Application for
Certificate of Need
The Parishville Volunteer Fire Company, Inc.

Edwin Cool, Chief
Jeffrey McGregor, 1st Assistant Chief
Kevin Sullivan, 2nd Assistant Chief
Nicholas Jerome, 3rd Assistant Chief
Connie Harper, Secretary
Jennifer Taylor, Treasurer
Lindsey Levison, Rescue Captain
Christina Cool, 1st Assistant Rescue Captain

Enclosed is the application to expand The Parishville Volunteer Fire Company, Inc.'s operating territory to include all the areas that are currently served legitimizing the services provided by the organization on a regular basis.
The Parishville Volunteer Fire Company, Inc.

Certificate of Need Application

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B. List of Agency Officers
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NYSDOH 3777

The Parishville Volunteer Fire Company, Inc.
Application for New Service, Expansion of Primary Operating Territory or Transfer of Ownership

Application for (check one)

☐ New service (Sections A,B,C,D,F)
☒ Expansion of Primary Operating Territory for existing service (Sections A,B,C,D,F)
☐ Transfer of existing service operating authority (Sections A,D,E,F)

Type of Service (check one)

☐ Ambulance
☐ ALS First Responder

Section A Organizational Structure

For a corporation, attach a copy of certificate of incorporation, any DBAs and a listing of all owners’ stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Name of Service

The Parishville Volunteer Fire Company, Inc

DOH Agency Code

4425

Federal Employer Identification Number

16-1201465

Address

1714 St. Hwy 72, P.O. Box 264
Parishville
NY
13672
St. Lawrence

Contact Person

Christina Cool

Title

1st Assistant Captain

Business Phone

Cell Phone

E-mail

Current Organizational Sponsor Type

☐ Proprietary
☐ Hospital Based
☐ Volunteer Independent
☐ Industrial
☒ Volunteer Fire Department
☐ Municipal/Government
☐ Other

Type of Ownership

☐ Individual
☐ Partnership
☐ Government
☐ Corporation
☐ LLC

Name of Individual Owner, Partners, Corporation or Government Entity (attach a listing of any/all owners of 10% or more stock)

Section B Primary Operating Territory

Specify geographic area requested using municipal, political or other identifiable Boundaries. Attach a detailed map of the primary service area. Statements such as “surrounding, adjacent, vicinity, proximity, contiguous, adjoining, or portions of, etc.” are not acceptable when defining a primary operating territory.

Proposed new or expanded primary operating territory

Townships of Parishville, Hopkinton, Colton, Potsdam, Pierrepont, Stockholm, Brasher Falls and Lawrence

For expansion list existing primary operating territory

Townships of Parishville, Hopkinton and Colton

Section C Financial Responsibility

Applicant is required to attach detailed fiscal and budgetary information as specified in the current DOH Policy Statement. An initial start-up or continuation budget and sufficient financial information as well as the source of such must be provided to insure the fiscal responsibility and stability of the ownership for the territory served.

Insurance Carrier

St. Lawrence County Insurance Fund

Agent

Jonnie Dorothy Director - 315-379-2210

Business Phone

( )

Types and Limits of Coverage

☐ General Liability
☐ Other

DOH-3777 (12/16) p 1 of 2
Section D  Description of Proposed Services

For a corporation attach a certificate of incorporation, any DBAs and a listing of all owners, stockholders or principals.

Level of Service (check only one)
- EMT
- AEMT
- Critical Care
- Paramedic

Agency Medical Director
Dr. Ryan Coates
Agency Providing Medical Control
FDRHPO/NCEMS
120 Washington St
Watertown
Phone Number
(315) 755 - 2020

System Medical Director
Dr. Sarah Delaney-Rowland
120 Washington St.
Watertown
NY
(315) 755 - 2020

Size of Population to be Served
20,000 Days of operation
7 Hours of operation
24

Projected Call Volume
Total 750
Emergency 500
Non-Emergency 250

Source of Statistics for Call volume
- PCR
- Dispatch Center
- Agency Call Record
- Other

Total no. of ambulances
2
Total no. of emergency ambulance service vehicles (EASV'S)
0
Total no. of ALS First Response vehicles
0

Section E  Proposed Organizational Structure

For a corporation attach a copy of certificate of incorporation for any DBAs listing of all owners, stockholders, principals, investors and/or parent corporations or sub-corporations. For LLC attach a copy of NYS DOS Application For Authority.

Proposed Name of Service

Federal Employer Identification Number

Address
City
State
Zip
County

Contact Person
Title

Business Phone
( )
Home Phone
( )
Cell Phone
( )
E-mail

Proposed Organizational Sponsor Type
- Proprietary
- Volunteer Fire Department
- Industrial
- Hospital Based
- Municipal/Government
- Other
- Volunteer Independent

Proposed Type of Ownership
- Individual
- Partnership
- Government
- Corporation
- LLC

Name of Proposed Individual Owner, Partners, Corporation or Government Entity (attach any/all owners of 10% or more stock)

Section F  Certification of Accuracy and Ownership Competency

As owner/CEO/operator of the ambulance service described herein I attest to the accuracy of the information contained in this application and its attachments and to having received and read Public Health Law Article 30 and State EMS Code Part 801. I also state that neither the corporation nor any of the owners, principals or stockholders in the corporation, or LLC members, have been convicted of Medicare or Medicaid fraud. I understand that under Section 3012(a) of the PHL Article 30 that the ambulance service or ALS FR service certificate for this agency may be revoked, suspended limited or annulled if this application includes willful misrepresentation.

Attachments Required:
- Detailed narrative to support need or statement of purpose and intent for transfer
- Affirmation of Fitness and Competence (DOH-3778)
- DOS Certificate of Incorporation or Authority, DBA's, owners, partners, shareholders or members listing
- Financial Information including funding budget and insurance
- Primary operating territory map

Name of Owner or CEO
Edwin Cool
Title
Chief
Signature

Notary Public affirmation and acknowledgement

FOR REGIONAL EMS COUNCIL USE ONLY

Data Application Received

Date of Council Decision
- Approved
- Denied
- Rejected - Incomplete

Council Chair Signature

Christina L. Cool
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01C6304687
Qualified in St Lawrence County
DOH-3777 (12/18)
Commission Expires June 2, 2022

Christina Cool 6/11/22
NYSDOH 3777
The Townships of Potsdam, Pierrpont, Brasher Falls, Lawrence and Stockholm
NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services and Trauma Systems

Medical Director Verification

Please identify the physician providing Quality Assurance oversight to your individual agency. If your agency provides Defibrillation, Epi-Pen, Blood Glucometry, Albuterol or Advance Life Support (ALS), you must have specific approval from your Regional EMS Council’s Medical Advisory Committee (REMAC) and oversight by a NY state licensed physician. If you change your level of care to a higher ALS level, you must provide the NYS DOH Bureau of EMS a copy of your REMAC’s written approval notice.

If your service wishes to change to a lower level of care, provide written notice of the change and the level of care to be provided, and the effective date of implementation, to your REMAC with a copy to the NYS DOH Bureau of EMS.

If your agency has more than one Medical Director, please use copies of this verification and indicate which of your operations or REMAC approvals apply to the oversight provided by each physician. Please send this form to your DOH EMS Central Office for filing with your service records.

☐ Defibrillation / PAD
☐ Epi Autoinject
☐ Albuterol
☐ Blood Glucometry
☐ Naloxone

☐ CPAP
☐ Check and Inject
☐ 12 Lead
☐ Ambulance Transfusion Service (ATS)

☐ EMT Level of Care
☐ AEMT Level of Care
☐ Critical Care Level of Care
☐ Paramedic Level of Care
☐ Controlled Substances (BNE License on File)

Agency Name: The Parishville Volunteer Fire Company, Inc

Agency Code Number: 4425

Agency Type: ☑ Ambulance ☐ ALSFR ☐ BLSFR

Agency CEO: Edwin Cool

Medical Director: Dr. Ryan Coates

NYS Physician's License Number: __________

Ambulance/ALSFR Agency Controlled Substance License # if Applicable: 03C - __________

Ambulance/ALSFR Agency Controlled Substance License Expiration Date: 08/22

I affirm that I am the Physician Medical Director for the above listed EMS Agency. I am responsible for oversight of the pre-hospital Quality Assurance/Quality Improvement program for this agency. This includes medical oversight on a regular and on-going basis, in-service training and review of Agency policies that are directly related to medical care.

I am familiar with applicable State and Regional Emergency Medical Advisory Committee treatment protocols, policies and applicable state regulations concerning the level of care provided by this Agency.

If the service I provide oversight to is not certified EMS agency and provides AED level care, the service has filed a Notice of Intent to Provide Public Access Defibrillation (DOH-4135) and a completed Collaborative Agreement with its Regional EMS Council.

Medical Director: ___________________________

Signature: ___________________________

Date of Signature: 5/31/22

DOH-4362 (12/16)
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<th>BUSINESS ACTIVITY</th>
<th>ISSUE DATE</th>
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<td>PRACTITIONER-DW/30</td>
<td>07-09-2021</td>
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<td>3N,4,5</td>
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COATES, RYAN W DO

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Sections 304 and 1008 (21 USC 824 and 858) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.
NYSDOH 3778
Certification of Fitness and Competency
The Parishville Volunteer Fire Company, Inc.
By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

<table>
<thead>
<tr>
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<tr>
<th>Full Name of Corporate Entity requiring F&amp;C review as a new owner/operator</th>
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<tbody>
<tr>
<td>Edwin Cool</td>
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</table>

<table>
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<tr>
<th>Full Name of Individual</th>
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<tbody>
<tr>
<td>Edwin Cool</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Title</th>
<th></th>
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<tbody>
<tr>
<td>Chief</td>
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<table>
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<tr>
<th>Address of the Individual or Corporate Entity requiring F&amp;C review as a new owner/operator</th>
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<tr>
<th>Social Security Number (this is not releasable under the provisions of FOIL)</th>
<th>Date of Birth</th>
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</thead>
</table>

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005(5)).

- [ ] Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
- [ ] Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state.
- [ ] Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state.
- [ ] Home or residence licensed by NYS or equivalent in any other state.
- [ ] Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

**REQUIRED ATTACHMENTS TO THIS AFFIRMATION**

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.
Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Edwin Cool

Full Name

Signature

Date 7/6/2022

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Edwin Cool

Full Name

Signature

Date 7/6/2022

Notary Public Affirmation and Acknowledgement

Christina Cool

Notary Public Name

Signature

Date 7/6/2022

CHRISTINA L. COOL
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01CO6304887
Qualified In St Lawrence County
Commission Expires June 2, 2020

Please affix Notary Public Stamp or equivalent.
Edwin Cool

Work Experience

2002 - Present - Town of Parishville Highway - Parishville, NY 13672

1998 - 2002 - Maintenance - Potsdam Central School District, Leroy St., Potsdam, NY 13676

1986 - 1998 - Truck Driver/Furnace Technician, Breckenridge Oil Company, St. Hwy 11, Potsdam, NY 13676

Education

1980 - Graduated from Parishville Hopkinton Central School

Relevant Experience

1980 - Present - Member of the Parishville Vol. Fire Dept.
Fire Fighter

2008 - Present - Current Chief of department, total of eight years as chief
11 years as 1st Assistant Chief, 3 years as 3rd Assistant Chief

2003 - 2006 - Commissioner - Parishville Fire District.

References Available Upon Request
By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

The Parishville Volunteer Fire Company, Inc.

Name of EMS Agency

The Parishville Volunteer Fire Company, Inc.

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Jeffrey McGregor

1st Assistant Chief

Full Name of Individual

Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)

Date of Birth

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YES ☑ NO

☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.

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  • Name of agency or facility
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REQUIRED ATTACHMENTS TO THIS AFFIRMATION

• Current resume or curriculum vitae
• Copies of any related licenses and certifications
• Listing of address of residence, or if less than 2 years, addresses of prior residences.
Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR 800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Jeffrey McGregor

Full Name

Signature

Date 07/07/22

Certification of Fitness

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Jeffrey McGregor

Full Name

Signature

Date 07/07/22

Notary Public Affirmation and Acknowledgement

Christina Cool

Notary Public Name

Signature

Date 7/1/22

Christina L. Cool

Notary Public, State of New York

Registration No. 01CO8804687

Qualified in St Lawrence County

Commission Expires June 2, 2024

Please affix Notary Public Stamp or equivalent.
JEFFERY MCGREGOR

Previous Address

Education

2008 – Graduated Parishville Hopkinton Central School
2008 – 2012 – Attended SUNY Potsdam

Experience

Corrections Officer / August 2014 – Present
Saranac Lake Rescue / October 2019 – Present
Tri-Town Rescue / September 2021 – Present
Parishville Volunteer Fire Department Member / May 2008 – Present

Awards and Acknowledgements

Basic EMT- 2009
Advanced EMT – 2019
Rescue Captain – For 6 years
Assistant Chief – Spring 2021 – Present
Interior / Exterior Fire Fighter
EVOC Certified
Pump Operations Certified
Vehicle Extrication Certified
EMS Provider Certification

Provider ID:

Name:
Mcgregor, Jeffrey M

County:
St. Lawrence

Status:
Status OK

<table>
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<th>Certification Level</th>
<th>Expiration Date</th>
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<tbody>
<tr>
<td>Advanced Emergency Medical Technician (AEMT)</td>
<td>03/31/2024</td>
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<tr>
<td>Emergency Medical Technician (EMT)</td>
<td>08/31/2023</td>
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© 2020 NYS Department of Health - Emergency Medical Services and Trauma Systems 2022
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<tr>
<td>2nd Assistant Chief</td>
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REQUIRED ATTACHMENTS TO THIS AFFIRMATION
- Current resume or curriculum vitae
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Certification of Competency

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Kevin Sullivan
Full Name
Signature
Date 7-6-2022

Certification of Fitness

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Kevin Sullivan
Full Name
Signature
Date 7-6-2022

Notary Public Affirmation and Acknowledgement

Christina Cool
Notary Public Name
Signature
Date 7/18/22

CHRISTINA L. COOL
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01C08904897 Please affix Notary Public Stamp or equivalent.
Qualified in St Lawrence County
Commission Expires June 3, 2022

DOH-3778 (4/14) p 2 of 2
Kevin Sullivan
88 Hanson Rd.
Potsdam, NY 13676
315-742-2114
Kmsullivan704@gmail.com

Work Experience
2012 - Disability / Retirement, NY State Corrections
2005- 2012: NYS Corrections
1997-2005: Security officer, St. Lawrence University, 28 Ramoda Dr. Canton NY 13617
1994 Custodian, Clarkson University, 8 Clarkson Ave, Potsdam, NY 13676

Education
1993 - Graduated from Parishville Hopkinton Central School

Relevant Experience
2019 – Present: 2nd Assistant Chief
2004-2008: 1st assistant Chief
**EMS PROVIDER CERTIFICATION**

