

## **RESOLUTION 2025-010**

**A RESOLUTION OF THE BOARD OF FIRE COMMISSIONERS OF THE IMMOKALEE FIRE CONTROL DISTRICT ADOPTING DISTRICT POLICIES SECTIONS 312 – ELEVATOR RESTRICTIONS DURING EMERGENCIES, 504 – LATEX SENSITIVITY, 601 – CPR AND AUTOMATED EXTERNAL DEFIBRILLATOR TRAINING, 602 – COMMUNICABLE DISEASE TRAINING PROGRAM, 608 – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) TRAINING, 609 – NATIONAL INCIDENT MANAGEMENT SYSTEMS (NIMS) TRAINING, 611 – RESPIRATORY PROTECTION TRAINING, 903 – COMMUNICABLE DISEASES, 908 – RESPIRATORY PROTECTION PROGRAM, 914 – PERSONAL PROTECTIVE EQUIPMENT, 916 – HAZARD COMMUNICATION, AND 1033 – RELEASE OF HIPAA-PROTECTED INFORMATION**

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:

**WHEREAS**, the Board of Fire Commissioners of the Immokalee Fire Control District desires to adopt the following policies, attached hereto as Attachments 1 through 12:

1. Section 312 – Elevator Restrictions During Emergencies (Attachment 1)
2. Section 504 – Latex Sensitivity (Attachment 2)
3. Section 601 – Communicable Disease Training Program (Attachment 3)
4. Section 602 – Communicable Disease Training Program (Attachment 4)
5. Section 608 – Health Insurance Portability and Accountability Act (HIPAA) Training (Attachment 5)
6. Section 609 – National Incident Management System (NIMS) Training (Attachment 6)
7. Section 611 – Respiratory Protection Training Program (Attachment 7)
8. Section 903 – Communicable Diseases (Attachment 8)
9. Section 908 – Respiratory Protection Equipment (Attachment 9)
10. Section 914 – Personal Protective Equipment (Attachment 10)
11. Section 916 – Hazard Communication (Attachment 11)
12. Section 1033 – Release of HIPAA-Protected Information

**NOW THEREFORE**, BE IT RESOLVED BY THE BOARD OF FIRE COMMISSIONERS OF THE IMMOKALEE FIRE CONTROL DISTRICT that the following District Policies are adopted:

1. Section 312 – Elevator Restrictions During Emergencies (Attachment 1)
2. Section 504 – Latex Sensitivity (Attachment 2)
3. Section 601 – Communicable Disease Training Program (Attachment 3)
4. Section 602 – Communicable Disease Training Program (Attachment 4)

5. Section 608 – Health Insurance Portability and Accountability Act (HIPAA) Training (Attachment 5)
6. Section 609 – National Incident Management System (NIMS) Training (Attachment 6)
7. Section 611 – Respiratory Protection Training Program (Attachment 7)
8. Section 903 – Communicable Diseases (Attachment 8)
9. Section 908 – Respiratory Protection Equipment (Attachment 9)
10. Section 914 – Personal Protective Equipment (Attachment 10)
11. Section 916 – Hazard Communication (Attachment 11)
12. Section 1033 – Release of HIPAA-Protected Information

This resolution shall take effect immediately upon its adoption.

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

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

JP  
RH  
DG  
BL  
PCG

Duly passed and adopted on this 22nd day of May, 2025.

Board of Commissioners of the Immokalee Fire Control District

By: Joseph Brister  
 Joseph Brister, Chair

## Elevator Restrictions During Emergencies

### 312.1 PURPOSE AND SCOPE

This policy provides guidelines for elevator use during emergency incidents.

### 312.2 POLICY

Extreme caution shall be used when determining whether to use an elevator during a response to a fire emergency. Only elevators that have been determined to be uninvolved and equipped with fire service operation controls shall be used.

### 312.3 USE OF STAIRWELLS

The operation of elevators under fire conditions can be erratic and dangerous. Elevators are subject to serious malfunction from the effects of heat, smoke and water on drive machinery and/or control equipment.

At every emergency incident in a high-rise building, when there is a potential for elevators and/or firefighters to be exposed to the effects of heat, smoke, flame, chemicals, explosion or water (e.g., reported fires, fire alarms, smoke investigations), stairwells will be used to gain access to above-ground locations.

The initial fire attack/investigation teams shall use stairwells to reach the reported emergency location and make a visual assessment of actual conditions that might affect elevator use.

These teams shall advise the Incident Commander (IC) which stairwell is being used and shall describe the stairwell by identification number and the geographical location in the building. Information regarding the safety of elevators and the floor conditions of the reported fire floor and all preceding floors shall be relayed immediately to the IC, who shall make the final determination of whether the elevators are safe to use.

### 312.4 USE OF ELEVATORS

Most high-rise building incidents will only require an investigation. Elevators may be used by the initial investigation team only when building personnel, such as engineering or security employees, are on the reported fire floors and the following conditions are met:

- They have checked the floor where the report or alarm originated, as well as the floors immediately above and below that floor.
- They are in contact with lobby personnel via radio or phone.
- They are able to provide information that conditions are safe.

## Latex Sensitivity

### 504.1 PURPOSE AND SCOPE

The purpose of this policy is to establish procedures to ensure that all district members are aware of the potential for severe allergic reactions caused by contact with products containing latex and how to mitigate patient exposure.

#### 504.1.1 DEFINITIONS

Definitions related to this policy include:

**Latex sensitivity** - Allergic reactions after exposure to products containing latex/natural rubber (e.g., balloons, rubber gloves, other consumable medical products or medical devices).

### 504.2 POLICY

It is the policy of the Immokalee Fire Control District that members shall take precautions to minimize latex exposure any time members are advised that a patient is known to have a latex sensitivity. When the use of a latex product is unavoidable, reasonable precautions shall be taken to prevent a latex sensitivity reaction in a patient.

### 504.3 PROCEDURE

If treating members are aware that a patient has a history of latex sensitivity, efforts to minimize exposure should be initiated. If a patient begins exhibiting signs of latex sensitivity or anaphylaxis, members should immediately initiate medical treatment and make reasonable efforts to minimize additional exposure to latex products.

If time permits before loading the patient into the ambulance, the interior surfaces should be wiped down with a wet towel to reduce the presence of powder that contains latex proteins. All members wearing latex gloves should cover them with a pair of non-latex gloves. Latex gloves should not be removed as this can put dust or powder in the ambient environment for up to five hours. Members should provide a barrier between equipment and the patient by covering all latex-containing medical devices with stockinet or plastic wrap.

All nonessential equipment should be stored in closed compartments. Care should be taken to remove or replace latex-containing caps from medication vials and to keep intravenous (IV) ports covered to prevent injections. Latex dressings and IV tourniquets should not be used.

Treating members should notify the designated hospital receiving center that a latex-sensitive patient is en route to the facility, and should document the patient's sensitivity and patient management (e.g., Nitrile gloves, plastic wrap on blood pressure cuff) on the Pre-Hospital Care Report as appropriate. This information should also be communicated to the hospital staff immediately upon arrival.

Field units should strive to carry the following latex-free equipment:

- Nitrile exam gloves

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### *Latex Sensitivity*

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- Airway equipment (e.g., bag valve masks, oxygen masks, nasal cannulas, oral airways, suction catheters)
- Plastic or soft cloth tape
- Stockinet or plastic wrap to use as a barrier on medical equipment (e.g., blood pressure cuff, splints, stethoscopes)

Care should be taken to avoid storing uncovered latex gloves with other medical and/or airway equipment.

# CPR and Automated External Defibrillator Training

## 601.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the training requirements for members to maintain the current and valid certificate that is required to perform CPR and to utilize an Automated External Defibrillator (AED) (Rule 64J-1.001, F.A.C.; Rule 64J-1.020, F.A.C.).

