

# Meeting Sign-In Sheet

Meeting: EDC Fire Chiefs Association Meeting  
 Facilitator: Deputy Chief Tom Keating, Rescue Fire Dist.  
 Place/Room: EDC OES Conference Room  
330 Fair Lane, Placerville, CA 95667

Date: Wed., Oct. 22, 2014  
 Time: 9:30:00 AM

PRINT NAME	ORGANIZATION/STATION	TITLE
1. Chers Johns	STATION 75	BATTALION CHIEF
2. Brian Veerkamp	BOS	
3. Tim Cordano	ECF	
4. Bill Fullerton	CSFA	
5. <del>GARY</del> SCHWAB	Cal FD	CHIEF
6. Jack Daniels	PTO	Chief
7. KENNEDY FRANK	DSP	B/C
8. GARY HUMBERT	Cal OES	AC
9. Brian ESTES	CAL FIRE	DEPT. CHIEF
10. Rob Combs	DSP	Chief
11. ROBERT BEMENT	G.V.	A/C
12. Bob Counts	Cameron Park	B/C
13. JOE TYLER	Cal Fire / CAMERON PARK	DC
14. PAT DWYER	FIRE SAFE COUNCIL	CHAIR
15. MIKE SCHWAB	MBFPD / NTF	CHIEF
16. Michael Hardy	ECF	CHIEF
17. DAVE ROBERTS	EDH / RSA / LTB	CHIEF
18.		
19.		
20.		

EDC Fire Chiefs Association meeting  
Wednesday, October 22, 2014

Guests cards:

**West Point Fire**  
PROTECTION DISTRICT

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**Bill Fullerton**  
Fire Captain



**Olivia Byron-Cooper, MPH**

*Epidemiologist*

EL DORADO COUNTY  
HEALTH AND HUMAN SERVICES AGENCY

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**EL DORADO COUNTY FIRE CHIEFS' ASSOCIATION  
AGENDA**

**PLACE:** El Dorado County OES Conference Room  
330 Fair Lane  
Placerville, CA 95667

**DATE:** Wednesday, October 22, 2014

**TIME:** 0930 Hours

- I.** Call to Order
- II.** Pledge of Allegiance
- III.** Introduction of Guests
- IV.** Public Comments
- V.** Approval of Agenda
- VI.** Approval of Minutes (No meeting held in September)
- VII.** Treasurer's Report
- VIII.** Fire Advisory Board
- IX. Old Business:**
  1. CCFD Update (Roberts)
- X. New Business:**
  1. FEMA National Fire Department Census (Schwab)
  2. King Fire Update (CALFIRE/USFS)
  3. Ebola Response Matrix (Schwab)
  4. Christmas Dinner (Dekker/Keating)
- XI. Department Reports**
- XII. Section Reports**
  1. Training Officers
  2. Fire Prevention Officers
  3. Operations
    - a. Communications CQI
    - b. Information Technology

**EL DORADO COUNTY FIRE CHIEFS' ASSOCIATION  
AGENDA**

**Agenda:  
October 22, 2014  
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**XIII.** Standing Committee Reports

1. EMS Agency
2. OES, State & Local
3. Fire Safe Council
4. LAFCO
5. Red Cross
6. CalStar

**XIV.** Good and Welfare

**XV.** Next Meeting: TBD

**XVI.** Adjournment

## Guideline

- A. The first arriving unit assumes command, locates the victims and orders additional resources if needed.

The first arriving apparatus with proper LARRO equipment places the apparatus in a position to set up a lowering system and assumes rescue group supervisor (RGS).

The second arriving apparatus parks 50-100 ft behind or in front the first apparatus to block the lane and can be used as secondary anchor if a change of direction "COD" is needed.

All other arriving units park out of the way of the rescue operation and get an assignment from the IC.

The IC can also be the RGS if needed.

- B. The RGS assigns a safety officer, a rigging person, an edge person, a rescue team to go over the bank and a haul team.

The RGS has a lowering system set-up consisting of a LARRO approved Main Line and Safety line. This will be used to send down personnel and equipment. Possible equipment to be sent down would be medical gear, a stokes basket, extrication equipment, ect.

NOTE \*\* A single main line with tandem prussiks can be used for single rescuer operation on low angle slopes that don't require a lot of resistance/mechanical advantage \*\*

The safety officer is to check all rigging and personnel attachments prior to lowering.

Once the personnel and equipment are to the victims, the lowering system will be locked off and changed over to a LARRO approved raising system. This can be a built in mechanical advantage or a pig rig line.

Once the victims are packaged and ready to be raised up, the RGS will have the haul team raise the victim and personnel up.

The Safety officer is to check all rigging prior to hauling.