**Provider ID:**

**Name:**
Sullivan, Kevin M

**County:**
St. Lawrence

**Status:**
Status OK

<table>
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<tr>
<th>Certification Level</th>
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<tbody>
<tr>
<td>Emergency Medical Technician (EMT)</td>
<td>09/30/2009</td>
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<td>The Parishville Volunteer Fire Company, Inc.</td>
<td></td>
</tr>
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<td>Full Name of Corporate Entity requiring F&amp;C review as a new owner/operator</td>
<td></td>
</tr>
<tr>
<td>Nicholas Jerome</td>
<td>3rd Assistant Chief</td>
</tr>
<tr>
<td>Full Name of Individual</td>
<td>Title</td>
</tr>
<tr>
<td>Address of the Individual or Corporate Entity requiring F&amp;C review as a new owner/operator</td>
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</tr>
<tr>
<td>Social Security Number (this is not releasable under the provisions of FOIL)</td>
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As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

- Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state. **☑**
- Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state. **☐**
- Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state. **☐**
- Home or residence licensed by NYS or equivalent in any other state. **☐**
- Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state. **☐**

If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

If YES has been marked for any of the above, on an attached page, please provide the following information for each:
- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION
- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.
Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Nicholas Jerome

Full Name  
[Nicholas D. Jerome]  
Signature  

07/06/2022  
Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Nicholas Jerome

Full Name  
[Nicholas D. Jerome]  
Signature  

08/06/2022  
Date

Notary Public Affirmation and Acknowledgement

Christina Cool

Notary Public Name  
[Christina Cool]  
Signature  

[Signature]  
Date  

[Notary Public Stamp]

DOH-3778 (4/14) p 2 of 2
NICHOLAS JEROME

SUMMARY

SKILLS

EXPERIENCE

CDP HEAD START
Canton, NY

Teachers Assistant
- Assisted teachers with instruction and provided clerical support for diverse needs
- Monitored students in hallways and cafeteria to enforce school rules
- Supervised children and participated with children in activities
- Provided individualized and small group support to reinforce classroom topics and promote student learning
- Helped students master learning concepts through one-on-one and small group tutoring.
- Assisted teachers with lesson preparation and curriculum implementation

PARISHVILLE VOLUNTEER FIRE COMP. INC
Parishville, NY

Fire Fighter/EMT-Basic
- Documented calls in reports detailing incident type and course of treatment
- Operated emergency vehicles with caution to keep patients, public and first responders safe
- Demonstrated dedication to providing quality care through continued training and education
- Remained level-headed and proactive during emergency situations
- Performed CPR and used cardiac defibrillator to revive patients in cardiac arrest or arrhythmia
- Observed and assessed incident scenes to maintain safety of first responders
- Transferred patients from accident scenes to hospitals in emergency vehicles
- Have been an EMT basic scene 2014 to present
- AM a assistant chief science 2016 to present

EDUCATION AND TRAINING

ASSOCIATE OF APPLIED SCIENCE  EARLY CHILDHOOD SPECIAL EDUCATION
SUNY Canton Canton, NY

HIGH SCHOOL DIPLOMA
Parishville Hopkinton Junior Senior High School Parishville, NY
## EMS Provider Certification

**Provider ID:**

**Name:**
Jerome, Nicholas D

**County:**
St. Lawrence

**Status:**
Status OK

<table>
<thead>
<tr>
<th>Certification Level</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Emergency Medical Technician (EMT)</td>
<td>07/31/2024</td>
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© 2020 NYS Department of Health - Emergency Medical Services and Trauma Systems 2022
NEW YORK STATE DEPARTMENT OF HEALTH
Bureau of Emergency Medical Services

Affirmation of Fitness and Competency

By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

The Parishville Volunteer Fire Company, Inc.  4425
Name of EMS Agency  NYS EMS Agency Code

The Parishville Volunteer Fire Company, Inc.

Full Name of Corporate Entity requiring F&C review as a new owner/operator

Connie Harper  Secretary
Full Name of Individual  Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL)  Date of Birth

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

YES  NO
☐  ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
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Certification of Competency

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Connie Harper

Full Name

Connie Harper

Signature

Date

7/16/22

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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Connie Harper

Full Name

Connie Harper

Signature

Date

7/16/22

Notary Public Affirmation and Acknowledgement

Christina Cool

Notary Public Name

Christina Cool

Signature

Date

7/16/22

CHRISTINA L. COOL
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01COB8304887
Qualified in St Lawrence County
Commission Expires June 2, 2023

Please affix Notary Public Stamp or equivalent.
Connie Harper

Qualifications
1972 - 2006 - Grade School Teacher, Potsdam Central School District, Leroy St., Potsdam, NY, 13676

2006 - Present - Substitute School Teacher/Public Relations Coordinator - Potsdam Central School District, Leroy St., Potsdam, NY 13676


Education
1968 - Graduated from Knox Memorial Central School

1970 - Graduated SUNY Cobleskill, A.A.S. Degree

1972 - Graduated SUNY Potsdam - B.A. Degree

1975 - SUNY Potsdam, Masters Degree - Teacher

Relevant Experience

1979 - Present - Member of the Parishville Vol. Fire Dept.
Fire Fighter, EMS personnel, Basic EMT

1982 - Present - Parishville Vol. Fire Dept. Secretary

1986 - Present Rescue Squad Secretary/Assistant of the Parishville Vol. Fire Dept.

References Available Upon Request
EMS PROVIDER CERTIFICATION

Provider ID:

Name: Harper, Connie

County: St. Lawrence

Status: Status OK

<table>
<thead>
<tr>
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NEW YORK STATE DEPARTMENT OF HEALTH
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<th>Full Name of Corporate Entity requiring F&amp;C review as a new owner/operator</th>
<th>Treasurer</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Taylor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full Name of Individual</td>
<td></td>
<td></td>
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</tbody>
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| Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator | |
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YES ☐ NO ☑

☑ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.

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REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
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- Listing of address of residence, or if less than 2 years, addresses of prior residences.
Certification of Competency

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Jennifer Taylor

Full Name
Jennifer Taylor
Signature

Date 7/16/22

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

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Jennifer Taylor

Full Name
Jennifer Taylor
Signature

Date 7/16/22

Notary Public Affirmation and Acknowledgement

Christina Cool

Notary Public Name
Christina Cool
Signature

Date 7/18/22

CHRISTINA L. COOL
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01CO08304687
Qualified in St. Lawrence County
Commission Expires June 2, 2024

Please affix Notary Public Stamp or equivalent.
Jennifer Taylor

Work Experience
2017 – Present: Teachers Aid, Parishville Hopkinton Central School,
   12 Ct. Rt. 47, Parishville NY 13672
Up to 2017: home maker, wife, and mother of four children.

Education
1988: Graduated High School, Norwood-Norfolk Central School
   7852 St. Hwy 56, Norwood NY 12668

Relevant Experience
2014 – Present: Member of The Parishville Volunteer Fire Company, Inc.
2017 – Present: Department Treasurer
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</tr>
<tr>
<td>Lindsey Levison</td>
<td>Rescue Captain</td>
</tr>
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<td>Full Name of Individual</td>
<td>Title</td>
</tr>
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- **YES**
- **NO**

- ☐ ☐ Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state.
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- Current resume or curriculum vitae
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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Lindsey Levison

Full Name

Signature

Date

Certification of Fitness

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If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Lindsey Levison

Full Name

Signature

Date

Notary Public Affirmation and Acknowledgement

Christina Cool

Notary Public Name

Signature

Date

CHRISTINA L. COOL
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01CO8304857
Qualified in St Lawrence County
Commission Expires June 2, 2024

Please affix Notary Public Stamp or equivalent.
LINDSEY LEVISSON

Education

2015 – Graduated from Potsdam Central School
2015 – 2017 – Attended North Country Community College
2017 – 2019 – Attended SUNY Potsdam

Experience

Potsdam Police Department
Dispatcher / December 2019 – Present

Parishville Volunteer Fire Department
Member of Department / February 2019 – Present

Awards and Acknowledgements

Basic EMT – July 2021- Present
Rescue Captain – Spring 2022 – Present
EMS PROVIDER CERTIFICATION

Provider ID:

Name:
Levison, Lindsey M

County:
St. Lawrence

Status:
Status OK

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The Parishville Volunteer Fire Company, Inc. 4425
Name of EMS Agency NYS EMS Agency Code

The Parishville Volunteer Fire Company, Inc.

Full Name of Corporate Entity requiring F&C review as a new owner/operator
Christina Cool 1st Assistant Captain
Full Name of Individual Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator

Social Security Number (this is not releasable under the provisions of FOIL) Date of Birth

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YES ☐ NO ☐

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Christina Cool

Full Name

Signature

Date

6/10/22

Certification of Fitness

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Christina Cool

Full Name

Signature

Date

6/10/22

Notary Public Affirmation and Acknowledgement

Connie Maguire

Notary Public Name

Signature

Notary Public, State of New York
No. 01MA6144458
Qualified in St. Lawrence County
My Commission Expires 1-24-26

Date

6-16-22

Please affix Notary Public Stamp or equivalent.
Christina Cool

Work Experience

2011-Present: Paramedic – Tri Town Vo. Rescue, 900 St. Hwy 11C, P.O. Box 238, Brasher Falls NY 13613

2008-2013: Licensed Practical Nurse/Teaching Assistant. St. Lawrence Lewis BOCES, 40 Wet Main St. Canton, NY 13617

2007-2008 Licensed Practical Nurse (Med/Charge Nurse) United Helpers Nursing Home, 40 West Main St. Canton NY, 13613

2003-2004: Campus Security Clerk/Dispatcher, St. Lawrence University, 28 Ramoda Dr., Canton NY 13617

1984-2000 Custodian, Clarkson University, 8 Clarkson Ave, Potsdam NY 13676

Education

2020 - Present: Paramedic certification

2018 - Present: NYS DOH BEMS - CIC #9608

2007 - Graduated St. Lawrence-Lewis BOCES - LPN Program, Licensed Practical Nurse. Currently Licensed as an LPN

2005 - Certified Nurses Aid Certificate

2003 - AEMT-C Certification

2000 - Basic EMT Certification

1999 - ABS in Business Management, ICS Center for Degrees, Scranton PA 18515

1984 - Graduated from Parishville Hopkinton Central School
Relevant Experience

2000 – Present: Member of The Parishville Volunteer Fire Company, Inc.

2002 – Present: 2nd Assistant Captain, in charge of supplies, NYS paperwork, answer to NYSDOH and Region.
### EMS Provider Certification

**Provider ID:**

**Name:**
Cool, Christina L

**County:**
St. Lawrence

**Status:**
Status OK

<table>
<thead>
<tr>
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<tr>
<td>Emergency Medical Technician-Critical Care (EMT-CC)</td>
<td>10/31/2023</td>
</tr>
<tr>
<td>Certified Instructor Coordinator</td>
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The Parishville Volunteer Fire Company, Inc.  
Name of EMS Agency  
4425  
NYS EMS Agency Code

The Parishville Volunteer Fire Company, Inc.  
Full Name of Corporate Entity requiring F&C review as a new owner/operator

Melvin Sweeney  
Chairman of Commissioners  
Full Name of Individual

Title

Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator  
Date of Birth

Social Security Number (this is not releasable under the provisions of FOIL)

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☐ ☑ Home or residence licensed by NYS or equivalent in any other state.

☐ ☑ Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state.

If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

If YES has been marked for any of the above, on an attached page, please provide the following information for each:

- Name of agency or facility
- Mailing address of facility or agency
- Name of Certifying or Licensing authority
- If applicable, a copy of license, certificate or identification number
- Individual position(s) held with start and end dates

REQUIRED ATTACHMENTS TO THIS AFFIRMATION

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.
Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR 800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

Melvin Sweeney

Full Name

Melvin Sweeney

Signature

8/10/22

Date

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

Melvin Sweeney

Full Name

Melvin Sweeney

Signature

8/10/22

Date

Notary Public Affirmation and Acknowledgement

Christina Cool

Notary Public Name

Christina Cool

Signature

8/10/22

Date

CHRISTINA L. COOL
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01CO03804897
Qualified in St Lawrence County
Commission Expires June 2, 2020

Please affix Notary Public Stamp or equivalent.
Melvin Sweeney

Qualifications
1977 - 2002 Town Of Parishville Highway Dept., Parishville, NY 13672
   Machine Equipment Operator
2002 - Retired

Education
1963 - Graduated from Parishville - Hopkinton Central School

Relevant Experience
1968 - Present - Member of the Parishville Vol. Fire Dept.
   Fire Fighter, EMS personnel, Diver
1982 - 1988 - Commissioner - Parishville Fire District
1988 - Present Chairman of the Board of Commissioners, Parishville Fire District

Other Experience

References Available Upon Request
By completing this form, you are aware that the NYS Department of Health will be conducting a detailed background review in order to determine fitness and competency in accordance with Article 30 of the NYS Public Health Law.

| The Parishville Volunteer Fire Company, Inc. | 4425 |
| Name of EMS Agency | NYS EMS Agency Code |

| The Parishville Volunteer Fire Company, Inc. |  |
| Full Name of Corporate Entity requiring F&C review as a new owner/operator | Vice Chair of Commissioners |

| David Taylor | Title |
| Full Name of Individual |  |

| Address of the Individual or Corporate Entity requiring F&C review as a new owner/operator |  |
| Social Security Number (this is not releasable under the provisions of FOIL) | Date of Birth |

As the proposed new owner/operator of an EMS agency, I hereby certify that I am or have been a director, sponsor, principal, stock holder, operator or operations manager of one or more of the following in the past 10 years (Article 30 §3005[5]).

| YES | NO |
| Emergency Medical Service certified by the NYS Department of Health, or equivalent in any other state. |  |
| Hospital, long term care facility or other Article 28 facility licensed by the NYS Department of Health, or equivalent in any other state. |  |
| Invalid coach (Ambulette) Service authorized by the NYS Department of Transportation or equivalent in any other state. |  |
| Home or residence licensed by NYS or equivalent in any other state. |  |
| Halfway house, hostel or residential facility or institution licensed by, or subject to the rules of the NYS Office of Mental Health (OMH) or Office of Mental Retardation and Developmental Disabilities (OMRDD), or equivalent in any other state. |  |

> If NO has been marked for all of the above, it indicates that there is no history of operating an entity identified in NYS Public Health Law; signing this affirmation is informational only and a testimony to the accuracy of the information provided.