### 601.1.1 DEFINITIONS

Definitions related to this policy include:

**Automated External Defibrillator (AED)** - An external defibrillator capable of cardiac rhythm analysis and that will charge, with or without further operator action, and deliver a shock after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

**Qualified instructor** - An individual who is qualified by the Florida Department of Health (DOH) to teach AED/CPR.

## 601.2 POLICY

It is the policy of the Immokalee Fire Control District that all members whose duties include the use of an AED or the performance of CPR shall receive initial and recertification training to maintain the current and valid certificate that is required to utilize such equipment and/or skills. Initial training and recertification will consist of courses approved by the DOH, the U.S. Department of Transportation, American Red Cross (ARC) or American Heart Association (AHA) and will be provided by qualified instructors at the appropriate health care provider level.

## 601.3 REQUIREMENTS

CPR and AED training should include:

- Proper use, maintenance and periodic inspection of the AED.
- The importance of CPR, defibrillation, Advanced Life Support (ALS), adequate airway care and internal emergency response system, if applicable.
- Assessment of an unconscious patient to include evaluation of the airway, breathing and circulation to determine cardiac arrest.
- The administration of CPR, obstructed airway and other health care provider CPR curriculum skills.
- Information relating to AED safety precautions to enable the administration of a shock without jeopardizing the safety of the patient, rescuers or other nearby persons.
- Recognition that an electrical shock has been delivered to the patient and that the defibrillator is no longer charged.
- Rapid, accurate assessment of the patient's post-shock status.

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- The appropriate continuation of care following a successful defibrillation.

In order to be authorized to perform CPR and utilize the defibrillator, an individual shall pass a written and skills examination with a pre-established standard. The skills test measures the ability to evaluate and manage the conditions listed above.

All CPR and AED training provided by the District shall be approved and monitored by DOH, which shall also approve any written and skills examinations required for course completion. DOH shall approve AED instructors and designate public safety AED service providers.

#### **601.4 TRAINING RECORDS**

The Division Chief of Training shall be responsible for maintaining records of all CPR and AED training provided to members, in accordance with DOH regulations. Records should include, but are not limited to:

- (a) The dates of the training sessions.
- (b) A list of the topics or a summary of the content of the training sessions.
- (c) The names or other identifiers and job titles of the members who received the training.
- (d) The names, certificate numbers and qualifications of the persons conducting the training.

The Division Chief of Training should maintain the training records in accordance with established records retention schedules.

# Communicable Disease Training Program

## 602.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a training program to ensure members have the skills and knowledge to protect themselves against communicable diseases.

## 602.2 POLICY

It is the policy of the Immokalee Fire Control District to make members' health and safety a priority by providing initial and recurring communicable disease training.

## 602.3 TRAINING REQUIREMENTS

The Health and Safety Officer, working with the Division Chief of Training, shall be responsible for:

- (a) Developing and implementing a training program on the Communicable Diseases Policy and an exposure control plan.
- (b) Remaining current on all legal requirements concerning communicable disease training mandates and reasonable training goals.
- (c) Maintaining an up-to-date list of personnel requiring training.
- (d) Maintaining class rosters and quizzes and periodically reviewing and updating the training program.
- (e) Ensuring that the training mandates set forth in Florida law and rules of the Florida Department of Health are included in the training program and are met by all members (§ 401.2701, Fla. Stat.; Rule 64J-1.020, F.A.C.).

## 602.4 MEMBER TRAINING

Any member whose duties place him/her at risk for exposure to communicable disease shall receive district-provided, no-cost training during working hours.

## 602.5 TRAINING RECORDS

The Division Chief of Training shall be responsible for maintaining records of all communicable disease training provided to members. Records should include, but are not limited to:

- (a) The dates of the training sessions.
- (b) A list of the topics or a summary of the content of the training sessions.
- (c) The names or other identifiers and job titles of the members who received the training.
- (d) The names, certificate numbers and qualifications of persons conducting the training.

The Division Chief of Training should maintain the training records in accordance with established records retention schedules.



# Health Insurance Portability and Accountability Act (HIPAA) Training

## 608.1 PURPOSE AND SCOPE

The purpose of this policy is to ensure all members receive proper training in recognizing and handling protected health information (PHI), as set forth in the Health Insurance Portability and Accountability Act (HIPAA), Florida law and its implementing regulations (42 USC § 201; 45 CFR 164.530; § 401.30, Fla. Stat.).

### 608.1.1 DEFINITIONS

Definitions related to this policy include (45 CFR 160.103):

**Health information** - Information, whether oral or recorded in any form or medium, that is created or received by a health care provider, health plan or employer and relates to a person's past, present or future physical or mental health or condition, or past, present or future payment for the provision of health care.

**Individually identifiable health information** - Health information, including demographic information, created or received by a covered entity or employer that relates to an individual's past, present or future physical or mental health or condition, the provision of health care to an individual, or the past, present or future payment for the provision of health care to an individual, that can either identify the individual or provide a reasonable basis to believe the information can be used to identify the individual.

**Protected health information (PHI)** - Individually identifiable health information that is created or received by a covered entity or employer. Information is protected whether it is in writing, in an electronic medium or communicated orally.

## 608.2 POLICY

It is the policy of the Immokalee Fire Control District to provide HIPAA privacy training to all members as necessary and appropriate for their duties, and to apply appropriate sanctions against members who violate the privacy policies and procedures (45 CFR 164.530(b); 45 CFR 164.530(e)).

It is also the policy of the District that no member shall be retaliated or discriminated against for filing a complaint about violations of HIPAA regulations (45 CFR 164.530(g)).

## 608.3 TRAINING REQUIREMENTS

To ensure confidentiality and compliance with the HIPAA regulations, the District shall provide training to all members likely to have access to PHI. The training shall be completed for all newly hired members prior to being allowed access to PHI. Training for all current members shall also occur any time material changes are made to the district's privacy policies and procedures.

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The Division Chief of Training shall be responsible for establishing a periodic schedule for retraining and a method of ensuring that all members acknowledge receipt of all HIPAA training (45 CFR 164.530(b)).

Training should include a review of the:

- (a) District's statutory obligations imposed by HIPAA.
- (b) Patient Medical Record Security and Privacy Policy, including a thorough treatment of the security procedures the District uses to protect written and electronic health information.
- (c) Methods and procedures to be used during the collection of PHI.
- (d) HIPAA-imposed statutory limitations on the dissemination of PHI to the family members of patients.
- (e) Proper procedures when responding to media requests for information regarding incidents at which the District provided medical services.
- (f) Procedures for the secure destruction of written instruments containing PHI, including handwritten field notes, Pre-Hospital Care Reports or other documents containing PHI.
- (g) Approved method for transferring PHI to receiving hospitals or other receiving medical facilities.
- (h) Photography and Electronic Imaging Policy as it pertains to PHI.
- (i) District's procedures for protecting employee health information.

#### **608.4 TRAINING RECORDS**

The Training Division shall be responsible for maintaining the records of all HIPAA-related training for all members for six years (45 CFR 164.530(j)).

# National Incident Management System (NIMS) Training

## 609.1 PURPOSE AND SCOPE

The purpose of this policy is to establish the training requirements for members to successfully operate under the Incident Command System (ICS) and the National Incident Management System (NIMS) and to be in concert with the Florida Field Operations Guide developed by the Florida Division of Emergency Management.

## 609.2 POLICY

It is the policy of the Immokalee Fire Control District to utilize NIMS/ICS in order to effectively manage personnel and resources when responding to a wide range of emergency incidents. All Immokalee Fire Control District members whose job duties may include a role in emergency management or incident response shall be appropriately trained to the NIMS standards to improve all-hazards capabilities nationwide.