10/22/14 XII.1  
TO Handout

<b>EL DORADO Administrative Guideline</b>		
Number:	Date: 10/11/14	Revision Date:
Subject: Low Angle Rope Rescues		

**I. Purpose**

The (District/Department) will follow the guidelines outlined in this document while operating on incidents that require the use of a rope rescue system.

Rope Rescue emergencies are generally high risk, low frequency events that require multi agency cooperation. By standardizing equipment, training and guidelines, we can provide quicker, safer and competent service delivery to the citizens of El Dorado County.

It is the objective of the ABC FD to utilize a system that is simple, will not delay emergency operations, is compatible with neighboring jurisdictions and follows the minimum standards from NFPA and State Fire Training LARRO guidelines. With this in mind, the system will be continually reevaluated in order to make any necessary operational and hardware adjustments.

The primary intention of the Low Angle Rope Rescue guideline, is to bring common terminology, standardized Training, required equipment, and uniform ICS to rope rescue emergencies.

**II. Definition**

Low Angle refers to an environment with slopes of 15-40 degrees. 0 degrees is considered flat land and 90 degrees is considered completely vertical. Low Angle Rescue is considered any environment that the "on rope" rescuer is predominantly able to support himself and the load without relying on the rope system.

The (District/Department) will use the Low Angle Rope Rescue guideline when operating on an incident that requires LARRO in order to maintain cooperation and safe effective operations between agencies

**III. Scope**

This guideline will apply to emergency personnel working on rope rescue incidents regardless of departmental jurisdiction.

**IV. Authorities**

- NFPA 1670 Standard on operations and training for technical rescue incidents 1999 ed
- NFPA 1983 Standard for rope and system components

- NFPA 1006 Standard for rescue technical professional qualifications 2000 ed
- CA State Fire Training "LARRO" lesson plan 2007 ed
- CA State Fire Training "RS1" lesson plan

## V. Terms

**Ambulatory Victim** A victim that is capable of walking

**Anchor Point** A single structural component used either alone or in combination with others to create an anchor system capable of sustaining the actual or potential load on the rope rescue system.

**Anchor System** One or more anchor points rigged in such a way as to provide a structurally significant connection point for rope rescue system components.

**Belay Line** The rope that is attached to a rescuer and victim. The belay line's purpose is to keep rescuer and victim safe if there were to be a failure in the main line. The belay line is completely separate from the main line RPM. May also be called "safety line"

**Belay/Safety Line Tender** A staffed position in a LARRO incident, Belay Line Tender operates the belay line, he/she is responsible for giving slack or taking up slack in the belay line. Belay/Safety Line Tender shall be in continuous communication with Edge person.

**Brake** Tool used to create friction to slow rope descent

**Bridle** Also know as the "stokes pre rig" The bridle includes rope, prusik cord, and carabiners that is used to connect rescuers to stokes basket.

**Edge Person** A staffed position in a LARRO incident, edge person keeps in continuous communication with rescuers over the side and personnel operating the main line and safety line.

**Haul Team** A staffed position(s) in a LARRO incident, the Haul Team is responsible for controlling and raising the mainline when rescuer(s) and victim are ready to be raised.

**Incident Commander** A staffed position in a LARRO incident, Incident Commander (IC) is responsible for the overall management of the incident. Duties include incident objectives, strategies, and immediate priorities. Communicates with dispatch, and other agencies if operating under unified command.



**Life Line Rope** dedicated to the sole purpose of supporting people during rescue, firefighting, training and other emergency operations

**Litter** A transfer device used to support and protect a patient during movement. (**stokes basket**)

**Low Angle** refers to an environment with slopes of 15-45 degrees. 0 degrees is considered flat land and 90 degrees is considered completely vertical.

**Low Angle Rescue** is considered any environment that the “on rope” rescuer is predominantly able to support himself and the load without relying on the rope system.

**Main Line** The primary rope that will be used to lower rescuers, as well as haul rescuers and victims up sloped angle safely.

**Main Line Tender** A staffed position in a LARRO incident, Main line Tender is responsible for operating rope and friction devices on the mainline. Main Line Tender shall be in continuous communication with Edge person as well as Haul team.

**Multi-Purpose Device (MPD)** A UL approved, NFPA recognized friction, pulley and/or belay device

**Non Ambulatory Victim** A person that is not capable of walking on their own.

**Rescuer** A staffed position in a LARRO incident, the Rescuer is responsible for assessing and stabilizing the victims. Rescuer should be confident in patient assessment and securing patient to litter properly.

**Rigger** Are responsible for assembling the rope rescue system, which includes main line, belay line, stokes basket and stokes pre-rig. A rigger shall have strong knowledge of the LARRO system. A rigger may move onto another position once rigging is complete.