> If YES has been marked for any of the above, on an attached page, please provide the following information for each:
  - Name of agency or facility
  - Mailing address of facility or agency
  - Name of Certifying or Licensing authority
  - If applicable, a copy of license, certificate or identification number
  - Individual position(s) held with start and end dates

**REQUIRED ATTACHMENTS TO THIS AFFIRMATION**

- Current resume or curriculum vitae
- Copies of any related licenses and certifications
- Listing of address of residence, or if less than 2 years, addresses of prior residences.
Certification of Competency

By completing and signing this affirmation, I certify that I have operated all of the agencies indicated, in compliance with all applicable statutes, rules, regulations and policies, specifically 10 NYCRR800.

Further, I certify that there have been no administrative orders issued by any Federal, State or local agency for matters that are or were recurrent or uncorrected, or dealt with patient harm or neglect in accordance with NYS Public Health Law during my tenure as a director, sponsor, principal, stock holder, operator or operations manager.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of competency.

David Taylor

Full Name

Signature

Date

8/10/2022

Certification of Fitness

By completing and signing this affirmation, I certify that I have not been convicted of any crime at anytime, involving murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse, or sale of drugs, nor have I pleaded nolo contendere to a felony charge relating to any of these offenses.

Further, I certify that, I am not, or was not subject to a state or federal administrative order relating to fraud, embezzlement or patient harm, including, but not limited to actions involving Medicare and or Medicaid.

If you are unable to sign this affirmation, attach copies of all background information, Department orders and/or justification to assist in the review and determination of fitness.

David Taylor

Full Name

Signature

Date

8/10/2022

Notary Public Affirmation and Acknowledgement

Christina Cool

Notary Public Name

Signature

Date

8/10/2022

Christina L. Cool
Notary Public, State of New York
Registration No. 61006804687
Qualified in St Lawrence County
Commission Expires June 2, 2026

Please affix Notary Public Stamp or equivalent.
DAVID P. TAYLOR JR

OBJECTIVE
A challenging and rewarding position in sales or operations requiring the application of both my education and experience in the field of HVAC and services.

EDUCATION/CERTIFICATIONS

COLLEGE OF TECHNOLOGY AT CANTON  Canton, NY
Associate of Applied Science, Air Conditioning Engineering Technology*, May 1996,
GPA 4.0/4.0
*Accredited by the Technology Accreditation Commission of the Accreditation Board for Engineering and Technology

ICS INSTITUTE St. Paul, MN
Attended the following Trane factory schools: ICS (Integrated Comfort Systems) Unit Controllers, Tracer Summit Operation, Tracer Summit Advanced Programming, Installing and Commissioning Interoperable Systems, CAST2 sales training and CAST 3 sales training.

TRANE FIELD COLLEGE
Attended the following courses/seminars: Introduction to Project Management, Techniques for Successful Project Management, Project Management War Games, Contracting Estimating, SureTrac Project Scheduling and Management, CRM Conting Manager, Account Management Seminar.

INGERSTOLM RAND UNIVERSITY

REFRIGERANT TRANSITION AND RECOVERY CERTIFICATION
Universal Refrigerant Certification

FIRE SERVICE TRAINING

NAVAL TRAINING
Sonar Technician "A" School, Apprentice Level Acoustic Analysis, Petty Officer Indoctrination, AN-SQQ-89(V)/13 Operator, Basic Shipboard Soldering

MILITARY EXPERIENCE
11/89 - 11/93

UNITED STATES NAVY
Sonar Technician 3rd Class (E-4)
Responsibilities: Operated state of the art computerized active and passive SONAR detection systems, operated and maintained all electronics cooling aboard the USS John Rodgers. Extensive experience operating and troubleshooting computers, Maintained Secret security clearance
Received the following commendations: Meritorious Unit Award, National Defense Medal, Southwest Asia Service Medal, Honorable Discharge with 4.0 evaluation and good conduct.

HONORS/ACTIVITIES
- Deans List
- 20Yr Volunteer Fireman, Treasurer
- Freemason, Amber Lodge 395
- Life Member, AMVETS
- LEED AP
- Member Phi Theta Kappa, Tau Alpha Pi
- Fireman of the Year (twice)
- PADI Master Diver/Dive Captain of FD
- Fire Commissioner, Parishville NY

RELATED SKILLS
Extensive computer background including: MS Office Suite, Adobe Acrobat Writer, Paint Shop Pro, AutoCAD, Various Estimator Programs, Trane Graph-ICS, CRM, Citrix and more.
People Skills/Work Ethic: I have a positive outgoing personality and interact well with customers and coworkers. I am a proactive self-starter who doesn’t leave until the job is complete. I work great in a team and equally able to work alone. I have excellent communication skills, both written and verbal. I currently have a remote office in my house (for the last 7 years).
WORK EXPERIENCE

8/07 - Present

Jagersol Rand/Trane Account Manager
Manage in excess of thirty commercial owner accounts in Northern NY. My sales are roughly 2 Million per year including renewals and new work. Responsible for developing long-term customer relationships and maximizing account penetration and customer retention with building owner accounts. Provide knowledge and consultation in the form of developing HVAC system related solutions for the customer’s problems, including financial and performance-based considerations. Assemble and coordinate acquisition teams as needed for customers and projects. Convert leads into opportunities by assigning the appropriate sales process, identifying the required sales team members, making assignments, and communicating the next steps in the process. Provide quotes for service repairs, change outs, IAQ, and energy solutions including quotes for time and material as well as fixed price services. Gather or validate preliminary information and perform facility inspections to determine level of opportunity. Estimate projects by analyzing and integrating equipment, controls, subcontracts, and services for each project using Trane business systems.

8/04 - 8/07

Trane Building Automation Sales Engineer
Provided sales support for Albany NY area owners, engineers and contractors including developing projects, writing specifications, sequences of operations, controls layout drawings and budget pricing. Delivered sales presentations on controls theory and design, Trane building automation systems, energy savings strategies for all types of HVAC Systems including VAV systems and chilled water systems. Provided estimates and proposals based on plans, specifications, and site surveys. Provided building automation sales in excess of 1.6 million dollars per year. Awarded ICS Elite status by Trane Automation Factory in St. Paul, MN.

8/97 - 8/04

Trane Project Manager/ Engineer-Team Leader
Provided local leadership for the Albany BAS team. Responsible for customer satisfaction, asset management, pre-bid reviews, planning, human resources, safety, associate training, scheduling of manpower, and project financials including maintaining margin, positive cash flow and billings. Provided construction management for all Albany building automation projects and associated subcontracts in excess of $1.2 million dollars annually. Provided sales assistance and support for contracting sales and owner direct sales. Provided applications engineering for building automation projects. Provided technical start-up, troubleshooting, factory and custom programming as necessary for DDC unit controllers (chiller plants, air handlers, boiler plants etc.)

5/96 - 6/97

THE SEAR-BROWN GROUP, Canton, NY
Mechanical designer
Mechanical designer, CAD operator - Industrial, institutional and commercial mechanical design

11/89 - 11/93

UNITED STATES NAVY
Sonar Technician

References available upon request.
NYSDOH FORM 2828
EMS Agency Personnel Roster

The Parishville Volunteer Fire Company, Inc.
<table>
<thead>
<tr>
<th>Last name, First name</th>
<th>DOB</th>
<th>DOH Certified Personnel</th>
<th>Level of Certification (check one)</th>
<th>Check Other Levels</th>
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<tr>
<td>Lamphere David</td>
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## EMS Agency Personnel Roster

**Agency Name:** Parishville Volunteer Fire Company, Inc.  
**Agency Code:** 4425  
**Date Submitted:** 05/20/2022  
**Page:** 2 of 3

<table>
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<tr>
<th>Last name, First name</th>
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</table>

DOH-2828 (8/14)
List all vehicles for agency recertification or only the new vehicle(s) to be added

Note: if vehicle(s) is new to fleet, please indicate if you need new certification logos for the sides and rear of the vehicle.  
☑ Yes, # of stickers 2  ☐ No

Vehicle Information
Provide the following information for all EMS vehicles to be certified by this affirmation. A computer listing containing the required information is acceptable.

<table>
<thead>
<tr>
<th>License Plate #*</th>
<th>Radio or Agency ID</th>
<th>Motor Vehicle Identification# (VIN)</th>
<th>Make</th>
<th>Year</th>
<th>Color</th>
<th>Vehicle Type**</th>
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<td>Ford</td>
<td>2009</td>
<td>white/red</td>
<td>Type III</td>
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</table>

* All ambulance vehicles are required by New York State Motor Vehicle and Traffic Law to possess a valid motor vehicle registration. If the vehicle(s) listed are not registered with NYS DMV, you must provide the statutory exemption.

** Such as: AMBULANCES — Type I, Type II, Type III, Helicopter Boat, Fixed Wing Aircraft
EMERGENCY AMBULANCE SERVICE Vehicle (EASV) — agency fire car, van, truck; or personal car, van, truck
ALS FIRST RESPONSE VEHICLE (ALSFR) — agency fire apparatus, car, van, truck; or personal car, van, truck
The Parishville Volunteer Fire Company, Inc.
P.O. Box 264, Parishville, NY 13672
PH: 315-265-6110/315-261-2132

“Address Block”

“Greeting Line”
The Parishville Volunteer Fire Company, Inc. is in the process of updating its NYS ambulance operating certificate and Certificate of Need (CON) to reflect current operational conditions. This process involves notifying all agencies and entities that may be affected by any changes that are proposed. Your agency/entity has been identified as one that falls under this requirement, and we are providing you with details of the process. Please find included a brief history of the issue and the subsequent actions that The Parishville Volunteer Fire, Inc must take.

The Parishville Volunteer Fire Company, Inc. must demonstrate a public need that is defined by the NYSDOH as the “demonstrated absence, or inadequate level of care in an ambulance or emergency medical service available to a geographic area which is not readily correctable thru relocation or improvement of existing resources”.

The Parishville Volunteer Fire Company was created in 1935 and became incorporated on March 23, 1955. In January of 1960 it was decided that a rescue squad sponsored by the fire company should be formed to assist those in need of medical attention. The Parishville Volunteer Fire Company, Inc, coverage area consisted mainly of the townships of Parishville, Hopkinton and St. Regis Falls. When the New York State oversight came in to play CON’s became a requirement, at which time The Parishville Volunteer Fire Company, Inc. obtained a CON for the townships of Parishville and Hopkinton and no longer covered St. Regis Falls.

As EMS care evolved the ability to provide more advanced care in the EMS field became a standard. By 1997 our ambulance service at the Advanced Life Support Level. By 2011 we were going to the Town of Colton to provide ALS on a regular basis (ALS intercepts with Colton Vol. Fire Co.) that our CON was expanded in 2012 to include the township of Colton.

As the years have passed, we find that we are currently providing routine care and/or ALS intercepts for patients that live in the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence and have been for a few years now. Our call Volume from 2000-2012 was between 150-250, this past year our call volume surpassed 700. Approximately 257 of these calls were for Parishville and the rest are mutual aid to
the townships mentioned. The lack of volunteerism and the Covid 19 Pandemic has taken a toll on the EMS system. We do not see our call volume going back to what was 10 years ago but see the call volume staying consistent in the future years to come.

New York State addresses this type of service by requiring an additional CON when operating on a regular basis outside the agency’s primary district.

With the fore mentioned history in mind, it is The Parishville Volunteer Fire Company, Inc.’s intention to update our CON and correct this oversite by adding the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to our CON before the New York State Department of Health tells us that we must. **It should be strongly noted that The Parishville Volunteer Fire Company, Inc. is not and has no intention of adding additional territory to our primary district.** This update is simply to bring our agency into compliance with current regulations and in no way is an attempt to change the districts currently covered by Colton Volunteer Fire Department, Potsdam Volunteer Rescue Squad or Tri Town Volunteer Rescue Squad, Inc. It should be noted that NY state is a home rule state which allows the municipality with jurisdiction over the area to dictate what agency (with a CON) is first called to provide EMS care.

We are requesting letters of support and/or disapproval of our application to be returned to us by July 15, 2022. A sample letter of support has been provided for your consideration. Once the application is filed and deemed complete you will be notified of a public hearing in which you may attend and express your support or opposition for the application.

Please feel free to contact me with any questions or concerns that you may have at any time. I would again emphasize that The Parishville Volunteer Fire Company, Inc is not attempting to change any existing agreements or districts but is simply modifying its CON to gain compliance for what the department does on a regular basis. Thank you for your attention to this matter.

Sincerely,

The Parishville Volunteer Fire Company, Inc

Edwin Cool, Chief
Date: ____________________

To Whom it may concern:

We are in receipt of the Parishville Volunteer Fire company, Inc.'s letter of notification advising they are filling an update to their Certificate of Need for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to their existing CON. We also recognize that there will be no change in their daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with NYS law.

Thank you,
Appendix I

Coverage Map

Town of Parishville

The Parishville Volunteer Fire Company, Inc.
Appendix II

Coverage Map

Town of Hopkinton
Appendix III

Coverage Map Town Of Colton

The Parishville Volunteer Fire Company, Inc
Town of Potsdam

St. Lawrence Co, NY
U.S. Census Townships

Copyright © 2002 by Steven A. Bridges- Snohomish, Washington.
Used on this St. Lawrence Co. NYGenWeb site by permission. May not be used elsewhere without permission of owner.
Potsdam is a town in St. Lawrence County, New York, United States. The town population was 14,901 at the 2020 census. Potsdam is located in the Northern New York region, near the Canadian border. The town of Potsdam is the site of the State University of New York Potsdam and Clarkson University. Potsdam is known for its beautiful campus, historic architecture, and vibrant arts scene. The city is also home to several museums and cultural institutions, including the New York State Museum and the Clarkson University Museum of Art and Science.
Appendix V

Coverage Map

Town of Pierrpont

The Parishville volunteer Fire Company, Inc.
Pierrepont / Population

2,498 (2018)

As of the 2020 census, the town population was 2,523. It was named after Hezekiah Pierrepont, the early owner of much of the town's territory. The Town of ...

Canton, New York - Wikipedia
Canton is a town in St. Lawrence County, New York, United States. The population was 11,638 at the 2020 census. The town contains two villages: one also named ...

Canton town, St. Lawrence County, New York - Census Bureau
Population, Canton, April 1, 2020 - Population, Census, April 1, 2010 - Persons under 5 years, percent; 11,638; 10,995; - 2.6%.

Canton, New York Population 2022 (Demographics, Maps ...
The current population of Canton, New York is 6,430 based on our projections of the latest US Census estimates. The US Census estimates the 2018 population ...

Pierrepont, New York (NY 13617) profile - City-Data.com
Population density: 43 people per square mile (very low). Pierrepont, New York msp. 68 residents are foreign born (1.7% North America, 0.8% Europe).