## 609.3 PROCEDURE

All district personnel with job duties that include a direct role in emergency management or incident response must complete the Federal Emergency Management Agency (FEMA) NIMS IS-700 course.

Additional training is available on an as-needed basis, depending on the regional role of the District or the role of a member within the District as follows:

- (a) Entry Level:
  - 1. FEMA IS-700: NIMS, An Introduction
  - 2. ICS-100: Introduction to ICS or equivalent
- (b) First Line, Single Resource, Field Supervisors:
  - 1. IS-700, ICS-100, and ICS-200: Basic ICS or its equivalent
- (c) Middle Management: Strike Team Leaders, Division Supervisors, Emergency Operations Center (EOC) Staff:
  - 1. IS-700, IS-800: National Response Framework, an Introduction; ICS-100, ICS-200, and ICS-300: Intermediate ICS for Expanding Incidents
- (d) Command and General Staff; Area, Emergency, and EOC Managers:
  - 1. IS-700, IS-800, ICS-100, ICS-200, ICS-300, and ICS-400: Advanced ICS

Refresher training will be offered on a regular basis to ensure that NIMS/ICS knowledge and skills are maintained, especially for personnel who are not regularly involved in complex multijurisdictional incidents nationwide (i.e., incidents that require responders to hold credentials under the National Emergency Responder Credentialing System).

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#### **609.4 TRAINING RECORDS**

The Division Chief of Training shall be responsible for maintaining records of all NIMS training provided to members. Records should include but are not limited to:

- (a) The dates of the training sessions.
- (b) A list of the topics or a summary of the content of the training sessions.
- (c) The names or other identifiers and job titles of the members who received the training.
- (d) The names, certificate numbers, and qualifications of persons conducting the training.

The Division Chief of Training should maintain the training records in accordance with established records retention schedules.

# Respiratory Protection Training

## 611.1 PURPOSE AND SCOPE

The purpose of this policy is to protect the health of members through appropriate training on the use of respirators to avoid breathing air that is contaminated with harmful dusts, fogs, fumes, mists, gases, smokes, sprays and vapors.

This policy identifies which members must receive respiratory protection training, the minimum training curriculum and the requirements for recurrent training (29 CFR 1910.134; § 633.508, Fla. Stat.; Rule 69A-62.001, F.A.C.).

### 611.1.1 DEFINITIONS

Definitions related to this policy include:

**Respirator or respiratory protection** - Personal protective equipment (PPE) designed to protect the wearer from airborne contaminants, oxygen deficiency or both.

## 611.2 POLICY

It is the policy of the Immokalee Fire Control District to protect the health of members by providing respiratory protection training.

## 611.3 TRAINING REQUIREMENTS

### 611.3.1 IDENTIFICATION OF MEMBERS TO BE TRAINED

The District shall provide effective respiratory protection training to all members who are required or expected to utilize respirators.

Members shall be trained, based on their duties, if they:

- (a) Use respirators
- (b) Supervise respirator users
- (c) Issue, repair or adjust respirators

### 611.3.2 MANNER OF TRAINING

The District will present effective training using qualified instructors. Training may be provided using audiovisuals, slide presentations, formal classroom discussion, informal discussions during safety meetings, training programs conducted by outside sources or a combination of these methods.

Instructors should be available to provide responses to questions, evaluate the participants' understanding of the material and provide other instructional interaction.

Respirators used in training shall be cleaned and disinfected after each use (29 CFR 1910.134; § 633.508, Fla. Stat.; Rule 69A-62.001, F.A.C.).

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### Respiratory Protection Training

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#### 611.3.3 FREQUENCY OF TRAINING

The District will provide respiratory protection training:

- (a) Initially, before work site respirator use begins.
- (b) Periodically but within 12 months of the previous training.
- (c) Additionally, when the following occurs:
  - 1. The member has not retained knowledge or skills.
  - 2. Changes in the work site or type of respirator make previous training incomplete or obsolete.

After completing initial training, each member shall practice, at least quarterly, for each type and manufacturer of respiratory equipment that is available for use, the step-by-step procedure for donning the respirator and checking it for proper function.

#### 611.3.4 CONTENTS OF TRAINING

Members shall receive training for each type and manufacturer of respiratory equipment that is available for their use, including the step-by-step procedure for donning the respirator and checking it for proper function. Required training shall include:

- (a) Recognizing hazards that may be encountered.
- (b) Understanding the components of the respirator.
- (c) Understanding the safety features and limitations of the respirator.
- (d) Donning and doffing the respirator.

Members shall be thoroughly trained in accordance with the manufacturer's instructions on emergency procedures, such as the use of the regulator bypass valve, corrective action to take for facepiece and breathing tube damage, and breathing directly from the regulator (where applicable).

#### 611.3.5 SUCCESSFUL COMPLETION

In order to successfully complete training, members must be able to demonstrate the following knowledge and skills, as required by their duties:

- (a) Why the respirator is necessary, including identifying respiratory hazards, such as hazardous chemicals, the extent of the members' exposure and potential health effects and symptoms.
- (b) The respirator's capabilities and limitations, including how the respirator provides protection and why air-purifying respirators cannot be used in oxygen-deficient conditions.
- (c) How improper fit, use or maintenance can compromise the respirator's effectiveness and reliability.
- (d) How to properly inspect, put on, seal check, use and remove the respirator.
- (e) How to clean, disinfect, repair and store the respirator.

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- (f) How to use the respirator effectively in emergency situations, including what to do when a respirator fails and where emergency respirators are stored.
- (g) Medical signs and symptoms that may limit or prevent the effective use of respirators.
- (h) The district's general obligations under 29 CFR 1910.134 as adopted by the Division of State Fire Marshal (§ 633.508, Fla. Stat.; Rule 69A-62.001, F.A.C.).

#### **611.4 TRAINING RECORDS**

The Division Chief of Training shall be responsible for maintaining records of all respiratory protection training that is provided to members. At a minimum, the District should document:

- (a) The dates of the training sessions.
- (b) A list of the topics or a summary of the content of the training sessions.
- (c) The names or other identifiers and job titles of the members who received the training.
- (d) The names, certificate numbers and qualifications of persons conducting the training.
- (e) Documentation of each member's demonstrated performance in meeting the standards detailed in this policy.

The Division Chief of Training should maintain the training records in accordance with established records retention schedules.

## Communicable Diseases

### 903.1 PURPOSE AND SCOPE

This policy provides general guidelines to assist in minimizing the risk of district members contracting and/or spreading communicable diseases.

#### 903.1.1 DEFINITIONS

Definitions related to this policy include:

**Communicable disease** - A human disease caused by microorganisms that are present in and transmissible through human blood, bodily fluid, tissue, or by breathing or coughing. These diseases commonly include, but are not limited to, hepatitis B virus (HBV), HIV and tuberculosis.

**Exposure** - When an eye, mouth, mucous membrane or non-intact skin comes into contact with blood or other potentially infectious materials, or when these substances are injected or infused under the skin; when an individual is exposed to a person who has a disease that can be passed through the air by talking, sneezing or coughing (e.g., tuberculosis), or the individual is in an area that was occupied by such a person. Exposure only includes those instances that occur due to a member's position at the Immokalee Fire Control District (see the exposure control plan for further details to assist in identifying whether an exposure has occurred).

### 903.2 POLICY

The Immokalee Fire Control District is committed to providing a safe work environment for its members. Members should be aware that they are ultimately responsible for their own health and safety.

### 903.3 EXPOSURE CONTROL OFFICER

The Health and Safety Officer shall serve as the district's Exposure Control Officer (ECO). The ECO shall develop an exposure control plan that includes:

- (a) Exposure-prevention and decontamination procedures.
- (b) Procedures for when and how to obtain medical attention in the event of an exposure or suspected exposure.
- (c) The provision that district members will have no-cost access to the appropriate personal protective equipment (PPE) (e.g., gloves, face masks, eye protection, pocket masks) for each member's position and risk of exposure.
- (d) Compliance with all relevant laws or regulations related to communicable diseases, including:
  1. Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).



