (c) Personal protective equipment (see the Personal Protective Equipment Policy).
- (d) Emergency Action Plan and Fire Prevention Plan (see the Emergency Action Plan and Fire Prevention Plan Policy).
- (e) Walking-Working Surfaces (see the Fire Station Living Policy).
- (f) Emergency response to hazardous materials releases (see the Hazardous Materials Response Policy).
- (g) Confined spaces (see the Confined Space Rescue Response Policy).

900.4 DIVISION SAFETY COORDINATORS

Best Practice

Division Safety Coordinator responsibilities include but are not limited to:

- (a) Ensuring member compliance with injury and illness prevention guidelines and answering questions from members about this policy.
- (b) Training, counseling, instructing, or making informal verbal admonishments any time safety performance is deficient. Supervisors may also initiate discipline when it is reasonable and appropriate under the Conduct and Behavior Policy.
- (c) Establishing and maintaining communication with members on health and safety issues. This is essential for an injury-free, productive workplace.
- (d) Completing required forms and reports relating to injury and illness prevention; such forms and reports shall be submitted to the Administration Division Chief.
- (e) Notifying the HSO when:
 - 1. New substances, processes, procedures, or equipment that present potential new hazards are introduced into the work environment.
 - 2. New, previously unidentified hazards are recognized.
 - 3. Occupational injuries and illnesses occur.
 - 4. New and/or permanent or intermittent members are hired or reassigned to processes, operations, or tasks for which a hazard evaluation has not been previously conducted.
 - 5. Workplace conditions warrant an inspection.

900.5 HAZARDS

Best Practice

All members should report and/or take reasonable steps to correct unsafe or unhealthy work conditions, practices, or procedures in a timely manner. Members should make their reports to a supervisor (as a general rule, their own supervisors).

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Supervisors should make reasonable efforts to correct unsafe or unhealthy work conditions in a timely manner, based on the severity of the hazard. These hazards should be corrected when observed or discovered, when it is reasonable to do so. When a hazard exists that cannot be immediately abated without endangering members or property, supervisors should protect or remove all exposed members from the area or item, except those necessary to correct the existing condition.

Members who are necessary to correct the hazardous condition shall be provided with the necessary protection.

All significant actions taken and the dates they are completed shall be documented on the appropriate form. This form should be forwarded to the Administration Division Chief via the chain of command.

The Administration Division Chief will take appropriate action to ensure the IIPP plan addresses potential hazards upon such notification.

900.6 INSPECTIONS

State

Safety inspections are crucial to a safe work environment. These inspections identify and evaluate workplace hazards and permit mitigation of those hazards.

All district facilities, stations, and equipment shall be inspected quarterly for safety and health hazards by a Division Safety Coordinator. The focus of the inspections shall be to correct safety and health hazards and ensure the proper maintenance and overall cleanliness of the facility, station, and equipment (Rule 69A-62.024, F.A.C.).

Inspections shall be documented and recorded using a form developed by the Health and Safety Committee or Division Safety Coordinator, which shall contain the following items at a minimum (Rule 69A-62.024, F.A.C.):

- (a) General station conditions
- (b) Housekeeping
- (c) Exits
- (d) Walking and working surfaces
- (e) Apparatus floors/maintenance areas
- (f) Laundry/cleaning/disinfecting areas
- (g) Building exterior and grounds
- (h) Decontamination rooms
- (i) Fire prevention and protection
- (j) Hazardous materials
- (k) Electrical wiring/fixtures/controls

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Safety and health hazards identified during inspections shall be reported to the Health and Safety Committee or Division Safety Coordinator.

900.7 RECORDS

Best Practice

Records relating to injury and illness prevention will be maintained in accordance with the established records retention schedule.

900.7.1 RECORDKEEPING

State

The HSO shall ensure that records related to work-related injuries, diseases and illnesses are documented and maintained in accordance with Rule 69A-62.033, F.A.C. (§ 633.508, Fla. Stat.). Upon request, these records shall be made available to the Division of State Fire Marshal.

Health and Safety Officer (HSO)

910.1 PURPOSE AND SCOPE

Best Practice

The purpose of this policy is to establish the minimum qualifications for, and specify the duties and responsibilities of, the Health and Safety Officer (HSO).

910.2 POLICY

Best Practice

It is the policy of the Immokalee Fire Control District that the HSO will be appointed by the Fire Chief or the authorized designee and shall be responsible for the duties described in this policy and other duties as assigned. When the HSO is unavailable, the Fire Chief or the authorized designee shall identify a replacement.