Canton, New York (NY 13617) profile - City-Data.com
Population in 2019: 6,498 (97% urban, 3% rural). Estimated median household income in 2019: $63,694 (It was $38,827 in 2000) - March 2019 cost of living index ...
Appendix VI

Coverage Map
Town of Brasher Falls

The Parishville Volunteer Fire Company, Inc.
Brasher Falls, New York Population and Demographics

Evan Comen,
Samuel Stebbins

Population, Race and Ethnicity

Brasher Falls is a Census-designated place in St. Lawrence County, New York, with a population of 734. According to the most recent estimates from the U.S. Census Bureau, 98.90% of residents identify as white, 0.50% as Black or African American, 0.00% as American Indian or Alaska Native, 0.50% as Asian, 0.00% as Native Hawaiian or other Pacific Islander, 0.00% as Hispanic or Latino, and 0.00% as some other race or combination of races.

Nationally, some 61.1% of Americans identify as white, 12.3% as Black or African American, 0.7% as American Indian or Alaska Native, 5.4% as Asian,
Appendix VII

Coverage Map
Town of Lawrence

The Parishville Volunteer Fire Company, Inc.
Lawrence is a town in St. Lawrence County, New York, United States. The population was 1,715 at the 2020 census. The town is named after William Lawrence, an early land owner.

The Town of Lawrence is on the eastern border of the county and is east of Potsdam.

Contents
- History
- Geography
- Demographics
  - Communities and locations in Lawrence
- References
- External links

History

Settlers began arriving in the region shortly after 1800, but many left permanently during the War of 1812. A state road constructed through the region in 1827 helped renew settlement of Lawrence.

The town was formed in 1828 from parts of the Towns of Brasher and Hopkinton.

Geography

According to the United States Census Bureau, the town has a total area of 47.7 square miles (124 km²), of which 47.7 square miles (124 km²) is land and 0.04 square miles (0.10 km²) (0.06%) is water.

The eastern town line is the border of Franklin County.

The Deer River flows from the south-east to the north-western part of the town, and the east branch of the St Regis River flows across the southern part of the town.

U.S. Route 11 and New York State Route 11C are east–west highways. New York State Route 11B cuts across the southeastern corner of the town.

Demographics

Historical population
Appendix VIII

Coverage Map
Town of Stockholm

The Parishville Volunteer Fire Company, Inc.
Stockholm / Population

3,587 (2018)


Stockholm is a town in St. Lawrence County, New York, United States. The population was 3,665 at the 2010 census. The town was assigned by surveyors from Stockholm in Sweden. The town is located in the northeastern part of the county and is northeast of Potsdam.

Area: 94.29 mi²
Elevation: 381 ft
Appendix IX

Map Of Area already Covered by Current CON
Map of Area of Expanded CON
**Pierrepont Town Supervisor**
Jane Powers
864 St. Hwy 68
Canton, NY 13617

**Colton Town Supervisor**
Ronald Robert
94 Main St.
Colton, NY 13625

**Hopkinton Town Supervisor**
Sue Wood
7 Church St.
Hopkinton, NY 12965

**Stockholm Town Supervisor**
Clark Decker
540 St. Hwy 11C
Winthrop, NY, 13697

**Potsdam Mayor**
Reinhold Tischler
P.O. Box 5168
Potsdam, NY 13676

**Claxton Hepburn CEO**
Richard Duvall
214 King St.
Ogdensburg, NY 13669

**Brasher Falls Town Supervisor**
Mark Peets
P.O. Box 358
Brasher Falls, NY 13613

**Potsdam Town Supervisor**
Ann Carvill
18 Elm St.
Potsdam, NY 13676

**Canton Potsdam Hospital CEO**
David Acker
50 Leroy St.
Potsdam, NY 13767

**Lawrence Town Supervisor**
Donald Vilnave
11403 St. Hwy 11
North Lawrence, NY 12967

**Potsdam Police Chief**
Mark Murray
38 Main St.
Potsdam, NY 13676

**Canton Potsdam Hospital**
Emergency Department Director
50 Leroy St.
Potsdam, NY 13676

**Norfolk Town Supervisor**
Charles Pernice
P.O. Box 481
Norfolk, NY, 13667

**Massena Hospital CEO**
David Bender
1 Hospital Dr.
Massena Ny 13662

**Colton Fire Department**
Aaron Johnson
P.O. Box 304
Colton, NY 13625

**Norwood Mayor**
Tim Levison
15 South Main St.
Norwood NY 13668

**Canton Fire/ Rescue**
Chief
77 Riverside Dr.
Canton, NY 13617

**Clarkson University EMS**
Chief
8 Clarckson Ave,
Potsdam, NY 13676
<table>
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<tr>
<th>Cranberry Lake Vol. Fire Dept.</th>
<th>Gouverneur Vol. Rescue Squad</th>
<th>Madrid rescue Squad</th>
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<tbody>
<tr>
<td>Chief</td>
<td>Mark Deavers</td>
<td>Ron Burke</td>
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<tr>
<td>P.O. Box 549</td>
<td>P.O. Box 164</td>
<td>P.O. Box 129</td>
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<tr>
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<td>Chief</td>
<td>Chief Labrake</td>
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<tr>
<td>341 E. Orvis St.</td>
<td>7 Sedwick St.</td>
<td>P.O. Box 158</td>
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<td>North Lawrence, NY 12967</td>
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<tr>
<td>Chief</td>
<td>Pres. Charlie Merriman</td>
<td>Chief Jerome</td>
</tr>
<tr>
<td>62 Old County Rd.</td>
<td>P.O. Box 700</td>
<td>P.O. Box 756</td>
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<tr>
<td>Chief</td>
<td>Chief Wilson</td>
<td>Chief Parker</td>
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<tr>
<td>P.O. Box 39</td>
<td>1175 St. Hwy 37C</td>
<td>2876 St. Hwy 11B</td>
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<td>Chief</td>
</tr>
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<td>P.O. Box 231</td>
<td>P.O. Box 22</td>
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<tr>
<td>Chief</td>
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<td>Chief Kowalchuk</td>
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<tr>
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<td>P.O. Box 257</td>
<td>P.O. Box 11</td>
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<td>Potsdam, NY 13676</td>
<td>West Stockholm, NY 13696</td>
<td>Winthrop, NY 13697</td>
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</table>
Waddington Vol. Rescue Squad
Julie McBeth
P.O. Box 331
Waddington, NY 13694

Lawrenceville Vol. Fire
Chief Labier
1081 Ct. Rt. 54
Lawrenceville, NY 12949

Tri Town Vol. Rescue
Pres. Jim Hartford
P.O. Box 238
Brasher Falls, NY 13613

Parishville Town Supervisor
Rodney Votra
P.O. Box 155
Parishville, NY 12672

SLC 911 Dispatch
Matt Denner - Car 1
48 Court Street
Canton, NY 13617

SLC 911 Dispatch
John Mitchell - Car 2
48 Court St.
Canton, NY 13617

FDRHPO/NCEMS
Director – Ann Smith
120 Washington St.
Watertown, NY 13601

Medical Director
Dr. Delaney-Rowland
120 Washington St.
Watertown, NY 13601

Emergency Department Director
Dr. Howland
214 King St.
Ogdensburg NY 13669

Seaway Valley Ambulance
Dave Sherman
202 N. Main St.
Massena, NY 13662

Massena Hospital
Emergency Department Director
1 Hospital Dr.
Massena Ny 13662
Appendix XII

Letters of Support/Disapproval

The Parishville Volunteer Fire Company, Inc.
July 11, 2022

To whom it may concern,

Potsdam Volunteer Rescue Squad’s Board of Director’s is writing to provide support for Parishville Rescue’s application to expand the bounds of its New York State Ambulance Service Certificate. We acknowledge this application includes portions of our primary operating territory. We recognize that Parishville is not attempting to acquire any new primary response area, and that this application will not affect current response arrangements. We appreciate the assistance that Parishville Rescue provides to our citizens and organization when requested, and we look forward to working with them into the future.

Respectfully,

[Signature]

Charles Merriman
President
July 12, 2022

To Whom It May Concern:

We are in receipt of the Parishville Volunteer Fire Company, Inc. letter of notification advising they are filing an update to their Certificate of Need for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to their existing CON. We also recognize that there will be no change to their daily operations and they are not seeking any additional territory but simply to gain compliance with NYS law.

Sincerely,

Kevin LaBrake
Chief
Pierrepont Volunteer Fire Department
Madrid Rescue Squad, Inc.
P.O. Box 129
Madrid, NY. 13660

Emergency Dial 911

July 11, 2022

To Whom It May Concern:

We are in receipt of the Parishville Volunteer Fire Company, Inc.’s letter of notification advising they are filling an update to their Certificate of Need for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to their existing CON. We also recognize that there will no change in their daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with NYS law.

It should be noted that Parishville Volunteer Fire Company, Inc. is a strong partner for numerous agencies providing ALS mutual aid. Madrid Rescue Squad, Inc. is fortunate to be one such agency and we fully support the updated Certificate of Need as requested by Parishville Volunteer Fire Company, Inc.

Sincerely

Ronald Burke, Chief
Madrid Rescue Squad, Inc.
July 12, 2022

To Whom it may concern:

We are in receipt of the Parishville Volunteer Fire Company, Inc.'s letter of notification advising they are filing an update to their Certificate of Need (CON) for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to their existing CON. We also recognize that there will be no change in the daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with NYS law.

Thank you,

Clark Decker
Town Supervisor

540 State Highway 11C
Winthrop, NY 13697
V: 315-389-5171
F: 315-222-7329
www.stockholm-ny.com
townofstockholm@gmail.com
Handicap Accessible

This institution is an equal opportunity provider and employer.
July 14, 2022

Re: Parishville Volunteer Fire Company Inc. - Certificate of Need

To whom it may concern,

The Town of Parishville is in receipt of the Parishville Volunteer Fire Company, Inc.'s letter of notification advising they are filing an update to their Certificate of Need (CON), for their ambulance services. The Town has evaluated the requested change to add the Townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to their existing CON. We further recognize that there will be no change in their daily operations, and they are not seeking any additional territory at this time. This action is simply an attempt to be in compliance with NYS law regarding CON's.

Thank you,

Rodney Votra
Supervisor, Town of Parishville
Email: supervisor@parishvilleny.us
Phone: 315-265-2131
July 7, 2022

To Whom It May Concern:

St. Lawrence Health, parent to Canton-Potsdam, Gouverneur, and Massena Hospitals, is in receipt of the Parishville Volunteer Fire Company, Inc.'s letter of notification advising us that they are filing an amendment to their Certificate of Need (CON) for their ambulance certificate. We are aware of their request to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls, and Lawrence to their existing CON.

We also recognize that there will be no change in their daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with the New York State law.

Sincerely,

Donna M. McGregor, FACHE, FHFMA
President, St. Lawrence Health | Canton-Potsdam Hospital

cc: David Bender, President, Massena Hospital
    Jeremy Slaga, President, Gouverneur Hospital
    Jason Lorenc, MD, SLH Medical Director of Emergency Services
    Tammy Sykes, Director, Emergency Department
July 12, 2022

To Whom It May Concern,

I have received and reviewed the notification from the Parishville Volunteer Fire Company, Inc.'s letter of intent to apply for an updated Certificate of Need for their ambulance service. I have evaluated their change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls, and Lawrence to their existing Certificate of Need. To my understanding, there will not be a change to their daily operations, and they are not seeking additional territory in their primary coverage area but rather gain compliance with New York State Law.

If you have any questions, feel free to call me at 315-729-6379 or email me at chief@coltonfire.org.

Respectfully,

Aaron Johnson
Chief
Date: 7/11/22

To Whom it may concern:

We are in receipt of the Parishville Volunteer Fire company, Inc.'s letter of notification advising they are filling an update to their Certificate of Need for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to their existing CON. We also recognize that there will be no change in their daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with NYS law.

Thank you,

Wayne Green
Chief
West Potsdam Fire Dept.

[Signature]
The West Stockholm Volunteer Fire Department

P. O. Box 257, West Stockholm, NY 13696

PH: 315-265-7550

The Parishville Vol. Fire Department

P.O. Box 264

Parishville, NY 13672

To whom it may concern,

The West Stockholm Volunteer Fire Department has received the Parishville Volunteer Fire Company’s, letter of notification advising they are filing and updating their Certificate of Need for their ambulance certificate. We have reviewed their requested change to add the Town of Stockholm to their existing CON and are in support of this addition. We also recognize that there will be no change to their daily operations, and are not seeking any additional territory but simply attempting to gain compliance with NYS law.

Thank you,

Torey J. Russell
Chief
West Stockholm Volunteer Fire Department
315-212-3252
weststockholmfire@yahoo.com
July 5, 2022

Chief Edwin Cool
Parishville Volunteer Fire Company, Inc.
PO Box 264
Parishville, NY 13672

Chief Cool:

The Canton Rescue Squad has received your letter notifying us of your intention to apply for an expansion of Operating Territory through the Certificate of Need process.

We have evaluated the request to add the towns of Pierrepont, Potsdam, Stockholm, Brasher Falls, and Lawrence to your operating territory. We understand that you are going through this process only to align your operating territory with the reality of your current operations and that you do not anticipate a significant increase in your call volume or decreases in volume for the EMS agencies currently operating in the areas requested.

We fully support the Parishville Volunteer Fire Company’s request based on the need to continue the emergency medical services you provide in the area you are requesting.

Sincerely,

Peter Feickert
Vice President
Canton Rescue Squad
Date: 6/21/22

To Whom it may concern:

We are in receipt of the Parishville Volunteer Fire company, Inc.’s letter of notification advising they are filing an update to their Certificate of Need for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to their existing CON. We also recognize that there will be no change in their daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with NYS law.

Thank you,

Justin MacKinnon, MD
Chair, Emergency Medicine
Central Adirondack Hospital
St. Lawrence Health System
June 16, 2022

New York State Department of Health
Bureau of EMS (NYSDOH_BEMS)

CC: Chief Edwin Cool, Parishville Fire Company, Inc.

To whom it may concern,

We are in receipt of the Parishville Fire Company, Inc’s letter of notification advising they are filing an update to their Certificate of Need for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to their existing CON. We also recognize that there will be no change in their daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with New York State Law.

The Parishville Fire Company has proven to be a tremendous asset to the people of Potsdam over the course of the past several years. As we all know, Covid has taken a toll on the field of emergency services, with many departments losing large percentages of their members. Response times have grown to unacceptable levels and roster continue to shrink. Fortunately for our area, Parishville Fire Company has remained strong and ever dependable. Our Village contains two college campuses and an ever-growing amount of small to moderate scale industry. Quite often we find ourselves faced with multiple calls and seldom manpower to get out to one. Parishville has always been there for our Village, providing top quality EMS care no matter the day or the hour. Our area is beyond fortunate to have this group of fine individuals aiding us during these troubled times. It is my hope that this application will be granted without issue. Should you wish to further discuss this issue please feel free to contact me.