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### *Communicable Diseases*

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The ECO should also act as the liaison with the Division of State Fire Marshal (DSFM) and the Bureau of Fire Standards and Training (BFST) and its Safety and Health Section, and may request voluntary compliance inspections.

The ECO should periodically, at a minimum annually, review and update the exposure control plan and review implementation of the plan.

#### **903.4 EXPOSURE PREVENTION AND MITIGATION**

##### **903.4.1 GENERAL PRECAUTIONS**

All members are expected to use good judgment and follow training and procedures related to mitigating the risks associated with communicable disease. This includes, but is not limited to:

- (a) Stocking disposable gloves, antiseptic hand cleanser, CPR masks or other specialized equipment in the work area or district vehicle, as applicable.
- (b) Wearing district-approved disposable gloves when contact with blood, other potentially infectious materials, mucous membranes and non-intact skin can be reasonably anticipated.
- (c) Washing hands immediately or as soon as feasible after removal of gloves or other PPE.
- (d) Treating all human blood and bodily fluids/tissue as if it is known to be infectious for a communicable disease.
- (e) Using an appropriate barrier device when providing CPR.
- (f) Using a face mask or shield if it is reasonable to anticipate an exposure to an airborne transmissible disease.
- (g) Decontaminating non-disposable equipment, apparatus and facilities (e.g., clean rooms, rescues/ambulances, medical and protective equipment) as soon as possible if the equipment is a potential source of exposure (Rule 69A-62.024, F.A.C.).
  - 1. Clothing that has been contaminated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible and stored/decontaminated appropriately.
- (h) Handling all sharps and items that cut or puncture (e.g., needles, broken glass, razors, knives) cautiously and using puncture-resistant containers for their storage and/or transportation.
- (i) Avoiding eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.
- (j) Disposing of biohazardous waste appropriately or labeling biohazardous material properly when it is stored.

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### *Communicable Diseases*

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#### 903.4.2 IMMUNIZATIONS

Members who could be exposed to HBV due to their positions may receive the HBV vaccine and any routine booster at no cost.

#### 903.5 POST-EXPOSURE

##### 903.5.1 INITIAL POST-EXPOSURE STEPS

Members who experience an exposure or suspected exposure shall:

- (a) Begin decontamination procedures immediately (e.g., wash hands and any other skin with soap and water, flush mucous membranes with water).
- (b) Obtain medical attention as appropriate.
- (c) Notify a supervisor as soon as practicable.

##### 903.5.2 REPORTING REQUIREMENTS

The supervisor on-duty shall investigate every exposure that occurs as soon as possible following the incident. The supervisor shall ensure the following information is documented:

- (a) Name of the members exposed
- (b) Date, incident number, and time of the incident
- (c) Location of the incident
- (d) Potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source)
- (e) Work being done during exposure
- (f) How the incident occurred or was caused
- (g) PPE in use at the time of the incident
- (h) Actions taken post-event (e.g., clean-up, notifications)

The supervisor shall advise the member that disclosing the identity and/or infectious status of a source to the public or to anyone who is not involved in the follow-up process is prohibited. The supervisor should complete the incident documentation in conjunction with other reporting requirements that may apply (see the Work-Related Illness and Injury Reporting and Illness and Injury Prevention Program policies).

##### 903.5.3 MEDICAL CONSULTATION, EVALUATION AND TREATMENT

District members shall have the opportunity to have a confidential medical evaluation immediately after an exposure and follow-up evaluations as necessary.

The ECO should request a written opinion/evaluation from the treating medical professional that contains only the following information:

- (a) Whether the member has been informed of the results of the evaluation.

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- (b) Whether the member has been notified of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

No other information should be requested or accepted by the ECO.

#### **903.5.4 COUNSELING**

The District shall provide the member, and his/her family if necessary, the opportunity for counseling and consultation regarding the exposure.

#### **903.5.5 SOURCE TESTING**

Testing a person for communicable diseases when that person was the source of an exposure should be done when it is desired by the exposed member or when it is otherwise appropriate. Source testing is the responsibility of the ECO. If the ECO is unavailable to seek timely testing of the source, it is the responsibility of the exposed member's supervisor to ensure testing is sought.

Source testing may be achieved by:

- (a) Obtaining consent from the individual.
- (b) HIV testing under § 381.004, Fla. Stat.
- (c) Screening for sexually transmissible diseases under § 384.287, Fla. Stat.

Since there is the potential for overlap between the different manners in which source testing may occur, the ECO is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

The ECO should seek the consent of the individual for testing and consult the District Attorney to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if he/she refuses.

#### **903.6 CONFIDENTIALITY OF REPORTS**

Medical information shall remain in confidential files and shall not be disclosed to anyone without the member's written consent (except as required by law). Test results from persons who may have been the source of an exposure are to be kept confidential as well.

# Respiratory Protection Program

## 908.1 PURPOSE AND SCOPE

The purpose of this policy is to identify the different types of respiratory protection equipment provided by the District, the requirements and guidelines for the use of respirators, and other mandates associated with their use.

This policy applies to all members whose job duties could require them to use respiratory protection, due to exposure to atmospheres where there is smoke, low levels of oxygen, high levels of carbon monoxide, or the presence of toxic gases or other respiratory hazards (29 CFR 1910.134; § 633.508, Fla. Stat.; Rule 69A-62.001, F.A.C.).

### 908.1.1 DEFINITIONS

Definitions related to this policy include:

**Immediately dangerous to life or health (IDLH)** - Any atmosphere that poses an immediate threat to life, would cause irreversible adverse health effects, or would impair an individual's ability to escape from a dangerous atmosphere. Interior atmospheric conditions at structure fires beyond the incipient stage are considered IDLH, as are a variety of rescue types.

**Respiratory protection** - Any device that is worn by the user to reduce or eliminate exposure to harmful contaminants through the inhalation of those contaminants.

## 908.2 POLICY

It is the policy of the Immokalee Fire Control District to require members to use the proper level of respiratory protection, as described below, when working in hazardous conditions. The level of protection may be increased or decreased by a Lieutenant or Incident Commander (IC) based on an evaluation of the hazard. Members shall not be required or allowed to enter or work in hazardous conditions without proper respiratory protection and shall be trained in the proper use and care of the devices.

## 908.3 RESPIRATORY PROTECTION PROGRAM ADMINISTRATOR

The Fire Chief will designate a program administrator with sufficient training or experience to oversee the objectives of this policy and ensure that the District meets any legal mandates related to respiratory protection.

The administrator shall:

- (a) Maintain, implement, and administer a written respiratory protection program.
- (b) Ensure the written respiratory protection program and related procedures are followed and appropriate.
- (c) Ensure the procedures and written respiratory protection program address relevant mandates.
- (d) Ensure selected respirators continue to effectively protect members.

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- (e) Have supervisors periodically monitor member respirator use to make sure members are using them properly.
- (f) Regularly ask members who are required to use respirators for their input on program effectiveness and whether they have problems with the following:
  - 1. Respirator fit during use
  - 2. Any effects of respirator use on work performance
  - 3. Respirators being appropriate for the hazards encountered
  - 4. Proper use under current work site conditions
  - 5. Proper maintenance
- (g) Ensure the District covers the costs associated with respirators, medical evaluations, fit testing, training, maintenance, travel, and wages, as applicable.
- (h) Provide direction for respirator selection.
- (i) Require medical evaluations for members who use respiratory protection as set forth in 29 CFR 1910.134.