910.3 QUALIFICATIONS

Best Practice

The district's HSO should be a member with qualifications and training that include:

- (a) Knowledge of federal, state, and local laws regarding occupational health and safety applicable to the fire service.
- (b) Knowledge of the physical and behavioral health and fitness factors unique to the fire service.
- (c) Knowledge of health and safety hazards involved in firefighting and related activities.
- (d) Experience in fire suppression, Emergency Medical Services (EMS), and instruction.
- (e) Familiarity with the operation of the district's apparatus and equipment, including emergency communications equipment.
- (f) Management skills appropriate to the operation of a health and safety program.
- (g) The physical capability to conduct operations at an incident scene.
- (h) The following certifications and courses:
 1. Fire Instructor I (NFPA Instructor I)
 2. NFPA Instructor II
 3. NFPA Fire Officer I
 4. Training program management
 5. Incident Safety Officer Certification by the Florida Bureau of Fire Standards and Training (BFST)
 6. Health and Safety Officer Certification by BFST, including the following courses:
 - (a) Florida Health and Safety Officer
 - (b) Courage To Be Safe

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(c) Legal Issues for Safety Officers

910.4 ADMINISTRATIVE RESPONSIBILITIES

Best Practice

The HSO's administrative responsibilities shall include but are not limited to:

- Developing and maintaining the Illness and Injury Prevention Program (IIPP) and general district safety standards, and serving as the chair of the Health and Safety Committee (see the Illness and Injury Prevention Program Policy).
- Ensuring that health and safety regulations are followed and that any violations or deficiencies are immediately corrected and reported to the Fire Chief or the authorized designee.
- Ensuring that information provided to the Fire Chief or the authorized designee involving safety issues is also provided to the Health and Safety Committee for review.
- Conducting regular safety inspections.
- Serving as a resource for district officers regarding health and safety matters.
- Identifying, documenting, and notifying members of workplace safety hazards.
- Researching, identifying, and recommending appropriate safety equipment and personal protective equipment (PPE).
- Coordinating with the Battalion Chief of Training for the development and implementation of behavioral and physical health and safety training topics.
- Providing safety supervision at training activities when requested.
- Developing and distributing safety information to members.
- Ensuring that accidents, exposures, and injuries are thoroughly investigated.
- Developing and maintaining accident, injury, and exposure statistics, reporting on trends, and making recommendations to prevent a reoccurrence.
- Ensuring accidents are investigated and procedures are in place so that investigations will be handled appropriately.

910.5 RESPONSE DUTIES

Best Practice

Whenever available, the HSO will respond to the following incidents and assume the position of Incident Safety Officer to monitor scene safety and enforce appropriate health and safety practices:

- Working structure fires
- Greater alarm assignments
- Hazardous materials (HAZMAT) incidents

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- Rescue response incidents, including trench, confined space, high angle, structural collapse, and water rescues
- Serious injury or death of an on-duty member
- Injuries to third parties that may result in hospitalization
- Upon the request of an Incident Commander due to special or unusual circumstances

910.6 HEALTH AND SAFETY INCIDENT REVIEW

Best Practice

The HSO should review health and safety incident reports and ensure copies are forwarded to the Health and Safety Committee (see the Illness and Injury Prevention Program Policy).

Vehicle Safety Belts

911.1 PURPOSE AND SCOPE

State

The purpose of this policy is to ensure that all members of the District wear safety belts while operating or riding in district vehicles or privately owned vehicles while conducting district business. The use of safety belts and other safety restraints significantly reduces the chance of death or injury in case of a traffic accident.

911.2 POLICY

State

It is the policy of the Immokalee Fire Control District that all members shall wear properly adjusted safety restraints when operating or positioned in any vehicle owned, leased or rented by this district, or in any privately owned vehicle while on-duty. The member driving such a vehicle shall ensure that all occupants, including any non-members, are properly restrained unless such lack of restraint is distinctly necessary for provision of patient care during an emergency medical transport (§ 316.614, Fla. Stat.).

911.3 INOPERABLE SAFETY BELTS

Best Practice

No person shall operate district vehicles in which the safety belt in the driver's position is inoperable. No person shall be transported in a seating position in which the safety belt is inoperable.

No person shall modify, remove, deactivate or otherwise tamper with the vehicle safety belts, except for vehicle maintenance and repair staff, who shall do so only with the express authorization of the Fire Chief.

Members who discover an inoperable restraint system shall report the defect to the appropriate supervisor. Prompt action will be taken to replace or repair the system.