Gregory R. Thompson
Administrator
6/23/2022

To Whom it may concern:

We are in receipt of the Parishville Volunteer Fire Company, Inc.’s letter of notification advising they are filing an update to their Certificate of Need for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to their existing CON. We also recognize that there will be no change in their daily operations, and they are not seeking any additional territory, but simply attempting to gain compliance with NYS law.

Thank you,

Jim Hartford
President & CEO
Date: 6/21/2022

To Whom it may concern:

We are in receipt of the Parishville Volunteer Fire company, Inc.'s letter of notification advising they are filling an update to their Certificate of Need for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to their existing CON. We also recognize that there will be no change in their daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with NYS law.

Thank you,

Mark Deans
Governor Rezz
To Whom it may concern:

The Town of Brasher is in receipt of the Parishville Volunteer Fire Company, Inc.’s letter of notification advising they are filling an update to their Certificate of Need for the ambulance certificate. The Town of Brasher has evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher, and Lawrence to their existing CON. The Town of Brasher also recognize that there will be no change in their daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with NYS law.

Regards,

Mark A. Peets
Supervisor of the Town Brasher
11 Factory Street, PO BOX 358
Brasher Falls, NY 13613
Office: 315-389-4223 EXT #3
Cell: 315-740-8077
E-mail: supervisor@townofbrasher.com
June 16, 2022

New York State Department of Health
Bureau of EMS (NYSDOH-BEMS)

Cc: Chief Edwin Cool, Parishville Fire Company, Inc.
Cc: Administrator Gregory Thompson, Village of Potsdam, NY

To Whom it may concern,

We are in receipt of the Parishville Volunteer Fire Company, Inc’s letter of notification advising they are filing an update to their Certificate of Need for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls, and Lawrence to their existing CON. We also recognize that there will be no change in their daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with New York State Law.

We are extremely fortunate as a bustling Village with two Colleges and a regional hospital to have Parishville Fire Company available. As I am sure the statistics for this application will indicate, our call volumes continue to escalate as membership in our Rescue Squads decreases. It is often the case (including this week) where there are multiple ambulance calls (at the same time) being toned out and multiple EMS providers covering via mutual aid. Parishville is lucky to have a strong core group of members that always answers the call. I am confident this application will have overwhelming support, and ultimately be granted. Please feel free to contact me directly if I may provide further support for this CON update.

Respectfully,

Chief Mark R. Murray
June 16, 2022

To Whom it may concern:
We are in receipt of the Parishville Volunteer Fire company, Inc.’s letter of notification advising they are filing an update to their Certificate of Need for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls, and Lawrence to their existing CON. We also recognize that there will be no change in their daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with NYS law.

Thank you,

Tim Levison
Mayor
To Whom it may concern:

We are in receipt of the Parishville Volunteer Fire company, Inc.’s letter of notification advising they are filling an update to their Certificate of Need for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to their existing CON. We also recognize that there will be no change in their daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with NYS law.

Thank you,

[Signature]

[Position]

Town of Potsdam
Potsdam, NY 13676
June 16, 2022

To Whom It May Concern:

Claxton-Hepburn Medical Center is in receipt of the Parishville Volunteer Fire Company, Inc.'s letter of notification advising they are filing an update to their Certificate of Need for their ambulance certificate. We have evaluated their requested change to add the townships of Pierrpoint, Potsdam, Stockholm, Brasher Falls and Lawrence to their existing CON. We also recognize that there will be no change in their daily operations, and they are not seeking any additional territory but simply attempting to gain compliance with New York State law.

Sincerely,

Richard A. Duvall
June 22, 2022

Edwin Cool, Chief
Parishville Volunteer Fire Department
PO Box 264
Parishville, NY 13672

Dear Ed:

We are in receipt of the Parishville Volunteer Fire Company, Inc.'s letter of notification advising you are filing an update to the Certificate of Need (CON) for the ambulance certificate.

The Town Board has evaluated the requested change to add the townships of Pierrepont, Potsdam, Stockholm, Brasher Falls and Lawrence to the existing CON. We recognize that there will be no change in the daily operations, and the department is not seeking any additional territory but simply attempting to gain compliance with NYS Law.

Please do not hesitate to contact me if you require any additional information.

Sincerely,

Susan M. Wood
Supervisor

Susan M. Wood, Supervisor
Vickie French, Council
John Burns, Council
Deborah Rust, Council
Rick Eakins, Council
Richard Powers, Town Clerk
Appendix XIII

Estimated Call Response Time

The Parishville Volunteer Fire Company, Inc.
The Parishville Volunteer Fire Company
2021-2022 Call Stats

Average time of call until on scene: 15.8 minutes

Average time of call to out of service for 2021-2022: 5.72 minutes
The Parishville Volunteer Fire Company
2019-2020 Call Stats

Average time of all to on scene for 2019-2020-12.7 minutes

Average time of call to out of service for 2019-2020-4.63 minutes

- Potsdam-95
- Colton-67
- Tri-Town-20
- Parishville-234
- St.Regis-19
- Massena-2
The Parishville Volunteer Fire Company
2018-2019

Average time of call to on scene for 2018-2019: 13.1 minutes

Average time of call to out of service 2018-2019: 4.13

- Potsdam-90
- Colton-77
- Tri-Town-25
- Parishville-212
- St. Regis-16
The Parishville Volunteer Fire Company
2017-2018 Call Stats

Average time of call to on scene for 2017-2018- 13 minutes

Average time of call to out of service for 2017-2018- 4.28 minutes

- Potsdam-89
- Colton-79
- Tri-Town-39
- Parishville-213
- St.Regis-7
- Massena-2
St. Lawrence County EMS Agencies,

Beginning June 1st, at the beginning of every month the St. Lawrence County Office of Emergency Services Bureau of Emergency Medical Services will be providing call volume and turnover statistics to all EMS agencies. Please note that beginning on August 1st, 2022, the same letter will be provided to every municipality as well.

Call turnovers are considered any call in which the agency is toned and unable to respond an ambulance, thus requiring mutual aid. This can be due to a variety of reasons including, but not limited to: Inability to staff an ambulance with the appropriate personnel (Lack of volunteers/paid staff), multiple calls for the agency resulting in no apparatus available, etc. The following data does not include inter-facility transports.

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<th>Agency</th>
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For any questions or concerns regarding the above information, please contact the St. Lawrence County Bureau of EMS Office.

Respectfully,

Jonathan W. Mitchell  
St. Lawrence County EMS Coordinator  

DATED: 06/01/2022
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Parishville's year is April to March which is why numbers are not the same.
# Parishville Volunteer Fire Department, Rescue Squad & Dive Recovery Team

## Radio Log Sheet

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<th>Inc #</th>
<th>Date</th>
<th>Type</th>
<th>Location</th>
<th>Alarm Time</th>
<th>Out Of Service</th>
<th>On Scene</th>
<th>In Service</th>
<th>Signature</th>
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<td>On Scene</td>
<td>In Service</td>
<td>Signature</td>
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**Parishville Volunteer Fire Department, Rescue Squad & Dive Recovery Team**

**Radio Log Sheet**

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<th>Date</th>
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<th>Location</th>
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Parishville Volunteer Fire Department, Rescue Squad & Dive Recovery Team

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Parishville Volunteer Fire Department, Rescue Squad &
Dive Recovery Team

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Parishville Volunteer Fire Department, Rescue Squad & Dive Recovery Team

Radio Log Sheet

195mu - 11Cfnw
## Parishville Volunteer Fire Department, Rescue Squad & Dive Recovery Team

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# Parishville Volunteer Fire Department, Rescue Squad & Dive Recovery Team

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## Radio Log Sheet

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Appendix XV

The Parishville Volunteer Fire Company, Inc. Financial Reports

The Parishville Volunteer Fire Company, Inc.
New York State Department of Health
Bureau of Emergency Medical Services

Funding Document For EMS Agencies

Please complete the following information regarding the funding of your agency.

NOTE: Response is mandatory. Failure to complete this form accurately may impact your agency’s authority to collect fees for prehospital patient care.

Name of EMS agency: The Parishville Volunteer Fire Company Inc. DOH agency code: 4425

Does your EMS agency bill (collect fees for prehospital transport/patient care)?
☐ Yes ☐ No

If Yes, does your agency process its own billing and filings to Medicare/Medicaid/private insurance for prehospital transport/patient care fees?
☐ Yes ☐ No

If Yes, skip to Funding Sources section below.
If No, indicate the name of the “Service Bureau” or contractor that processes the billing for your EMS agency.

EMS Agency NYS Medicaid provider ID number ____________________________

Service Bureau NYS Medicaid ID number ____________________________
Note: if your contractor also provides EMS, the Service Bureau is not the same ID used by that EMS agency for its own billing, or your ID is a separate ID number issued to the contractor by Medicaid authorizing the contractor to process/submit billing for 3rd party EMS agencies.

The New York State Department of Health will assume that failure to provide a valid ID number for a Medicaid Service Bureau indicates that your service’s billing practices and/or contractor services are unlawful and will report them to the New York State Office of Health Insurance Programs.

Funding Sources

Identify ALL of the funding sources received by your EMS agency.

Fire District(s) [NOT fire protection districts] Parishville fire District
(If more than one district, list additional on back of this page. List Fire Protection Districts below)

Ambulance District [legal name of taxing district] ____________________________
(If more than one district, list additional on page 2)

Municipal Contracts [other than fire districts]
(List all municipalities your agency holds EMS contracts with including County, City, Town, Village, and Fire Protection Districts.
List additional municipalities on page 2)

Donations or fund-raisers Yearly letter drive

Not-for-profit status
☐ 501(c)(3) ☐ Other NFP ____________________________

Other funding sources not identified above ____________________________
(Include agreements/contracts with service fees to provide ALS to other certified services. i.e., ALS assists)

Service’s approximate total annual EMS operating budget ____________________________

Is your service an operator for another service that bills?
☐ Yes ☐ No

If Yes, service name ____________________________ Agency code __________

Name of person completing this form: Christina Cool

Title of person completing form: 2nd Assistant Captain
Date completed: 6/9/22

Signature of person completing this form: ____________________________ Date: 6/9/22

DOH-5131 (9/14) p1 of 2
Additional Funding Information

Designate type of funding source as defined on page 1.
2021 BUDGET

FIRE DISTRICT
Town of Parishville
Town of
Town of
County of St. Lawrence

FILE WITH TOWN BUDGET OFFICER
BY SEPTEMBER 20TH
(By October 20th in Westchester County)

These Estimates were approved on 10/27/20.

Richard Snell
Commissioner

Jim Sullivan
Commissioner

David Taylor
Commissioner

Jerry Hayes
Commissioner

Melvin Sweeney
Chairman

(It is not necessary for the commissioners to sign this budget, if the fire district secretary completes the following certificate.)

This is to certify that the Estimates were approved by the fire commissioners on October 27, 2020.

Evan Harper Jr.
Fire District Secretary

NEW YORK STATE DEPARTMENT OF AUDIT AND CONTROL
DIVISION OF MUNICIPAL AFFAIRS
ALBANY, NEW YORK
### SUMMARY OF BUDGET 2021

**Appropriations**

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**Total Estimated Revenues and Unexpended Balance**

| $ 12,450.00 |

**To be Raised by Real Property Taxes**

| $ 202,551 |

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<tr>
<td>Other Personal Services</td>
<td>$2,500.00</td>
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<td>A601 Hydrant Rental</td>
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<td>A602 Fire Department or Company Services</td>
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<td>A603 Fire Protection</td>
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<td>A610 Judgments and Claims</td>
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<td>A628 State Retirement System</td>
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<td>A636 Medical, Hospital</td>
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<td>A638 Blanket Accia. Ins.</td>
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<td>A639 Supp. Benefit Payments to Disabled Firemen</td>
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<td>A640 Unemployment Ins.</td>
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<td>A680 Interest on Bonds</td>
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<td>A691 Redemption of Notes</td>
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<td>A801 Transfer to Capital Fund</td>
<td>$40,000.00</td>
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2022 BUDGET

FIRE DISTRICT

Town of Parishville

Town of

Town of

County of St. Lawrence

FILE WITH TOWN BUDGET OFFICER

BY SEPTEMBER 20TH

(By October 20th in Westchester County)

These Estimates were approved on 10/13/21

Richard Snell
Commissioner

Jim Sullivan
Commissioner

David Taylor
Commissioner

Jerry Hayes
Commissioner

Melvin Sweene
Chairman

(It is not necessary for the commissioners to sign the budget, if the fire district secretary completes the following certificate.)

This is to certify that the Estimates were approved by the fire commissioners on 10/13/21

Evan Harper
Fire District Secretary

NEW YORK STATE DEPARTMENT OF AUDIT AND CONTROL
DIVISION OF MUNICIPAL AFFAIRS
ALBANY, NEW YORK
## SUMMARY OF BUDGET 2022

Appropriations

Less:

Estimated Revenues $4,050.00
Estimated Unexpended Balance 2,100.00

Total Estimated Revenues and Unexpended Balance 2,550.00
To be Raised by Real Property Taxes $2,533.24

### ESTIMATED REVENUES

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<tr>
<th></th>
<th>Actual Revenues 2020</th>
<th>Budget As Modified 2021</th>
<th>Preliminary Estimate 2022</th>
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<td>A20 State Aid for Loss in Railroad Tax Revenue</td>
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<td>A30 Federal Aid for Civil Defense</td>
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<td>A82 Transfer from Reserve Fund</td>
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Totals $1,412.00 $550.00 $4,050.00 $4,050.00
# APPROPRIATIONS

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Actual Expenditures 2020</th>
<th>Budget As Modified 2021</th>
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<th>Adopted Budget 2022</th>
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<td>40,000.00</td>
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<td>Totals</td>
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<td>$267,050.00</td>
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</tbody>
</table>
To whom it may concern:

The Parishville Volunteer Fire Company, Inc. is unaware of any continuing uncorrected Deficiency Notices and Malpractice Actions related to patient care by The Parishville Volunteer Fire Company, Inc. for the last twenty (20) years

Thank You

Chief Edwin Cool
NEW YORK STATE DEPARTMENT OF HEALTH

Ambulance Service Certificate

Parishville Volunteer Fire Company, Inc., The

is hereby certified as a New York State ambulance service in accordance with the provisions of Article 30 of the Public Health Law

PRIMARY TERRITORY:
Townes of Parishville, Hopkinton and Colton

Emergency Medical Services Program

Commissioner of Health

This certificate may be revoked, suspended, limited or annulled for violation of the Public Health Law

THIS CERTIFICATE IS NOT TRANSFERABLE
Keep conspicuously posted

DOH-3414 (8/91)

No. 37335
Appendix XVII

Certificate of Incorporation

The Parishville Volunteer Fire Company, Inc.
Date: JUN 20 2014

THE PARISHVILLE VOLUNTEER FIRE COMPANY INC
PO BOX 264
PARISHVILLE, NY 13672-0264

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,

[Signature]
Director, Exempt Organizations

Enclosure: Publication 4221-PC
ADDENDUM

Based on the information submitted with your application, we approved your request for reinstatement under Revenue Procedure 2014-11. Your effective date of exemption, as shown in the heading of this letter, is retroactive to the date of revocation.
STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 3, 2019.