#### **908.4 USE OF RESPIRATORY PROTECTION**

Members exposed to harmful environments in the course of their assigned activities shall use respiratory protection devices.

Members using respiratory protection shall ensure that they have no facial hair between the sealing surface of the facepiece and the face that could interfere with the seal or the valve function. Members also shall ensure that they have no other condition that will interfere with the face-to-facepiece seal or the valve function.

Members shall not wear corrective glasses, goggles, or other personal protective equipment (PPE) that interferes with the seal of the facepiece to the face, or that has not been previously tested for use with that respiratory equipment.

For all tight-fitting respirators, members shall perform a user seal check each time they put on the respirators, using the procedures in 29 CFR 1910.134, App. B-1 or other district-approved procedures recommended by the respirator manufacturer.

Lieutenants shall monitor members using respiratory protection and their degree of exposure or stress. When there is a change in work area conditions or when a member's degree of exposure or stress may affect respirator effectiveness, the Lieutenant shall reevaluate the continued effectiveness of the respirator and shall direct the member to leave the respirator use area when:

- (a) It is necessary for the member to wash their face and the respirator facepiece to prevent eye or skin irritation associated with respirator use.
- (b) The member detects vapor or gas breakthrough, or when there is a change in breathing resistance or leakage of the facepiece.
- (c) The member needs to replace the respirator or the filter, cartridge, or canister.

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Members who detect vapor or gas breakthrough, changes in breathing resistance, or leakage of the facepiece shall replace or repair the respirator before returning to the work area.

#### 908.4.1 USE OF SELF-CONTAINED BREATHING APPARATUS

Self-contained breathing apparatus (SCBA) are atmosphere-supplying respirators for which the breathing air source is designed to be carried by the user.

Members shall use SCBA when entering an atmosphere that may be IDLH. These situations may include but are not limited to:

- (a) Entering an area that may be oxygen deficient such as confined spaces, trenches, unventilated structures, or septic tanks.
- (b) Engaging in any firefighting operations, with the possible exception of a vegetation fire.
- (c) Entering the hot zone of a hazardous materials incident.
- (d) Entering any area where contaminant levels may become unsafe without warning, or any situation where exposures cannot be identified or reasonably estimated.
- (e) Any time use is specified by the [Captain] or IC.

Facepieces should be donned and regulators attached before entering any smoke-filled area or IDLH environment. Use of SCBA shall not cease until approved by the IC.

#### 908.4.2 USE OF FULL-FACE RESPIRATORS

Full-face respirators are respirators that fit over the full face to protect the face and eyes from contaminants at the same time they filter air.

Lieutenants or the IC may allow the use of full-face respirators in situations where, due to the duration of the incident and level of exposure, the use of SCBA is not necessary or practical. These situations may include but are not limited to:

- (a) Hazardous materials incidents where members are not working in the hot zone.
- (b) Incidents involving weapons of mass destruction where members are outside of the hot zone and not directly exposed to any known hazard.
- (c) Certain emergency medical responses where additional protection is warranted.

Full-face respirators shall not be used when there is a potential for an oxygen-deficient atmosphere.

#### 908.4.3 USE OF CARTRIDGE RESPIRATORS

Cartridge respirators are a type of air-purifying respirator. They may be fitted with mechanical pre-filters or combination cartridge/filter assemblies for use in areas where gases, vapors, dusts, fumes, or mists are present. The correct cartridge must be selected prior to use.

A Lieutenant or IC may specify the use of cartridge respirators in situations where the use of an SCBA or a full-face respirator is not necessary. These incidents may include vegetation fires, exposure to a patient with a communicable disease, and certain other incidents. Cartridge

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respirators shall not be used if there is a potential for an oxygen-deficient atmosphere or a risk of exposure to the member's face or eyes.

Cartridge respirator filters shall be replaced whenever:

- The wearer begins to smell, taste, or be irritated by a contaminant.
- The wearer begins to experience difficulty breathing due to filter loading.
- The cartridges or filters become wet.
- The expiration date on the cartridges or canisters has been reached.

#### **908.4.4 USE OF N95 MEDICAL MASKS**

N95 medical masks are a class of disposable respirators that are approved by the Food and Drug Administration and the National Institute for Occupational Safety and Health (NIOSH) as suitable for use where fluid resistance is a priority. The masks protect against particulate contaminants that are 0.3 microns or larger, and meet the Centers for Disease Control and Prevention guidelines for the prevention of tuberculosis exposure. Misuse of the N95 respirators may result in serious injury or death. N95 masks should only be used to protect the wearer from particulate contaminants and are not suitable in an oxygen-deficient atmosphere or where an unsafe level of carbon monoxide exists.

#### **908.4.5 TRAINING**

Members should not use respirators unless they have completed the mandatory training requirements for the selected device (see the Respiratory Protection Training Policy).

### **908.5 EQUIPMENT ACQUISITION AND SPECIFICATIONS**

#### **908.5.1 SCBA REQUIREMENTS**

Immokalee Fire Control District's SCBA shall meet the standards found in the most current National Fire Protection Association (NFPA) publication and approved for use by NIOSH.

The Immokalee Fire Control District shall use only the respirator manufacturer's NIOSH-approved breathing-gas containers, marked and maintained in accordance with the quality assurance provisions of the NIOSH approval for the SCBA as issued in accordance with the NIOSH respirator certification standard at 42 CFR 84.1 et seq.

#### **908.5.2 COMPRESSED BREATHING AIR**

Compressed breathing air used in SCBA should meet at least the requirements for Grade D breathing air as described in the American National Standards Institute Compressed Gas Association Commodity Specification for Air (G-7.1-2018).

### **908.6 RESPIRATOR FIT TESTING**

Fit tests are used to qualitatively or quantitatively evaluate the fit of a respirator on an individual. Each new member shall be fit tested before being permitted to use SCBA in a hazardous

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atmosphere. Fit tests may only be administered by persons determined to be qualified by the program administrator.

After initial testing, fit testing shall be repeated:

- (a) At least once every 12 months.
- (b) Whenever there are changes in the type of SCBA or facepiece used.
- (c) Whenever there are significant physical changes in the user (e.g., obvious change in body weight, scarring of the face seal area, dental changes, cosmetic surgery, any other condition that may affect the fit of the facepiece seal).

#### **908.6.1 RESPIRATOR FIT TESTING PROCEDURES**

Fit testing is to be done only in a negative-pressure mode. If the facepiece is modified for fit testing, the modification shall not affect the normal fit of the device. Such modified devices shall only be used for fit testing and not for field use.

#### **908.6.2 FIT TESTING RECORDS**

The Division Chief of Training shall be responsible for maintaining records of all fit testing.

Current fit test records shall be retained as required by the District records retention schedule, but in all cases at least until the next fit test is administered. Fit test records shall include:

- (a) Name of person tested.
- (b) Test date.
- (c) Type of fit test performed.
- (d) Description (e.g., type, manufacturer, model, style, size) of the respirator tested.
- (e) Results of fit tests (e.g., quantitative fit tests should include the overall fit factor and a printout or other recording of the test).
- (f) The written guidelines for the respirator fit testing program, including pass/fail criteria.
- (g) Instrumentation or equipment used for the test.
- (h) Name or identification of test operator.

#### **908.7 RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE**

All members who are required to use respiratory protection must complete a medical evaluation questionnaire upon initial fit testing and annually thereafter and if any of the following conditions arise between annual tests:

- (a) A member reports medical signs or symptoms that are related to the ability to use a respirator.
- (b) A Physician or Licensed Health Care Professional (PLHCP), a supervisor, or the respirator program administrator informs the employer that an employee needs to be re-evaluated.



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- (c) Information from the respiratory protection program indicates a need for an employee re-evaluation; this includes observations made during fit testing and program evaluation.
- (d) A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee.

