



General Order Number: 06-02	Effective Date: January 2010
Division: Emergency Operations	
Chapter: Out-of-County Fill-In Companies	
By Order of the Fire Chief: Marc S. Bashoor	Revision Date: N/A

POLICY

To establish a policy and procedure for the use of out-of-County fire companies to fill-in at stations during a scheduled event. This policy does not cover the transfer of out-of-County fire companies to stations within Prince George's County as the result of an emergency, which are covered under standing mutual aid agreements.

DEFINITIONS

N/A

PROCEDURES / RESPONSIBILITIES

1. General Guidelines

Out-of-County fire and emergency medical units may fill-in at stations in Prince George's County during non-emergency events such as banquets, fire department funerals, etc. with the prior approval of the Lieutenant Colonel of the Emergency Operations Command (EOC).

All requests to use out-of-County fire and emergency medical units for fill-in crews during non-emergency events shall be made at least 48 hours in advance. The request shall only be made by the respective chief of the host fire station to EOC for review and decision. It is understood that for fire department funerals, it may not be possible to have 48-hour prior notification. In this case, the requesting station shall attempt to provide as much advance notice as possible.

All out-of-County companies must provide and use their own apparatus. Out-of-County personnel will not be permitted to operate apparatus owned, insured or maintained by Prince George's County unless the members have dual membership in this County, and meet all of the membership and training requirements.

In the event that the out-of-County fill-in crew will not be providing ambulance services, the Chief of the host company shall arrange for adequate ambulance coverage.

The selection of out-of-County units shall be based on their routine participation in Prince George's County through standing mutual aid agreements. This ensures that those units are familiar with the standard operating procedures of this Department.



PRINCE GEORGE'S COUNTY, MARYLAND FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER

Apparatus shall be staffed to meet the minimum staffing requirements as defined by the Prince George's County Fire/Emergency Medical Services (EMS) Department, and be supervised by a line officer. All staffing shall meet the minimum qualifications for volunteer personnel to engage in fire suppression and emergency medical operations. Personnel riding fire apparatus must be trained to at least the Firefighter I level, and all EMS personnel must be at least an EMT-B. Copies of all pertinent training credentials will be forwarded to EOC with the request.

All personnel must have a complete set of Personal Protective Equipment (PPE) with them to include: turnout coat, bunker pants, boots, helmet, gloves and hood. The use of ¾-length boots is not permitted.

Any accident involving the fill-in company's apparatus will be the responsibility of the respective fill-in company and/or fill-in company's jurisdiction, as stipulated in established mutual aid agreements.

Any injury involving the fill-in company's personnel will be the responsibility of the respective fill-in company and/or fill-in company's jurisdiction as stipulated in established mutual aid agreements.

All personnel must meet the grooming standards for the Prince George's County Fire/EMS Department, and must have a current fit test from their jurisdiction.

REFERENCES

N/A

FORMS / ATTACHMENTS

Out of County Fill-In Company/Apparatus Form

Prince George's County Fire/EMS Department
Company Fill In Tracking Form

Host Station Information

Station:	_____		
Date of Event:	_____		
Event Type:	_____		
Coverage Start Time:	_____	Coverage End Time:	_____

Fill-In Station Information

Station/Company	_____
Home Jurisdiction	_____
Apparatus	_____

Personnel

Name	Position	Qualifications
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name _____ Date _____ Signature _____