Critical Incident Stress Debriefing

1022.1 PURPOSE AND SCOPE

Best Practice

The purpose of this policy is to establish a Critical Incident Stress Debriefing (CISD) program. The Immokalee Fire Control District recognizes that during the course of performing job duties, members may become involved in or be exposed to incidents that have the potential to cause various forms of short- or long-term emotional trauma.

1022.1.1 DEFINITIONS

Best Practice

Definitions related to this policy include:

Critical incident stress - A strong emotional, cognitive, or physical reaction that has the potential to interfere with daily life, including physical and emotional illness, loss of interest in the job, personality changes, marital discord, and loss of ability to function.

Critical Incident Stress Debriefing (CISD) - A standardized approach using a group format to provide education, an atmosphere and opportunity for emotional release through discussion, and support for members who are involved in emergency incidents under conditions of extreme stress. CISD is not a diagnostic or treatment process like that provided in counseling sessions by a mental health professional. Instead, it is a service that provides education and support.

1022.2 POLICY

Best Practice

It is the policy of the Immokalee Fire Control District to implement a CISD program to provide support and professional intervention to members of this district following exposure to situations that are likely to create unusually strong emotional reactions.

1022.3 CISD PROGRAM

Best Practice

The District should establish a committee responsible for implementing and managing the CISD program. The Fire Chief or the authorized designee is responsible for appointing members to the committee who represent all levels of district personnel. The district's Health and Safety Officer serves as the committee chairperson.

Functions of the committee include but are not limited to:

- Providing input and assistance to the development and implementation of the CISD program.
- Recommending the type and content of critical incident-related programs, workshops, and seminars.
- Distributing CISD-related information to members.

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- Providing the administrative and technical support needed to implement CISD activities.
- Coordinating and following up on requests for CISD.
- Identifying state and local peer CISD organizations and teams.

1022.4 CISD COMPONENTS

Best Practice

The CISD program should include pre-incident, on-scene, and post-incident activities, including education, diffusion of emotional reactions, and debriefing. The purpose of the program is to minimize the impact of stress on members following major incidents.

Ideally, CISD should incorporate the services of both peer support members and trained professionals, such as physicians, psychologists, or counselors.

The program is intended to be consistent with the recommendations of the National Fire Protection Association (NFPA) and the Fire Service Joint Labor Management Wellness-Fitness Initiative developed by the International Association of Fire Fighters (IAFF) and the International Association of Fire Chiefs (IAFC).

1022.4.1 ACTIVATION

Best Practice

The following are examples of incidents that may initiate a CISD response:

- Major disaster or mass casualty incidents
- Serious injury, death, or suicide of a firefighter, police officer, or other emergency service provider
- Serious injury or death of a civilian resulting from emergency service operations
- Death of a child or similar incident involving a profound emotional response
- Any incident that attracts significant media attention
- Loss of life following an unusual or extremely prolonged expenditure of emotional and physical energy by emergency services personnel
- Any unusual incident that produces an extreme, immediate, or delayed emotional response
- Cumulative trauma from multiple incidents

Any time it has been determined that a critical incident has occurred and intervention may be needed, a CISD should be requested. The request may be made either directly to peer support members or through the CISD committee. Depending on the type and magnitude of the incident and services that may be needed, the CISD may be activated either during or after a critical incident.

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Critical Incident Stress Debriefing

All members are responsible for recognizing incidents that may need a CISD. Once an incident has been identified as a critical incident, a CISD should be initiated as soon as practicable.

Debriefing may be conducted anywhere there is ample space, privacy, and freedom from distractions. Consideration should be given to including responders from other agencies who were involved in the incident, including but not limited to communications personnel, law enforcement officers, and paramedics or ambulance personnel.

For additional guidance on members requesting peer support or professional help on an individual basis, see the Wellness Program Policy.

1022.4.2 CISD PROVIDERS

Best Practice

CISD providers should include mental health professionals and peer support members.