The questionnaires will be reviewed by a PLHCP selected by the District to determine which, if any, members need to complete physical examinations.

The Division Chief of Training shall be responsible for maintaining records of all respirator medical evaluation questionnaires and any subsequent physical examination results.

#### **908.8 SCBA INSPECTION, MAINTENANCE, AND STORAGE**

Prior to each shift, members are required to physically inspect and operate all SCBA and respirators that are on frontline fire apparatus. If the equipment is not in daily use, it should be inspected at least once a week and after each cleaning. Inspection should include but is not limited to:

- (a) All alarm devices on the SCBA should be tested for proper operation.
- (b) Any SCBA or respirator that is not operating properly or is below district standard air volume shall be taken out of service immediately until the problem is remedied.
- (c) Rubber facepiece:
  - 1. Excessive dirt
  - 2. Cracks, tears, holes
  - 3. Distortion from improper storage
  - 4. Cracked, loose, or scratched lenses (full facepiece)
  - 5. Broken or missing mounting clips
- (d) Head straps:
  - 1. Breaks or tears
  - 2. Loss of elasticity
  - 3. Broken or malfunctioning buckles or attachments
  - 4. Excessively worn serrations of the head harness which might allow the facepiece to slip
- (e) Inhalation and exhalation valves:
  - 1. Detergent residue, dust particles, or dirt on the valve seal
  - 2. Cracks, tears, or distortion in the valve material or valve seal
  - 3. Missing or defective valve covers
- (f) Filter elements:

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1. Proper filter for the hazard
2. Approved designation (NIOSH)
3. Missing or worn gaskets
4. Worn thread
5. Cracks or dents in filter housing

#### 908.8.1 MAINTENANCE, INSPECTION, AND ANNUAL SERVICE

Members should thoroughly clean and sanitize all SCBA and respirators after each use.

Respirators should be cleaned and sanitized according to manufacturer recommendations.

All partially empty bottles should be replaced with full bottles. Members should perform the inspections noted above before placing an SCBA or respirator back in service.

Every SCBA shall be inspected monthly by the District and serviced on an annual basis by individuals who have been trained and certified by the SCBA manufacturer to perform such annual servicing. SCBA bottles shall be hydrostatically tested pursuant to applicable federal regulations, state standards, and manufacturer recommendations.

All maintenance and inspection mandates of 29 CFR 1910.134 shall apply.

#### 908.8.2 STORAGE

Respirators in storage shall be protected against:

- Dust.
- Sunlight.
- Heat.
- Extreme cold.
- Excessive moisture.
- Damaging chemicals.

Freshly cleaned respirators can be stored in reusable plastic bags or in a storage cabinet. Care must be taken so that distortion of the rubber or elastic parts does not occur. Respirators shall not be stored in lockers or vehicles unless the respirators are stored in individual containers and are protected from damage.

All filters, cartridges, and canisters shall be properly labeled and color-coded with NIOSH approval labels. Labels shall not be removed and must remain legible.

#### 908.8.3 FLOW TESTING

The District shall conduct annual flow testing on all SCBA. A flow test, also known as a performance test, ensures that the SCBA is performing to the manufacturer's specifications. Unlike basic inspections and functional testing, flow testing requires specialized equipment. The District

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shall use NFPA standards or the SCBA manufacturer's requirements for flow testing, whichever is more stringent.

Exposing SCBA to extreme temperatures, water, or chemicals can degrade SCBA performance. If an SCBA is exposed to any type of corrosive material that could lead to a component failure, it should be sent to a certified SCBA technician for testing. If a member suspects that an SCBA has been compromised or damaged, a flow test should be conducted to ensure that it is in good working order.

All annual flow testing must be performed by a certified SCBA technician.

#### **908.9 EXPOSURES**

Any member who is exposed to a hazardous atmosphere should immediately leave the room or area and move to an area containing fresh, uncontaminated air. Physical symptoms of hazardous atmosphere exposure may include but are not limited to:

- (a) Difficulty breathing.
- (b) Dizziness, headache, or other distress symptoms.
- (c) A sense of irritation.
- (d) A smell or taste of contaminants.

If a member feels ill or impaired in any way, a supervisor should be notified and emergency medical personnel summoned if not already available on-scene. Any time there is a doubt about the need for medical care, medical care shall be obtained. Any injury or exposure must be documented on an injury reporting form. Under most circumstances, the exposed member should not drive a vehicle.

An attempt should be made to identify the exposure agent by questioning the facility representative or by reviewing the hazardous materials inventory. A supervisor should attempt to make this determination. If possible, a Safety Data Sheet for the exposure agent should be obtained.

## Personal Protective Equipment

### 914.1 PURPOSE AND SCOPE

The purpose of this policy is to reasonably protect Immokalee Fire Control District members by providing and maintaining, at no cost to the member, personal protective equipment (PPE), safety devices and safeguards for workplace activities (§ 633.520, Fla. Stat.; Rule 69A-37.0527, F.A.C.).

PPE information related to patient care is found in the Communicable Diseases Policy.

### 914.2 POLICY

It is the policy of the Immokalee Fire Control District to provide PPE and safeguards meeting the requirements of the current edition of National Fire Protection Association (NFPA) Standard 1971, Standard on Protective Ensembles for Structural Fire Fighting and Proximity Fire Fighting, and of the proper type, design, strength and quality needed to reasonably eliminate, preclude or mitigate a hazard (§ 633.520, Fla. Stat.; Rule 69A-37.0527, F.A.C.).

The Immokalee Fire Control District shall also establish a written maintenance, repair, servicing and inspection program for protective clothing and equipment to reduce the safety and health risks associated with improper selection, poor maintenance, inadequate care, excess wear and improper use of PPE.

### 914.3 PPE STANDARDS AND REQUIREMENTS

The District will provide approved PPE that is appropriate for the hazard to members who are located in a workplace where there is a risk of injury. Members shall be required to wear PPE any time there is a risk of exposure to a hazard and during the practical examinations of state-required certification (Rule 69A-37.0527, F.A.C.).

PPE shall include all of the following guidelines, requirements and standards:

- (a) The PPE provided shall minimally meet the requirements of NFPA 1971, including the presence of a fixed label indicating compliance and similar labeling noting the PPE meets the standards approved by the American National Standards Institute (ANSI) or other recognized authority.
- (b) When no authoritative standard exists for PPE or a safety device, the use of such equipment shall be subject to inspection and acceptance or rejection by the Deputy Chief in charge of the Division where the equipment will be used.
- (c) PPE shall be distinctly marked so as to facilitate easy identification of the manufacturer.
- (d) The Training Division shall ensure that the member is properly instructed and uses PPE in accordance with the manufacturer's instructions.
- (e) The District shall ensure that all PPE, whether provided by the District or the employee, complies with the applicable state standards.

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- (f) Members are responsible for maintaining their assigned PPE in a safe and sanitary condition.
- (g) Supervisors are responsible for ensuring that all PPE is maintained in a safe and sanitary condition.
- (h) PPE shall be of such design, fit and durability as to provide adequate protection against the hazards for which they are designed.
- (i) PPE shall be reasonably comfortable and shall not unduly encumber member movements that are necessary to perform work.

#### 914.3.1 HEAD PROTECTION

Members working in locations where there is a risk of head injuries from flying or falling objects and/or electric shock and burns shall wear an approved protective helmet. Each protective helmet shall bear the original marking required by the ANSI standard under which it was approved. At a minimum, the marking shall identify the manufacturer, the ANSI designated standard number and date, and the ANSI designated class of helmet. Where there is a risk of injury from hair entanglements in moving parts of machinery, combustibles or toxic contaminants, members shall confine their hair to eliminate the hazard.