Brendan C. Hughes
Executive Deputy Secretary of State
CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF

The Parishville Volunteer Fire Company, Inc.

(Insert Name of Domestic Corporation)

Under Section 803 of the Not-for-Profit Corporation Law

FIRST: The name of the corporation is:

The Parishville Volunteer Fire Company, Inc.

If the name of the corporation has been changed, the name under which it was formed is:

________________________________________________________

SECOND: The certificate of incorporation was filed by the Department of State on:

April 7, 1955

THIRD: The law the corporation was formed under is: Membership Corporation Law

FOURTH: The corporation is a corporation as defined in Section 102(a)(5) of the Not-for-Profit Corporation Law.

FIFTH: The corporation is a Type B corporation. If the corporate purposes are being enlarged, limited or otherwise changed, the corporation shall be a Type ______ corporation.
SIXTH: The amendment effected by this certificate of amendment is as follows:

(Set forth each amendment in a separate paragraph providing the subject matter and full text of each amended paragraph. For example, an amendment changing the name of the corporation would read as follows: "Paragraph First of the Certificate of Incorporation relating to the corporate name is hereby amended to read in its entirety as follows: First: The name of the corporation is ... (new name) ... ")

Paragraph Eight of the Certificate of Incorporation relating to Prohibitions is hereby [check the appropriate box] ☒ added to read in its entirety as follows or ☐ amended to read in its entirety as follows:

Eighth: The following language relates to the corporation's tax exempt status and is not a statement of purpose and powers. This corporation is organized and is to be operated exclusively for charitable, educational, and scientific purposes, consistent with Section 501(c)(3) of the Internal Revenue Code of 1986 or corresponding provisions of any subsequent federal tax laws, and shall not carry on any activities not permitted to be carried on by a corporation exempt from federal income tax under that section of the Code. The corporation is not formed for pecuniary profit or financial gain, and no part of its net earnings, income or assets shall inure to the benefit of any director, officer, trustee, or member of the Corporation or individual (except that reasonable compensation may be paid for services rendered to or for the corporation in furtherance of one or more of its purposes). No substantial part of the activities of the corporation shall be for the carrying on of propaganda, or otherwise attempting to influence (except to the extent authorization by Section 501(h) of the Internal Revenue Code of 1986, as now in effect of hereafter amended). The corporation shall not participate in or intervene in (including the publication or distribution of statements) any political campaign on behalf of (or in opposition to) any candidate for public office.
Paragraph Ninth of the Certificate of Incorporation relating to Dissolution

is hereby [check the appropriate box] ☒ added to read in its entirety as follows or ☐ amended to read in its entirety as follows:

Ninth: In the event of dissolution, the assets and property of the corporation remaining after expenses and liabilities have been paid shall be distributed, as determined by the Board of Directors and approved by order of a Justice of the Supreme Court of the State of New York, to such organizations as qualify under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or to the federal government, or state or local government for a public purpose. Any assets not so distributed shall be distributed for such purposes as shall be approved by order of such New York State court as shall have jurisdiction thereunto. No director, officer, trustee, or member of the corporation shall be entitled to share in the distribution of any of the corporate assets upon dissolution.

(Remove this page if not needed)
TENTH: The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the corporation is:

The Parishville Volunteer Fire Company, Inc.
Attn: Chief
PO Box 264
Parishville, NY 13672

ELEVENTH: The certificate of amendment was authorized by: (Check the appropriate box)

☑ The amendment was authorized by a vote of a majority of the members at a meeting.

☐ The amendment was authorized by the unanimous written consent of the members entitled to vote thereon.

☐ The amendment was authorized by a vote of a majority of the entire board of directors.
The corporation has no members.

(Signature)

(Treasureer)

(Print or Type Signer's Name)

David B. Taylor Jr.
CERTIFICATE OF AMENDMENT
OF THE
CERTIFICATE OF INCORPORATION
OF
The Parishville Volunteer Fire Company, Inc.

(Insert Name of Domestic Corporation)

Under Section 803 of the Not-for-Profit Corporation Law

Filer's Name  Dave Taylor

Address  PO Box 264

City, State and Zip Code  Parishville, NY 13672

NOTE: The certificate must be submitted with a S30 filing fee. This form was prepared by the New York State Department of State. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. Please be sure to review Section 804 and Section 404 of the Not-for-Profit Corporation Law to determine if any consents or approvals are required to be attached to this certificate of amendment.

For Office Use Only

STATE OF NEW YORK
DEPARTMENT OF STATE

FILED  DEC 13 2012
TAX $  

BY: LMC

SHA
I hereby certify, that the Certificate of Incorporation of THE PARISHVILLE VOLUNTEER FIRE COMPANY, INC. was filed on 04/07/1955, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of September two thousand and two.

[Signature]

Secretary of State
CERTIFICATE OF INCORPORATION OF THE PARISHVILLE, VOLUNTEER FIRE COMPANY, INC.

Pursuant to the Membership Corporation Law.

We, the undersigned, desiring to form a membership corporation, pursuant to the Membership Corporation Law, do hereby make, sign, acknowledge and file this certificate of incorporation and state and certify as follows:

FIRST: The name of the proposed corporation is Parishville Volunteer Fire Company, Inc.

SECOND: The purposes for which it is to be formed are as follows:

1. To acquire and own fire apparatus for use by the corporation in the protection of persons and property from injury, loss, damage or destruction by fire.

2. To own and acquire land and buildings and units for corporate purposes and for use and enjoyment of the members of the corporation in connection with the housing of and headquarters for fire apparatus and for the providing of places of meeting for the members of the corporation.

3. And generally to do all things deemed necessary, advisable and proper by its members, for the protection of persons and property from fire, injury and damage and in the matter of the fighting of fires; and to provide for the mutual enjoyment, entertainment and improvement of its members socially and physically.

THIRD: The territory in which the operations of this corporation are to be conducted is all the town of Parishville, New York.

FOURTH: The principal office of the corporation shall be located in the hamlet of Parishville, town of Parishville, county of St. Lawrence and State of New York.

FIFTH: The number of directors of the corporation shall be six.

SIXTH: The names and places of residence of the persons to be directors of the said corporation until its first annual
meeting, all of whom are residents of the town of Parishville, New York, citizens of the United States and upward of twenty one years of age, are as follows:

Roswell Converse, Parishville, New York
Walter Clark, Parishville, New York
Sumner Fennor, Parishville, New York
Lloyd Foster, Parishville, New York
Lee Wells, Parishville, New York
Howard Sochia, Parishville, New York

We do hereby further state and certify that we are all persons of full age, that all of us are residents of the town and hamlet of Parishville, New York and all of us are citizens of the United States.

This certificate is executed in triplicate.

IN WITNESS WHEREOF, we have hereunto set our hands and seals at Parishville, New York this 8th day of March, 1899.

[Signatures]

County of St. Lawrence

On this 8th day of March, 1900, before me, the subscriber, personally appeared Roswell Converse, Walter Clark, Sumner Fennor, Lloyd Foster, Howard Sochia and Lee Wells, to me known to be the same persons described in and who signed the foregoing certificate of incorporation and they duly and severally acknowledged to me that they executed the same.

[Signature]

Notary Public

Warrant O. Panilla
Notary Public in the State of New York
Official Number: 753
My commission expires March 29, 1955.
I, James Gibson, a Justice of the Supreme Court of the State of New York of the Fourth Judicial District, do hereby approve the foregoing certificate of incorporation and consent that the same be filed.


Justice of the Supreme Court.

Do, the undersigned, constituting a majority of the Town Board of the town of Parishville, New York, after having a public hearing pursuant to section 11, sub-division 4 of the Membership Corporation Law, do hereby consent to the formation of the Parishville Volunteer Fire Company, Inc. and do hereby approve of the foregoing certificate of incorporation and consent that the same be filed.

Dated March 24, 1955.

Supervisor

Royal S. Hoyt, Town Clerk

J. P.

JULY 7TH, 1955

NEW YORK

County of St. Lawrence

On this 24th day of March, 1955, before me the subscriber, personally appeared Roy H. Walter, Royal S. Hoyt, Leon Jenkins and Edwin Parmeter, to me known to be the same persons described in and who executed the foregoing instrument of consent and they severally acknowledged to me that they executed the same.

Notary Public.

Whereas, the territory in which the Parishville Volunteer Fire Company proposes to act, as set forth in the annexed certificate of incorporation, includes territory within the Parishville Fire District of the town of Parishville, New York, of which district the undersigned are Fire Commissioners,

Now, therefore, the undersigned, constituting a
majority of the Fire Commissioners of said district, do hereby
approve of the foregoing certificate and consent to the forma-
tion therein described and to the filing of said certificate.

Dated 1955.

[Signatures]

Commissioners.

STATE OF NEW YORK

County of St. Lawrence.

On this 26 day of March, 1955, before me, the subscriber, personally appeared Gerald Washburn, Harold Seaver, Everett Bassett and Leslie Wilson, to me known to be the same persons described in and who executed the foregoing instrument of consent and they severally acknowledged to me that they executed the same.

[Signature]

Notary Public.

STATE OF NEW YORK

County of St. Lawrence

Rowell Converse, Walter Clark, Sumner Fenner, Lloyd Foster and Leo Wells, being duly sworn, depose and say that they are subscribers to the foregoing certificate of incorporation; that the purposes set forth in the said certificate are the same as those of the unincorporated association known as "The Parishville Fire Department"; that the subscribers of said certificate constitute a majority of the members of a committee authorized to incorporate such association by vote as required by the organic law of said association.

Subscribed and sworn to before me this March 26, 1955.

[Signature]

Notary Public.
Appendix XVIII

Agency Constitution and By Laws

The Parishville Volunteer Fire Company, Inc.
THE PARISHVILLE VOLUNTEER FIRE COMPANY

CONSTITUTION AND BY-LAWS

(Revised March 2022)
CONSTITUTION AND BY-LAWS OF
THE PARISHVILLE VOLUNTEER FIRE COMPANY
(Revised March 2022)

ARTICLE 1 - Overview of Company

Section 1.
The title and name of this organization shall be:

THE PARISHVILLE VOLUNTEER FIRE COMPANY INC.

Section 2.
This organization shall be composed of duly admitted Fire persons residing or employed in New York State.

Section 3. Our mission statement/purpose is as follows:

To protect persons and property from injury, loss, damage or destruction by fire, to provide assistance/medical care to persons of MVA's or other means of traumatic injury, to assist and provide, if needed, medical attention to persons afflicted with illness, search and rescue on land, and providing a sound and competent ambulance service to any persons in need without prejudice and to promote healthy living. This organization will also facilitate civil defense emergency driving situations, assist in the underwater rescue and recovery of drowned or presumed drowned persons, underwater recovery of property, and to promote diving safety.

Section 4.
The activities of the organization shall be conducted primarily, but not exclusively, in the Town of Parishville, St. Lawrence County, State of New York, United States and international waters. Requests for services outside of the Parishville Township will be honored, but the request must come from the county level or other mutual aid agreement. All requests for our ambulance service within our current NYS DOH Certificate of Need, specifically the Townships of Parishville, Hopkinton and Colton, New York will be honored. Requests for our ambulance outside of our current CON must come from the county level.

Section 5.
All meetings will be conducted according to “Robert’s Rules of Order” following preliminary Procedures.

Section 6.
This is a nonprofit organization funded primarily by a portion of the land taxes received by the Town of Parishville, which is overseen by Parishville Fire District Board of Commissioners. This organization, in whole or part, shall not charge fees for its service. The organization will accept donations on our behalf, which will be deposited in whole directly into the treasury.

ARTICLE II - Slate of Officers

Section 1. The Officers of this Department shall consist of:
CONSTITUTION AND BY-LAWS OF
THE PARISHVILLE VOLUNTEER FIRE COMPANY
(Revised March 2022)

1. Fire Chief
2. 1st Assistant Fire Chief
3. 2nd Assistant Fire Chief
4. 3rd Assistant Fire Chief
5. Truck Captain and 4 Lieutenants
6. Secretary
7. Treasurer
8. 2 Fire Scene Safety Officers
9. Ambulance Captain
10. 1st Emergency Medical Services Captain
11. Emergency Medical Services Secretary
12. Emergency Medical Services Safety Officer
13. Dive Captain
14. Dive Lieutenant
15. Dive Secretary
16. Dive Surface Support Coordinator

Line Officers shall hold no more than one position within The Parishville Volunteer Fire Company, Inc. All positions consist of one year terms and are voted on annually.

Members filling the following positions are considered to be Line Officers:

1. Fire Chief                2. 1st Assistant Fire Chief
3. 2nd Assistant Fire Chief 4. 3rd Assistant Fire Chief
5. Emergency Medical Services Captain                6. 1st Asst. Emergency Medical Services Captain
7. Dive Captain                8. Dive Lieutenant

Section 2. The duties of the CHIEF shall be as follows:

1. Is in charge of the Company and oversees all members and activities of the Company, to include Emergency Medical Services (ambulance) and water rescue/recovery activities and expenditures and to see that the department and apparatus of the department is kept in good condition and repair.
2. To see that every member of the department does his/her proper duty at the proper time.
3. To call special meetings and work details for the Company whenever necessary, at his/her discretion.
4. To appoint all committees.
5. To dispose of the property of the Company with the majority consent of the Company.
6. To recommend suspension of members of the Company in accordance with the provisions of the Constitution.
7. To take care of any requests or special events unless he appoints a person to be in full charge by their mutual consent.
8. The Fire Chief may delegate to the convention.
9. To keep a file of all Company paperwork or delegate this responsibility as necessary.
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Section 3. The duties of the 1st Assistant Chief shall be as follows:

1. To take command of the Company during the absence of the Fire Chief and adhere strictly to all the duties of the Fire Chief.
2. To be responsible for the development of the Fire Prevention Program.
3. To be a training officer and keep records of all training.
4. To be responsible for apparatus and truck training as assigned by the Fire Chief.
5. Shall be responsible for any other duties assigned by the Fire Chief.

Section 4. The duties of the 2nd Assistant Fire Chief shall be as follows:

1. To take command of the Company during the absence of the Fire Chief and 1st Assistant Fire Chief and strictly adhere to all the duties of the Fire Chief.
2. Chairperson of Membership Aid and Flower Committee.
3. To be responsible for apparatus and truck training as assigned by the Fire Chief.
4. Shall be the chairperson of the membership and screening committee.
5. Shall take attendance at every meeting.
6. Shall be responsible for any other duties assigned by the Fire Chief.