**Safety Officer** A staffed position in a LARRO incident, Safety Officer is responsible for the overall safety of personnel and victims at scene. Safety Officer will identify any hazards that may be encountered at incident, as well as recommend measures to ensure rescuer safety. Safety Officer shall stop or prevent any unsafe act.

## VI. Guideline

### A- Rope rescue response plan



Camino Emergency Command Center will determine the call type of a potential “Over the Side Rescue” and will put in the call type accordingly.

The Rope Rescue response plan will consist of the 3 closet Engines, 2 Engines with a “Rope Rescue qualifier”, 1 Chief Officer and a Medic Unit.

B- Establish a minimum complement for resources

<b>Equipment:</b>	<b>EDC Rope Qualified Engine Co.</b>
Rope, min 150' x ½", Static Kernmantle, <i>NFPA approved</i>	1
Figure 8 with ears, brake bar rack or MPD <i>NFPA approved</i>	1
Carabiners, general use, <i>NFPA approved</i>	10
Multi-point collection device	1
Load Releasing Device (Commercial or field assembled device used to anchor and release tension from rope rescue systems, with General use NFPA approved carabiners.(eg. Mariners hitch, MPD))	1
Prusik Loops, 8mm minimum	6
Pully, rescue (2" or 4", minimum 1 prusik minding)	3
Litter (rated for horizontal lift (eg. Bowman bag, stokes, sked))	1
Litter pre-rig (commercial or pre assembled with General use NFPA approved carabiners)	1
Webbing (1"x 5', green)*	5
Webbing (1"x 12', yellow)*	5

Webbing (1"x 15', blue)*	5
Webbing (1"x 20', orange)*	5
Edge Protection (commercial rollers, canvas tarps, split fire hose or any combination of each)	optional
Harness, commercial (Class- II minimum)	3
Harness, commercial (Class- III minimum)	optional
Harness, victim	1
Pickets, steel (1"x4')	optional

\*Note: All webbing must be mil spec. Nylon, 4000 lb. minimum tensile strength. Each length must be the color indicated.



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

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## Fact Sheet

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For Immediate Release: Monday, October 20, 2014  
Contact: [Media Relations \(http://www.cdc.gov/media\)](http://www.cdc.gov/media)  
(404) 639-3286

### Tightened Guidance for U.S. Healthcare Workers on Personal Protective Equipment for Ebola

The Centers for Disease Control and Prevention is tightening previous infection control guidance for healthcare workers caring for patients with Ebola, to ensure there is no ambiguity. The guidance focuses on specific personal protective equipment (PPE) health care workers should use and offers detailed step by step instructions for how to put the equipment on and take it off safely.

Recent experience from safely treating patients with Ebola at Emory University Hospital, Nebraska Medical Center and National Institutes of Health Clinical Center are reflected in the guidance.

The enhanced guidance is centered on three principles:

- All healthcare workers undergo rigorous training and are practiced and competent with PPE, including taking it on and off in a systemic manner
- No skin exposure when PPE is worn
- All workers are supervised by a trained monitor who watches each worker taking PPE on and off.

All patients treated at Emory University Hospital, Nebraska Medical Center and the NIH Clinical Center have followed the three principles. None of the workers at these facilities have contracted the illness.

#### **Principle #1: Rigorous and repeated training**

Focusing only on PPE gives a false sense of security of safe care and worker safety. Training is a critical aspect of ensuring infection control. Facilities need to ensure all healthcare providers practice numerous times to make sure they understand how to appropriately use the equipment, especially in the step by step donning and doffing of PPE. CDC and partners will ramp up training offerings for healthcare personnel across the country to reiterate all the aspects of safe care recommendations.

#### **Principle #2: No skin exposure when PPE is worn**

Given the intensive and invasive care that US hospitals provide for Ebola patients, the tightened guidelines are more directive in recommending no skin exposure when PPE is worn.

CDC is recommending all of the same PPE included in the August 1, 2014 guidance, with the addition of coveralls and single-use, disposable hoods. Goggles are no longer recommended as they may not provide complete skin coverage in comparison to a single use disposable full face

shield. Additionally, goggles are not disposable, may fog after extended use, and healthcare workers may be tempted to manipulate them with contaminated gloved hands. PPE recommended for U.S. healthcare workers caring for patients with Ebola includes:

- Double gloves
- Boot covers that are waterproof and go to at least mid-calf or leg covers
- Single use fluid resistant or impermeable gown that extends to at least mid-calf **or** overall without intergraded hood.
- Respirators, including either N95 respirators or powered air purifying respirator(PAPR)
- Single-use, full-face shield that is disposable
- Surgical hoods to ensure complete coverage of the head and neck
- Apron that is waterproof and covers the torso to the level of the mid-calf should be used if Ebola patients have vomiting or diarrhea