#### 914.3.2 FACE AND EYE PROTECTION

Members working in locations where there is a risk of eye injuries, such as punctures, abrasions, contusions or burns from contact with flying particles, hazardous substances, projectiles or injurious light rays that are inherent in the work or environment, shall be safeguarded by means of face or eye protection. Suitable screens or shields isolating the hazardous exposure may be considered adequate safeguarding for nearby members. The District shall provide and require that members wear approved face and eye protection suitable for the hazard and in accordance with previously cited national standards.

#### 914.3.3 BODY PROTECTION

Body protection may be required for members whose work exposes parts of their bodies that are not otherwise protected from hazardous or flying substances or objects. Clothing appropriate for the work being done shall be worn. Loose sleeves, tails, ties, lapels, cuffs or other loose clothing that can be entangled in moving machinery shall not be worn. Clothing saturated with flammable liquids, corrosive substances, irritants or oxidizing agents shall either be removed and not worn until properly cleaned, or shall be destroyed.

#### 914.3.4 HAND PROTECTION

Hand protection shall be required for members whose work involves unusual and excessive exposure of hands to cuts, burns, harmful physical or chemical agents or radioactive materials that are encountered and capable of causing injury or impairment.

Hand protection (e.g., gloves) shall not be worn where there is a danger of the hand protection becoming entangled in moving machinery or materials. Use of hand protection around smooth-

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surfaced rotating equipment does not constitute an entanglement hazard if it is unlikely that the hand protection will be drawn into the danger zone.

Wristwatches, rings or other jewelry should not be worn while working with or around machinery with moving parts in which such objects may be caught or around electrical equipment.

#### 914.3.5 FOOT PROTECTION

Appropriate foot protection shall be required for members who are exposed to foot injuries from electrical hazards; hot, corrosive or poisonous substances; falling objects; or crushing or penetrating actions, or who are required to work in abnormally wet locations. Footwear that is defective or inappropriate to the extent that its ordinary use creates the possibility of foot injuries shall not be worn. Footwear shall be appropriate for the hazard and shall comply with recognized national standards.

#### 914.4 SELECTION, CARE AND MAINTENANCE OF PPE

PPE exists to provide the member with an envelope of protection from multiple hazards and repeated exposures. For structural firefighting, PPE is a system of components designed to work as an ensemble. Typical firefighting PPE consists of a hood, helmet, jacket, trousers, gloves, wristlets and footwear. A program for selection, care and maintenance of PPE consists of the following.

##### 914.4.1 SELECTION

The PPE selection process should be conducted through a labor-management committee utilizing members from labor and representatives from the District.

Prior to procurement, a risk assessment may be performed to include expected hazards, frequency of use, past experiences, geographic location and climatic conditions. The selection process should evaluate comparative information on all ensemble elements to ensure they will interface and perform based on the risk assessment. The process should consider the following:

- (a) PPE performance expectations, to include thermal and physiological effects
- (b) Style and design for user comfort and wear performance
- (c) Construction for quality, durability and garment life
- (d) Manufacturer ability to meet performance demand requirements, technical information, service, warranty and customer support needs

##### 914.4.2 INSPECTION

There are two primary types of PPE inspection:

**Routine inspection** - Each firefighter shall conduct a routine inspection of his/her issued PPE each time the elements are exposed or are suspected of having been exposed to damage or contamination.

- (a) Coat, trouser, gloves and hood should be checked for the following:

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1. Soiling
  2. Contamination from hazardous materials or biological agents
  3. Physical damage, such as:
    - (a) Rips, tears and cuts
    - (b) Damaged/missing hardware and closure systems
    - (c) Thermal damage, such as charring, burn holes and melting
    - (d) Damaged or missing reflective trim
    - (e) Shrinkage
    - (f) Loss of elasticity or flexibility at openings
- (b) Helmets should be checked for the following:
1. Soiling
  2. Contamination from hazardous materials or biological agents
  3. Physical damage to the shell, such as:
    - (a) Cracks, crazing (small cracks), dents and abrasions
    - (b) Thermal damage to the shell, such as bubbling, soft spots, warping or discoloration
  4. Physical damage to ear flaps, such as:
    - (a) Rips, tears and cuts
    - (b) Thermal damage, such as charring, burn holes and melting
  5. Damaged or missing components of suspension and retention systems
  6. Damaged or missing components of the goggle system including:
    - (a) Discoloration
    - (b) Crazing (small cracks)
    - (c) Scratches to goggle lens, limiting visibility
  7. Damaged or missing reflective trim
- (c) Footwear should be checked for the following:
1. Soiling
  2. Contamination from hazardous materials or biological agents
  3. Physical damage, such as:
    - (a) Cuts, tears and punctures

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- (b) Thermal damage, such as charring, burn holes and melting
- (c) Exposed or deformed steel toe, steel midsole and shank
- (d) Loss of water resistance

**Advanced inspection** - Advanced inspection of PPE ensembles and elements shall be conducted a minimum of every 12 months or whenever routine inspections indicate a problem may exist.

Advanced inspections shall only be conducted by trained and certified employees or a manufacturer-approved vendor certified to conduct advanced inspections. All findings from advanced inspections shall be documented on an inspection form. Universal precautions shall be observed, as appropriate, when handling elements. Advanced inspections shall include, at a minimum, the inspection criteria outlined in the applicable NFPA standard.

#### 914.4.3 CLEANING AND DECONTAMINATION

The following rules and restrictions shall apply to the cleaning and decontamination of PPE:

- (a) Soiled and contaminated PPE elements shall not be taken home, washed in the home or washed in public laundries unless the business is dedicated to handling firefighting protective clothing.
- (b) Commercial dry cleaning shall not be used.
- (c) The District will examine the manufacturer's label and user information for specific cleaning instructions.
- (d) Chlorine bleach or chlorinated solvents shall not be used to clean or decontaminate PPE elements.
- (e) Scrubbing or spraying with high-velocity water jets, such as a power washer, shall not be used.
- (f) All contract cleaning or decontamination businesses shall demonstrate procedures for cleaning and decontamination that do not compromise the performance of PPE ensembles and elements. District standards identify and define three primary types of cleaning: routine, advanced and specialized.
  - 1. **Routine cleaning** - After each use, any elements that are soiled shall receive routine cleaning. It is the firefighter's responsibility to routinely clean his/her PPE ensemble or elements using the following process:
    - (a) When possible, initiate cleaning at the incident scene.
    - (b) Brush off any dry debris.
    - (c) Gently rinse off debris with a water hose.
    - (d) If necessary, scrub gently with a soft bristle brush and rinse off again if necessary. Spot clean utilizing a utility sink.
    - (e) Inspect for soiling and contamination and repeat the process if necessary.
    - (f) All elements shall be air-dried in an area with good ventilation. Do not dry in direct sunlight or use a machine dryer.



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2. **Advanced cleaning** - Should routine cleaning fail to render the elements clean enough to be returned to service, advanced cleaning is required. In addition, elements that have been issued, used and soiled shall undergo advanced cleaning every six months, at a minimum.
  - (a) The Support Services Division shall manage all advanced cleaning utilizing a qualified contract cleaner.
  - (b) Advanced cleaning will be coordinated by the Support Services Division. Loaner PPE will be provided for any member scheduled to work.
  - (c) Station laundering machines shall not be used to clean PPE elements.
3. **Specialized cleaning** - PPE elements that are contaminated with hazardous materials or biological agents shall undergo specialized cleaning as necessary to remove the specific contaminants.
  - (a) The PPE elements that are contaminated or suspected to be contaminated shall be isolated, tagged, bagged and removed from service until they undergo specialized cleaning to remove the specific contaminant. All bagged PPE shall include the member's name, company and shift. Universal precautions shall be observed when handling known or suspected contaminated PPE elements. For more information on decontamination of PPE after exposure, refer to the Communicable Diseases Policy.
  - (b) The Support Services Division shall manage all specialized cleaning and will utilize a qualified contract cleaner. The District, if possible, shall identify the suspected contaminant and consult the manufacturer for an appropriate decontamination agent and process.