Section 5. The duties of the 3rd Assistant Fire Chief shall be as follows:

1. To take command of the Company during the absence of the Fire Chief, 1st Assistant Chief, and 2nd Assistant Chief and to adhere strictly to all the duties of the Fire Chief.
2. The 3rd Assistant Chief will have the keys to the beverage machine and will be responsible for all beverages for the Company except for Hall functions.
3. To be responsible for the apparatus and truck training as assigned by the Fire Chief.
4. Shall be responsible for any other duties assigned by the Fire Chief.

Section 6. The duties of the Truck Captain shall be as follows:

1. Will be responsible for the training of all members on fire vehicles and apparatus. He/she is also responsible for maintaining all equipment and fire vehicles in good condition, ready for service at all times.
2. Shall be responsible for any other duties as assigned by the Fire Chief.

Section 7. The duties of the Lieutenant Truck Captain's shall be as follows:

1. To assist the Truck Captain when training all members on fire vehicles and apparatus, help maintain all equipment and fire vehicles in good condition and ready for service at all times.

Section 8. The duties of the Secretary shall be as follows:

1. To take minutes of all meetings.
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2. To file the minutes of all meetings as permanent records and to give copies of the minutes to the Fire Chief.
3. To pass out the minutes from the previous month’s meeting at each monthly meeting.
4. To perform faithfully any other duties imposed on him/her, expressed or implied, by terms of the Constitution.
5. The Company Secretary will read the minutes at the close of each meeting unblessed tabled until the next meeting.

Section 9. The duties of the **Treasurer** shall be as follows:

1. To receive monies belonging to the Company.
2. To pay out monies required by the duly authorized orders of the Fire Chief.
3. To make a report at the annual meeting of the Company monies received and disbursed during the past fiscal year. To give a copy of all reports generated to the Fire Chief.
4. To make any special reports required by the Fire Chief or Company Secretary.
5. To take charge of all finances of functions pertaining to the Company.
6. To have available the Company Treasurer’s book to be audited quarterly and prior to the Annual Meeting. The Fire Chief will appoint an auditing committee.
7. To provide a monthly report at the regular Company monthly meeting of **ALL** expenditures and transactions during the preceding month.
8. To pay all bills voted on at our regular monthly Company meeting prior to the next regular monthly Company meeting.
9. To perform faithfully any other duties imposed upon him/her, expressed or implied by the order of the Constitution. No money shall be expended by the order of the Chief unless the expenditure is approved by the majority of the members present at a regular or special Company meeting: with the exception that special committees appointed by the Fire Chief shall have the power of drawing expenses with the Fire Chief’s consent, and shall pay debts contracted by them out of the proceeds of the work done. The balance shall be turned over to the Fire Chief with the itemized bills, which then shall be turned over to the Company Treasurer.

Section 10. The duties of the **Fire Scene Safety Officers** shall be as follows:

1. To observe and evaluate any unsafe procedures at a fire scene and report such incidents to a Fire Chief.

Section 11. The duties of the **Emergency Medical Services Captain** shall be as follows:

1. Reports directly to the Fire Chief, and to see that all members working/training with the ambulances/EMS does his/her proper duty at the appropriate time.
2. To conduct separate monthly meetings with members working/training with the ambulances/EMS or see that they are conducted. These meetings will be conducted prior to the regular Company meetings so that the Fire Chief can be informed of any questions/concerns and be advised as to how the
ambulances have been staffed/used and maintained in the preceding month.
3. To call special meetings when necessary.
4. To be a representative of the Emergency Medical Services at the Commissioner’s meetings and monthly Officer’s meetings.
5. To dispose of the excess property of the ambulances/EMS with the recommendation and approval of those members working/training with said ambulances/EMS.
6. To appoint all committees as needed that pertain to the ambulances/EMS.
7. To keep track of functions and committee work that members participate in to determine active and slack members working/training with the ambulances/EMS.

Section 12. Duties of the 1st Assistant Emergency Medical Services Captain shall be as follows:
1. To take command of those members that are working/training with the ambulances in the absence of the Emergency Medical Services Captain.
2. To be the chairperson on the membership screening committee of those members interested in working/training with the ambulances/EMS.
3. To arrange all ambulance/EMS training sessions and record attendance by members.
4. To set up all hospital requested interfacility ambulance transports.
5. To arrange all ambulance stand-by crews.
6. To train and document members on vehicle operations and all equipment locations and radio operations of ambulances.
7. To see that each ambulance and all equipment is maintained in good condition.

Section 13. Duties of the Emergency Medical Services Secretary shall be as follows:
1. To record and present the minutes of all EMS meetings of the Company. Copies of all minutes to be given to The Fire Chief and EMS Captain.
2. To take care of all correspondence pertaining to the ambulances/EMS, including Thank you notes, acknowledgements and request letters.
3. To mail all necessary reports, pertaining to the ambulances and EMS, to local, county, and state agencies as required.
4. To maintain past and current records of the extra activities of the members working/training with the ambulances/EMS.

Section 14. Duties of the Emergency Medical Service Safety Officer shall be as follows:
1. To attend or send a representative to the CQI and EMS Council Meetings.
2. To keep all company members informed of current state and local procedures and protocols.
3. To monitor company membership for proper use of universal safety precautions and maintain safe working conditions on ambulance scenes.

Section 15. Duties of the Dive Captain shall be as follows:
1. Reports directly to the Fire Chief, and to be in charge of holding monthly meetings with members
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that are working/training with the water rescue/recovery activities of the company. On the scene of a
dive emergency the St. Lawrence County Water Incident Coordinator will act as the liaison officer
between our members and the incident commander.
2. To take care of all correspondences and any paper work pertaining to water rescue/recovery
activities.
3. To be in charge of all diving operations dealing with water rescue/recovery in conjunction with the
Incident Commander on scene. Will keep the Fire Chief informed of all activities.
4. Will reserve the right to decline any request from the Incident Commander that he/she feels is
detrimental to the safety of the members participating or not in accordance with the Company
member’s level of training and/or standard operating procedures.
5. To be in charge of water rescue/recovery training in the absence of the Dive Lieutenant

Section 16. Duties of the Dive Lieutenant shall be as follows:

1. To fill in for the Dive Captain in his/her absence, at which time he/she would be granted all of the
Dive Captain’s authority.
2. Responsible for the set-up and implementation of all monthly dive training.

Section 17. Duties of the Dive Secretary shall be as follows:

1. Will be responsible for keeping records of all meetings pertaining to those members participating in
water rescue/recovery activities. To give a copy of all meeting minutes to the Fire Chief and Dive
Captain.
2. Will handle correspondence pertaining to water rescue/recovery activities.
3. Will keep a current list of members that are working/training in water rescue/recovery activities.
4. Will see that members working/training in water rescue/recovery activities are given the specific
rules that apply to participating in water rescue/training activities.

Section 18. Duties of the Dive Surface Support Coordinator shall be as follows:

1. To be liaison between divers and line handlers and answer directly to the Dive Captain when on
water rescue/recovery activities.
2. To be in charge of line handlers present at all water rescue/recovery operations.
To make certain that all line handlers are properly trained to perform their task adequately.
3. The Surface Support Coordinator’s duties do not end until all personnel and equipment are
accounted for and properly placed back in service.

Article III - Annual Meetings/Election of Officers in the general operations of the
Fire Company

Any member running for an officer’s position anywhere with in “The Parishville Volunteer Fire
Company, Inc.” needs to have completed and passed the ICS 100, ISC 200, FEMA 700 and FEMA
800, have completed 8 hours annual OSHA training, and meet the minimum requirements in the specialty group prior to running for said office.

Section 1.
The Annual Meeting for the election of Officers for the Fire, EMS and Dive shall be held on the 1\textsuperscript{st} Saturday in April. Meal will be served at 5:00 p.m., with meetings and elections to follow. The place to be designated by the chief.

Section 2.
1. All Officers shall be elected at the Annual Meeting for one (1) year by a majority vote, to include the members present at meeting and by absentee ballots.

2. Voting shall be by ballot. Absentee ballots must be dated, signed and delivered to a current officer of the Company or placed in the locked PCR box in a sealed envelope before elections begin.

3. Officers so elected shall take office at the end of the Annual Meeting.

Section 3.
1. A slate of officers shall be presented by the Nominating Committee at the Annual Meeting.

2. The Nominating Committee will make its nominations for each office first, then nominations will be accepted from the floor.

3. Two months prior to the Elections, the Nominating Committee will research all fire personnel to verify eligibility to run and vote for office.

Section 4.
Only active members and officers will be eligible to hold an officer’s position within the Company.

Section 5. To hold and Officers position that pertains to the general Fire Company and to have voting privileges at the Annual meeting, the following criteria must be met:

1. A Member needs a minimum of four (4) monthly meetings that pertain to the Fire Activities of the Company, criteria must have been met in the previous 12 months.

2. Required trainings (8 hours OSHA training and 3 truck trainings) must be met during the previous twelve (12) months.

3. Any Fire Company member that is on the Fire Company roster and is not a Special 15 or Special 5, not suspended or considered slack may run for the general Fire Company Officer positions, to include Fire Chief, 1\textsuperscript{st} Assistant Fire Chief, 2\textsuperscript{nd} Assistant Fire Chief, 3\textsuperscript{rd} Assistant Fire Chief, Truck Captain, Truck Lieutenant, Treasurer, Secretary, Fire Scene Safety Officer.
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Section 6.
1. Anyone running for Fire Chief or any of the Assistant Fire Chief positions must have at least five years within our Company.

2. A “write in” space will be placed on the ballot for each elected position.

3. Nominations will be accepted from the floor.

Section 7.
If any vacancy shall occur among the officers of the Company, it shall be filled at the first meeting of the department thereafter. The elected officer shall fill that position until the next Annual Meeting.

Article IV - Annual Meeting/Election of Officers in the specialized area of Emergency Medical Services.

Section 1. To hold an officer’s position or vote in the specialized area of the activities of the Emergency Medical Services the following criteria must be met:

1. Must be a regular participant working/training with the ambulance for at least one year.

2. Not be considered a slack member.

3. Not be an officer or serve on the governing board of any other department except “The Parishville Volunteer Fire Company, Inc.

4. Be currently certified in CPR (all members of “The Parishville Volunteer Fire Company, Inc. are strongly in courage to keep a current CPR card).

5. Not be currently suspended for any reason.

6. Must have attended at least 4 meetings during the last year pertaining to the EMS work and training activities.

7. Must have attended at least three trainings pertaining to the EMS work and activities.

Article V - Annual Meeting/Election of Officers in the specialized area of Water Rescue/Recovery activities.

Section 1. To hold an officer’s position or vote in the specialized area of the Water Rescue/Recovery activities the following criteria must be met:
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1. Must be a regular participant working/training with the water rescue/recovery activities for at least one year.

2. Must be a member in good standing (not considered a slack member) for at least six months.

3. Must have attended at least 4 meetings during the last year pertaining to the water rescue/recovery activities of the company.

4. Must have attended at least three trainings pertaining to water rescue/recovery work and activities.

5. To fill the positions of Dive Captain or Dive Lieutenant the member must be a certified Diver.

6. Must be able to vote at regular Water Rescue/Recovery activity meetings.

Article VI - Meetings

Section 1. Notice of all meetings shall be given to all members. A first class letter, post card, or standard preset monthly date shall constitute proper notification.

1. The regular meetings of The Parishville Volunteer Fire Company, Inc. shall be held on the first Wednesday of every month at 5:30 p.m.

Section 2.

1. We shall pledge allegiance to the United States and Its flag at the beginning of all meetings.

2. The attendance of at least 15 General Fire Company members, including two officers, shall be necessary for the transaction of business at any General Fire Company meeting.

3. All fire company members (except Special 15’s and special 5’s) are eligible to vote on monthly business.

4. All motions and resolutions presented at any meeting of the company shall be acted upon and disposed of at such meeting according to parliamentary law.

5. Each distinct matter which is brought up on the floor for discussion at any meeting of the company must be tabled or finally acted upon in one way or another before any other separate and distinct matter can be brought up for action.

6. As a motion or resolution is presented at any meeting of the company, it shall be opened for discussion. Anyone wishing to discuss the matter must first receive permission from the Officer running said meeting. All other members shall remain silent while any member is speaking.
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Article VII - Membership

A. Fireman (regular membership) participates in fire aspects of the company (may also participate in EMS and/or water rescue/recovery aspects). If a member applies for Fireman status and is interested in the other fields of the company, said members must complete all training required by the fire company first. Must follow all guidelines pertaining to company policies and standard operating guidelines (procedures).

B. EMS Special 15 - participates in EMS aspects only but is considered a full company member and is accorded all benefits of said membership. Must abide by all company policies, procedures and standard operating guidelines; NYS DOH policies and procedures (to include REMSCO and NCREMAC)

C. Special 5 - participates in water rescue/recovery aspects only but is considered a full company member and is accorded all benefits of said membership. Must follow all company policies, procedures and standard operating guidelines.

Section 1. Qualification for membership in the company consist of:

1. Must be at least 18 years of age.
2. A resident of/employed in New York State.

3. Obtain a physical examination and clearance to participate by a designated Physician before attending any activity.

4. Must obtain said physical within 30 days of admittance to the Company or he/she will be dropped from the roster and must reapply for membership.

5. Must obtain an arson/criminal background check that meets the requirements of the New York State Department of Health and US Department Home Land Security.

6. Must read and sign that they received and understood the By-laws of this company.

7. If becoming a member as a Special 15 or planning on participating regularly in the specialized functions of EMS in this Fire Company, member must have or obtain CPR certification within six month of being voted in to Fire Company and keep certification current.

Section 2.
Any person wishing to become a member of the Company must obtain an application and return the completed application for presentation to the screening committee. New members, once approved, will have to sign a form stating that they have been given, read and understood the by-laws.

Section 3.
The membership screening committee consists of the Chief and Assistant Chiefs for general
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membership, EMS officers for EMS participation and Dive officers for water rescue/recovery participants. The appropriate officers shall investigate the applicant and may recommend him/her for membership in the company if he/she meets the specified company qualification. Other members may be appointed to this committee. At least two officers must be present.

Section 4.
Applicants for membership must receive a 2/3 majority ballot of voting members present at the meeting (specific to the area in department of interest to applicant) to become an active fire person, EMS provider or Water rescue/recovery participant. Said person may only apply once in a thirty day period.

Section 5.
If approved by the membership, an applicant’s name shall then be presented to the Board of Commissioners for their approval and a six month probationary period will begin with the first monthly meeting following Commissioner approval.

Section 6.
All new members will be placed on a probationary period of no less than six months. At the end of the probationary period all new members will be brought up for permanent membership status. All activities of the company and participation of the member will be reviewed by the membership of the company. The probationary members must receive a 2/3 majority ballot of voting members present to become a permanent member on the department roster. Officers may ask membership to extend the probationary period of any potential permanent member.