The guidance describes different options for combining PPE to allow a facility to select PPE for their protocols based on availability, healthcare personnel familiarity, comfort and preference while continuing to provide a standardized, high level of protection for healthcare personnel. The guidance includes having:

- **Two specific, recommended PPE options** for facilities to choose from. Both options provide equivalent protection if worn, donned and doffed correctly.
- **Designated areas for putting on and taking off PPE.** Facilities should ensure that space and lay-out allows for clear separation between clean and potentially contaminated areas
- **Trained observer to monitor PPE** use and safe removal
- **Step-by-step PPE removal instructions** that include:
  - Disinfecting visibly contaminated PPE using an EPA-registered disinfectant wipe prior to taking off equipment
- **Disinfection of gloved hands** using either an EPA-registered disinfectant wipe or alcohol-based hand rub between steps of taking off PPE.

### **Principle #3: Trained monitor**

CDC is recommending a trained monitor actively observe and supervise each worker taking PPE on and off. This is to ensure each worker follows the step by step processes, especially to disinfect visibly contaminated PPE. The trained monitor can spot any missteps in real-time and immediately address.

### **PPE is Only One Aspect of Infection Control**

It is critical to focus on other prevention activities to halt the spread of Ebola in healthcare settings, including:

- Prompt screening and triage of potential patients
- Designated site managers to ensure proper implementation of precautions
- Limiting personnel in the isolation room
- Effective environmental cleaning

### **Think Ebola and Care Carefully**

The CDC reminds health care workers to “Think Ebola” and to “Care Carefully.” Health care workers should take a detailed travel and exposure history with patients who exhibit fever, severe

headache, muscle pain, weakness, diarrhea, vomiting, stomach pain, unexplained hemorrhage. If the patient is under investigation for Ebola, health care workers should activate the hospital preparedness plan for Ebola, isolate the patient in a separate room with a private bathroom, and to ensure standardized protocols are in place for PPE use and disposal. Health care workers should not have physical contact with the patient without putting on appropriate PPE.

### **CDC's Guidance for U.S. Healthcare Settings is Similar to MSF's (Doctors Without Borders) Guidance**

Both CDC's and MSF's guidance focuses on:


- **Protecting skin and mucous membranes** from all exposures to blood and body fluids during patient care
- **Meticulous, systematic strategy for putting on and taking off PPE** to avoid contamination and to ensure correct usage of PPE
- **Use of oversight and observers** to ensure processes are followed
- **Disinfection of PPE prior to taking off:** CDC recommends disinfecting visibly contaminated PPE using an EPA-registered disinfectant wipe prior to taking off equipment. Additionally, CDC recommends disinfection of gloved hands using either an EPA-registered disinfectant wipe or alcohol-based hand rub between steps of taking off PPE. Due to differences in the U.S. healthcare system and West African healthcare settings, MSF's guidance recommends spraying as a method for PPE disinfection rather than disinfectant wipes.

### **Five Pillars of Safety**

CDC reminds all employers and healthcare workers that PPE is only one aspect of infection control and providing safe care to patients with Ebola. Other aspects include five pillars of safety:

- **Facility leadership has responsibility** to provide resources and support for implementation of effective prevention precautions. Management should maintain a culture of worker safety in which appropriate PPE is available and correctly maintained, and workers are provided with appropriate training.
- **Designated on-site Ebola site manager** responsible for oversight of implementing precautions for healthcare personnel and patient safety in the healthcare facility.
- **Clear, standardized procedures** where facilities choose one of two options and have a back-up plan in case supplies are not available.
- **Trained healthcare personnel:** facilities need to ensure all healthcare providers practice numerous times to make sure they understand how to appropriately use the equipment.
- **Oversight of practices** are critical to ensuring that implementation protocols are done accurately, and any error in putting on or taking off PPE is identified in real-time, corrected and addressed, in case potential exposure occurred.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (<http://www.hhs.gov/>)   
(<http://www.cdc.gov/Other/disclaimer.html>)

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Centers for Disease Control and Prevention 1600 Clifton Road Atlanta, GA 30329-4027, USA

# CITIZEN'S ACADEMY EVALUATION FORM

GRADE SCALE: A, B, C, D OR F

DATE: \_\_\_\_\_ INSTRUCTOR(S): \_\_\_\_\_

Please grade the instructor in the following categories and then write any comments you may have. These are anonymous, so please be honest:

**Greeting** \_\_\_\_\_

**Topic Material** \_\_\_\_\_

**Knowledge** \_\_\_\_\_

**Preparation** \_\_\_\_\_

**Use/Awareness of**

**Audience** \_\_\_\_\_

**Speaking** \_\_\_\_\_

**Body language** \_\_\_\_\_

**Overall Presentation** \_\_\_\_\_

Additional Comments

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