#### 914.4.4 REPAIR OF PPE

The Support Services Division shall manage all PPE repairs utilizing a manufacturer-recognized repair facility. All elements shall be subject to an advanced or specialized cleaning before any repair work is done. Loaner PPE is available to employees while repairs are being made.

#### 914.4.5 ISSUING PPE

All PPE ensembles or elements shall be issued through the Support Services Division. All fittings shall be completed by the Support Services Division and/or by a manufacturer's representative.

- Members shall only use district-issued PPE.
- Members shall minimize the public's exposure to soiled or contaminated PPE and avoid wearing PPE to non-fire related emergencies.
- Members shall not wear PPE inside station living quarters or other district facilities.

#### 914.4.6 STORAGE OF PPE

The parameters for the storage of all PPE ensembles or elements include the following:

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- (a) PPE shall not be stored in direct sunlight or exposed to direct sunlight when it is not being worn.
- (b) PPE shall be clean, dry and well ventilated before storage.
- (c) PPE shall not be stored in airtight containers unless the container is new and unused.
- (d) PPE shall not be stored at temperatures below 40 degrees or above 180 degrees.
- (e) PPE shall be stored in a protective case or bag to prevent damage if stored in compartments or trunks.
- (f) PPE shall not be subjected to sharp objects, tools or other equipment that could damage the ensemble or elements.
- (g) PPE shall not be stored inside living quarters or with personal belongings, or taken or transported within the passenger compartment of personal vehicles unless it is stored in a protective case or bag.
- (h) PPE shall not be stored in contact with hydraulic fluids, solvents, hydrocarbons, hydrocarbon vapors or other contaminants.

#### 914.4.7 PPE TRAINING

The Training Division shall be responsible for the following:

- (a) Upon issue, all employees shall be provided training on this policy along with the manufacturer's written instructions on the care, use and maintenance of their PPE, including any warnings issued by the manufacturer.
- (b) New firefighters shall receive training in the care, use and maintenance of their PPE before participating in live fire training or operations.
- (c) All other firefighters shall receive refresher training as needed when PPE ensembles or elements are upgraded or changed, or at a minimum of every four years as required (§ 633.414, Fla. Stat; Rule 69A-37.0527, F.A.C.).

#### 914.4.8 PPE RECORD KEEPING

The District shall maintain or require contracted vendors to maintain records on all structural firefighting ensembles or elements to include:

- (a) The name of the member to whom the element is issued.
- (b) The date and condition of the element when issued.
- (c) The manufacturer, model name or design.
- (d) The manufacturer's identification number, lot number or serial number.
- (e) The month and year of manufacture.
- (f) The dates and findings of all advanced inspections.

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### *Personal Protective Equipment*

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- (g) The dates of advanced cleaning, specialized cleaning or decontamination, and by whom it was performed.
- (h) The date of any repairs, the person who repaired the PPE and a brief description of the repair.
- (i) The date the element was removed from service (retirement).
- (j) The date and method the element was disposed.

#### 914.4.9 PPE RETIREMENT

All PPE ensembles and elements that are worn or damaged to the extent that the District deems that it is not possible or cost effective to repair shall be retired. All PPE ensembles and elements that are no longer useful for emergency operations but are not contaminated, defective or damaged shall be retired.

Retired PPE ensembles and elements shall be destroyed or disposed of by the District in a manner ensuring that they will not be used in any firefighting or emergency activities, including training. Retired PPE may only be used for training when that training does not include live fire. Any PPE used for training shall be clearly marked: "Training only. No live fire."

#### 914.4.10 SPECIAL INCIDENT PROCEDURE

If any member of the Immokalee Fire Control District suffers a serious injury or death while wearing PPE, the following procedure should be followed:

- (a) The PPE will immediately be removed from service.
- (b) Custody of the PPE will be maintained by the Fire Chief or the authorized designee, and the PPE shall be kept in a secure location with controlled, documented access.
- (c) All PPE shall be non-destructively tagged and stored only in paper or cardboard containers to prevent further degradation or damage. Plastic airtight containers shall not be used.
- (d) The PPE shall be made available to the district's investigation team (see the Line-of-Duty Death and Serious Injury Investigations Policy) or outside experts as approved by the Fire Chief or the authorized designee, to determine the condition of the PPE.
- (e) The Fire Chief or the authorized designee shall determine the retention period for storage of the PPE.

## Hazard Communication

### 916.1 PURPOSE AND SCOPE

The purpose of this policy is to protect the health and safety of district members who may be occupationally exposed to hazardous chemicals in the workplace.

### 916.2 POLICY

It is the policy of the Immokalee Fire Control District to develop, implement and maintain a written chemical hazard communication program for members to use as a reference. The program shall minimally describe how district members will receive information and training on the criteria specified for labels and other forms of warning and Safety Data Sheets (SDS) pursuant to the Florida Emergency Planning and Community Right-to-Know Act and the federal Emergency Planning and Community Right-to-Know Act of 1986 (EPCRA) (42 USC § 11001 et seq.; § 252.81, Fla. Stat. et seq.; Rule 69A-62.004, F.A.C.).

### 916.3 PROCEDURE

The Fire Chief or the authorized designee should develop, implement and maintain a written chemical hazard communication program that includes, but is not limited to:

- (a) A list of hazardous chemicals known to be present in the workplace. The list may be compiled for the workplace as a whole or for individual work areas.
- (b) The methods the District will use to inform and train members of the hazards of non-routine tasks and the hazards associated with chemicals in unlabeled pipes in member work areas.
- (c) The District shall make the written chemical hazard communication program available, upon request, to members, to their designated representatives and to any applicable Florida regulatory agency.
- (d) The District shall establish a procedure to ensure that each container of a hazardous chemical is labeled, tagged or marked with the following information:
  1. Identity of the hazardous chemical
  2. Appropriate hazard warnings
  3. Name and address of the manufacturer, importer or other responsible party
- (e) The District will keep a current notice in place informing members of their rights regarding hazardous materials disclosures pursuant to Florida law (Rule 69A-62.004, F.A.C.).

### 916.4 SAFETY DATA SHEETS

The District shall have an SDS for each hazardous chemical that is in use in the workplace. The SDS concerning a hazardous chemical shall be readily accessible to members and prepared in

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### *Hazard Communication*

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accordance with the Florida Emergency Planning and Community Right-to-Know Act (§ 252.81, Fla. Stat. et seq.).

#### **916.5 TRAINING REQUIREMENTS**

See the Hazard Communication Program Training Policy.

## Release of HIPAA-Protected Information

### 1033.1 PURPOSE AND SCOPE

The purpose of this policy is to establish a pre-authorization process for the release of a member's protected health information (PHI), which is protected by Health Insurance Portability and Accountability Act (HIPAA) regulations, in the event of an on-duty injury or illness.

### 1033.2 POLICY

It is the policy of the Immokalee Fire Control District to allow members to complete a pre-authorization for the release of their PHI to a family member or other specific individual in the event the member becomes injured or ill on-duty.

### 1033.3 GUIDELINES

The Fire Chief or the authorized designee should ensure procedures are in place to address:

- (a) The right of members to voluntarily complete a pre-authorization for the release of PHI to specific individuals.
- (b) Storage and security of completed pre-authorization forms.
- (c) Supervisor access to completed forms during both business and non-business hours.
- (d) Expiration and renewal requirements for the pre-authorization form.
- (e) Situations or circumstances in which members can expect the District to release their PHI to the pre-authorized family member or other specific individual.