- (a) The duties and responsibilities of mental health professionals include the following:
 - 1. Supervise and advise on all clinical aspects of the program
 - 2. Ensure the quality of CISD services
 - 3. Offer clinical support and program guidance to the CISD committee and peer support members.
 - 4. Provide guidance to peer support members
 - 5. Assist in training peer support members and with continuing education
 - 6. Advise on the development of policy and written operational CISD protocols
- (b) Mental health professionals involved in the CISD program should have the following qualifications:
 - 1. Be a licensed mental health professional
 - 2. Be trained and experienced in a recognized CISD model
 - 3. Demonstrate experience in counseling emergency services personnel
- (c) The duties and responsibilities of peer support members related to CISD services include the following:
 - 1. Assist and support the CISD mental health professionals as necessary
 - 2. Provide referrals to mental health professionals, where appropriate
 - 3. Provide support and basic education to members and their families
 - 4. Serve as a CISD provider with mental health professionals

1022.5 DEBRIEFING

Best Practice

The CISD format used should depend on the nature of the incident and how early the intervention is activated. The use of one format does not preclude the use of others for the same critical incident.

Common CISD formats include:

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- (a) On-scene debriefing: Peer support members or mental health professionals respond to the scene as observers and advisers to watch for the development of acute reactions. They may offer encouragement and support, check on the well-being of personnel, and allow for individual discussion of feelings and reactions.
- (b) Initial defusing: This usually takes place within a few hours of the incident and is generally facilitated by peer support members. It is an informal process encouraging open and free expression of feelings without a critique of the incident. The purpose is to stabilize involved members so they can go home or return to service.
- (c) Formal debriefing: Debriefing led by a CISD program mental health professional and peer support members that usually takes place 24 to 48 hours after the conclusion of the incident. Members involved in the critical incident are given the opportunity for free expression of feelings. This expression should be met with acceptance, support, and understanding.
- (d) Follow-up debriefing: If deemed necessary, follow-up may be facilitated by the CISD mental health professional and peer support members several weeks or months after a critical incident. The main purpose is to resolve any issues or problems that were not initially resolved. The follow-up debriefing may include the entire group or a portion of those originally involved.

Regardless of the type of debriefing, a CISD is not a critique of district operations at the incident. The CISD provides a setting in which members can discuss their feelings and reactions as a means to reduce the stress resulting from exposure to critical incidents. Performance issues should not be discussed during the debriefing.

No one has rank during the debriefing process. Everyone is equal.

Following any intervention, members who need additional assistance should contact peer support members or the wellness coordinator to obtain information.

1022.6 ATTENDANCE

Best Practice

Only those involved in the incident and CISD team members should be present. Members directly exposed to the traumatic aspects of an incident are strongly encouraged to participate in a CISD.

Under special circumstances, the supervising officer may make attendance mandatory. Even if attendance is mandatory, members should not be obligated to speak or express their feelings during the CISD.

During debriefings, involved members should be out of service with radios, personal communications devices, or other distractions turned off.

1022.7 ROTATION OF PERSONNEL

Best Practice

Incident Commanders should minimize members' exposure at critical incidents by rotating or removing initial responding personnel from the immediate scene and reassigning them to less

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stressful operations as soon as possible. Members directly involved in critical incidents should be considered a high priority for immediate reassignment or removal from the scene. Relief from duty may also be considered.

Peer support members may make a request to their Lieutenant or Battalion Chief for relief or reassignment during a shift to participate in CISD activities. The peer support members should provide on-scene services, including on-site evaluation, encouragement, and consultation. They should also be considered an available resource for assignment to rehab, medical, or other areas as needed.

Circumstances of a critical incident may result in a recommendation that individuals or companies be taken out of service. The Battalion Chief is responsible for making the appropriate arrangements.

Under no circumstances is being taken out of service to be construed as critical or negative. Personnel taken out of service are to be viewed as deserving of the same consideration as an injured firefighter.

1022.8 CONFIDENTIALITY

Best Practice

The District considers all CISD interventions, regardless of type, as strictly confidential. Notes, other than those specifically identified in this policy, are prohibited. No audio or video recording may be made without the express consent of all participants.

The only exceptions to confidentiality should be when:

- (a) There is reasonable evidence to assume a risk of harm to the member or to others. If the risk is to another person, that person is identifiable, and there are means to contact the person.
- (b) Participants divulge information that falls under any applicable state mandatory reporting duties.
- (c) The communication is between a member and a peer support member and one of the exceptions identified in § 111.09, Fla. Stat. (e.g., consent, suspicion that a criminal act has been or will be committed) applies.

1022.9 RECORD-KEEPING

Best Practice

Following a CISD, the committee chairperson should prepare a summary report and forward it to the CISD program committee for statistical record-keeping. The report should be limited to the following information:

- (a) Incident date and time
- (b) Brief description of incident facts
- (c) Intervention date and location

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(d) Names of CISD team members conducting the intervention

(e) Numbers of participants from each agency involved

Names of participants should not be recorded.