Section 7.
Any member that is being voted on for their six month permanent membership may not be at the station during the meeting of the vote on said members.

Section 8.
Anyone on a leave of absence who does not reinstate within one year will be put on the top of the waiting list if he/she requests reinstatement at a later date.

Section 9.
The number of members at any one time shall not exceed sixty.

Section 10.
Any person having been voted out of the company twice will not be eligible for another membership in the company.

Section 11.
Any member joining after January, 2016 must have BEFO if the school is within reasonable distance for the new member. If the BEFO class conflicts with either work details or fire meetings the member attending that class or any other school shall be given credit for attendance at such detail or meeting. All classes must be approved by the Chief.
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The BEFO course must be completed within one year of admittance into the Company. If not completed the Chief and/or the Screening Committee must review the member.

*Section 11 does not apply to Special 15 or Special 5 members.*

*Section 12.*
It is mandatory that all members will have no less than 8 hours of OSHA training per year. Any appropriate training done outside of the department must be verified by a statement signed by the trainer and a copy given to the Chief of said training.

*Section 13.*
It has been mandated by the Federal, State and County Government, as of March 15, 2006, that *all Members* (current and future) to include Special 15’s and Special 5’s, of the fire company need to take and pass the following courses:
- A. FEMA-IS-700: NIMS, An Introduction
- B. ICS-100: Introduction to ICS or equivalent
- C. any member wishing to become an officer in the company needs to take and pass
  FEMA-IS 800 and ICS-200.

**Article VII - Slack Members**

The names of slack members are brought to the Company Chief’s for review. The names are then taken back to the next appropriate regular meeting to be to be voted on for a possible disciplinary action such as three to six months probation in the company. Two thirds of members present must approve disciplinary action. Slack members will be notified of their status by registered letter and will be assigned a time to meet with Company Chiefs/Officers to review their support and performance within the Company.

A member is considered “Slack” if lax in the following facets of department duties:
1. Answering and working at fire calls (does not pertain to Special 15’s or Special 5’s)
2. Answering rescue calls if working in the EMS field of department
3. Attending and working monthly work details.
4. Participating in fire drills (does not pertain to Special 15’s or Special 5’s)
5. Serving on committees or serving as an officer.

Slack members that do not make an attempt to improve their performance shall be subject to further disciplinary action, including suspension and/or termination of their membership at the discretion of the members in the specific areas in the company that the member is slack in.

**Article VIII - General Rulings**

1. The fire trucks are to be used with clean water only, except at a fire.

2. The Company will pay for St. Lawrence County Chief’s Dinners. Members who volunteer to attend
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a Chief’s dinner must pay “The Parishville Volunteer Fire Company, Inc. the cost of the dinner within one month if he/she fails to attend the dinner after their reservation has been sent in. If the member cannot attend, it will be up to the discretion of the Chief to have him/her reimburse the Company.

3. All property belonging to the Company is to be returned when the member leaves this organization for any reason. (ex. leave of absence, suspension or resignation)

4. When the alarm or pagers are activated for assistance (fire, MVA, stand-by, mutual aid or medical assistance, water rescue/recovery, etc.) members shall report to the station as quickly/safely as possible and board fire trucks/ambulance or other equipment. If the crew has already left the station, report to the scene and obey all direct or indirect orders from the Chief/officer/member in charge.

5. If the alarm is for medical assistance only, only medical personnel may go directly to the scene and the ambulance is not to leave the station without medical onboard or meeting medical on scene. Medical person in charge will decide how many members are needed for the call. All extra members will wait at the station, unless otherwise directed, until the call is completed.

6. No member of the company shall leave the scene of a fire, work detail, EMS call, Water rescue/recovery call, etc. or the station until all equipment is readied for service, without the permission of the acting Chief/member in charge. A violation of this requirement makes a member liable to be suspended for 30 consecutive days as an active member. A 2nd violation will result in the member being suspended for 60 consecutive days. If the member has a 3rd violation he/she will be dropped from the roster. The member may reapply for membership in the company after a minimum of one year. The person reapplying MUST pay for his/her own physical.

7. All members are encouraged to advance their levels of training, (i.e. Fire, EMS, or Dive).

8. All members are required to attend any specified mandatory training in their specialized fields of participation.

9. All members must reimburse the company for any and all educational expenditures paid for by the Company/Commissioners, should they fail to complete the course.

10. Fireman of the Year will be chosen during the month of March by the Chiefs. The Chiefs will not be eligible. This award shall be presented at the Annual Banquet of The Parishville Volunteer Fire Company, Inc.

11. Members actively participating in the EMS functions will choose the EMS Provider of the Year recipient, to then be presented at the annual Banquet of the Fire Company.

12. The officers of the company are to be the board of judges that will evaluate and verify any excuses for missing a required event.
Article IX - Drivers

Section 1. General qualifications
1. Must have a current Driver’s license.

2. Any driver joining the company after May 2006 must take EVOC before driving any vehicle owned by the company.

3. Any driver of a company vehicle found to be under the influence of alcohol or drugs will be dropped from the driver’s list for one year. A 2\textsuperscript{nd} offense will cause the member to be dropped from the roster permanently.

Section 2. Fire Truck drivers
1. Any member who desires to be on the drivers’ list must have at least three training sessions on the trucks during each fiscal year.

2. May train on vehicles as often as member wishes as long as there is available and qualified personnel to train with, but only one training session from each month is allowed to count towards the three mandated training sessions.

3. Firepersons must be cleared on the correct operating and driving procedures for each vehicle they wish to drive. Final clearance for each vehicle will be made by the Chief or his designee.

4. Any fire person suspended from the roster for not having three sessions must be suspended from the company for 30 days. During the 30 day suspension the fire person must help one of the Chiefs conduct at least two sessions on the equipment vehicle before being considered for reinstatement.

Section 3. Ambulance Driver’s
1. Must obtain and maintain current CPR certification (strongly encouraged for all company members).

2. Must do mandatory yearly check of both ambulances and rescue sled to be familiar with equipment placement.

3. Must attend at least 1 vehicle session per year.

Section 4.
The driver of the water rescue/recovery equipment vehicle is responsible for making sure that the vehicle, trailer and all of the equipment is cleaned and properly put back in service prior to leaving the fire station. The authorization to leave will be given by the Dive Captain and/or Surface Support Coordinator.
Article X - Emergency Medical Services Personnel

Section 1.
Defined as those members that are trained as Basic EMT’s, AEMT-I’s or AEMT-CC’s.

Section 2.
1. Any member successfully completing a State EMT (not a refresher) course will meet their training requirements for the current year.

2. Before any member can get any advanced training above the Basic EMT funded by the squad said member will have to do the following:
   a. Be a basic EMT for a minimum of 1 year.
   b. Show a high call volume of actual patient care in the past year.
   c. Both requirements must be met by the member and will be evaluated by the EMS officers for final approval.
   d. There will be no reimbursement for classes (taken or in progress) prior to becoming a member.

3. Are required to keep their certification up to date; if certification expires or lapse, members need to obtain and maintain CPR certification within 60 days of expiration/lapse of certification.

4. Must do a mandatory yearly check of both ambulances, rescue sled and to be familiar with equipment placement.

5. Must use universal precautions on every call, when cleaning inside the ambulances, when handling waste and anytime patient contact is possible. All members on each EMS call are responsible to see that universal precautions are followed.

6. No money will be disbursed until approval by the membership, that actively participates in the EMS activities of the Company, except in an emergency situation, i.e., one that must be handled immediately. In the event of an emergency, a majority of the elected officers of EMS must approve any expenditures. Disbursements for DOH mandated supplies are to be paid for as needed.

Article XI - Water Rescue/Recovery Personnel

All safety procedures adopted by this company shall conform to the rules of diving as currently taught by national certifying diving associations. All procedures shall also adhere to New York State laws pertaining to water safety, recognized safety procedures, and common sense.

Section 1.
All members actively participating in Water Rescue/Recovery activities will be required to meet the yearly requirements. Minimum requirements will be outlined for both line handlers and divers. Any
member who falls short of these requirements will be reconsidered for participation.

Section 2. Diving Rules
1. Diving is to be done only by those members who are certified by a national agency, approved by the Dive Captain, and are not a slack member.

2. Any active member may request to take a dive certification course. The course requires approval of the dive membership. The cost of the course will be paid by the Parishville Vol. Fire Company. If the course is not completed successfully (barring mitigating circumstances such as job relocation or being called to active military duty) the cost of the course will be reimbursed by the member back to the Parishville Vol. Fire Co. within three months. Failure to provide reimbursement within the designated time period will be grounds for dismissal from the Parishville Vol. Fire Co.

3. All divers must have at least five open water dives and two pool training sessions per year to remain an active diver. For at least one of these dives the diver must be fully suited. This check out dive will consist of the use of all standard equipment as well as a full wetsuit. This dive must be witnessed by a line officer of the WRR activities. Other dives used to fulfill the five dive requirement must be properly documented and witnessed in a proper dive log book or computer. The Dive Lieutenant shall keep a record of the divers under him to be sure they meet these minimum requirements.

4. Divers are to know the location of the nearest decompression chamber.

5. No decompression dives are to be attempted by any diver without the prior consent of the Dive Captain.

6. All divers must be willing to follow the direction of the Dive Captain explicitly. Unless the diver feels that the command of the Dive Captain will put the diver at risk, no deviation from that command will be tolerated. If the diver feels that they will be placed in peril, the diver may refuse to perform that specific task without fear of retribution. On the same note, repeated refusals by any one diver may constitute grounds for line officers to review and possibly amend that member’s classification within these specialized activities.

7. All divers must have all required safe diving equipment on all dive sites and are directly responsible for the same equipment. This equipment shall be comprised of a currently certified regulator and tank. The tank should be both within current hydro test date and visual inspection. The diver shall also have an approved buoyancy compensating device and a submersible pressure gauge. All divers are required to possess a “safe second” regulator to be utilized in case of emergency. All required equipment will be provided for each diver with approval of the membership actively participating in the activities pertaining to WRR.

8. Divers for their own personal use, shall furnish other required dive equipment. This equipment shall consist of a mask, snorkel, fins, and all components of a complete wetsuit. The wet suit will not be mandatory for all dives but will be required for cold water dives and yearly check out dives. The
necessity of a wet suit will, in whole or in part, be at the discretion of the current regulations.

9. When possible divers will display the diver’s flag in accordance with all current regulations.

10. One reserve tank and regulator, properly set up and working will be on site for each working team of divers.

**Section 3. Line Handler rules**
Line handlers shall be proficient in rope and safety line operations including the various signals used while operating a safety line. These signals will be discussed and agreed upon with the diver prior to each dive.

2. Line handlers shall also be knowledgeable in the proper use and set up of all dive equipment. The line handler shall assist the diver in the set up and donning of his/her equipment. The line handler shall strive to be sure that all of the diver’s equipment is assembled safely, properly, and in good working order prior to each dive.

3. Line handlers should assist the diver in maintaining proper safety procedures. The line handler will have the authority and the responsibility to stop a dive and/or recall a diver to the surface for any safety reason.

4. All line handlers must follow the direction of the line officers and the surface support coordinator explicitly. Any deviance from these directions will be subject to disciplinary action from the line officers with the approval of the membership.

5. All line handlers must complete three training sessions per year to remain an active member of the team. These training sessions will be held monthly as per the direction of the Dive Lieutenant. These training sessions shall include instruction and practice involving at least one of the line handler’s duties. Only one session per day will be allowed. The Surface Support Coordinator shall keep record of his line handler’s attendance for these training sessions.

**Section 4. Training exercises**
1. Training is to take place on an organizational or team level at least once a month. This training will be scheduled and overseen by the Dive Captain or Dive lieutenant.

2. The Dive Lieutenant must schedule at least four of their monthly dive training sessions each year utilizing bodies of water within the Parishville Fire District.

**Article XII - General Disciplinary Actions**

**Section 1.**
1. A member may be suspended for three months for failure to attend meetings and work details. This suspension would become effective after a majority vote of the company upon recommendation of the Chief and Officers concerned.
CONSTITUTION AND BY-LAWS OF
THE PARISHVILLE VOLUNTEER FIRE COMPANY
(Revised March 2022)

2. It is recommended that a member will receive a 30 day suspension for deliberately making a mess of the fire station, 2\textsuperscript{nd} offense 60 days, 3\textsuperscript{rd} offense will result in dismissal from the department depending on the Chiefs and Disciplinary Committee recommendation.

3. Anyone caught stealing any items from the company will be dropped from the roster for a period of at least one year. Person must return items stolen or pay the equivalent monetary value back to the company. Failure to do so may bring about legal actions.

4. For any fighting or dangerous disturbance at any company function/scene the recommended penalties will be a 30 day suspension for the 1\textsuperscript{st} offense, and a 60 day suspension for a 2\textsuperscript{nd} offense. A 3\textsuperscript{rd} offense will result in dismissal from the department. Any penalties given will be determined after an investigation and recommendation by a panel made up of current officers and the disciplinary committee.

Section 2.
1. Members under the influence of alcohol or drugs may not report to the station or scene.

2. A Chief may temporarily suspend a member at any scene that the company is called to if he/she is deemed to be under the influence of alcohol or drugs. The Chiefs will discuss the incident with any members who are present at the time of the incident and make a report to the Disciplinary Committee within 24 hours. Any member committing a 2\textsuperscript{nd} infraction will be dropped from the department roster permanently.

3. Any underage member or a member with an underage guest who is drinking at the fire station or fire company functions at the fire hall will be given a 30 day suspension for the 1\textsuperscript{st} offense, 2\textsuperscript{nd} offense - 60 day suspension, 3\textsuperscript{rd} offense- the member will be suspended until their 2\textsuperscript{nd} birthday.

Section 3.
1. All disciplinary records will be kept on fill for one year, then be destroyed.

2. Any disciplinary action will be enacted upon immediately after investigation of the incident, unless an appeal is submitted in writing to the Chief by the member involved within 7 days. The appeal must be heard within 7 days of such a notification. The appeal committee will consist of the Chief, two officers and two members that actively participate in the area of the company involving the incident.

Section 4. SOCIAL MEDIA/COMMUNICATIONS
1. No Parishville Vol. Fire Co. members shall defame or cause any harm to the Parishville Vol. Fire Co. or its members through the use of Social Media or any other communication platform. Failure to comply will result in first offense 60 day suspension, second offense dismissal from the Parishville Vol. Fire Co. Additionally, we encourage all members to refrain from disparaging remarks regarding other departments or rescue squads as well.
2. Federal HIPPA Laws are to be strictly adhered to, with regards to fire department and rescue scenes. Pictures and comments regarding fire/rescue scenes are not allowed in any form of social media or to the general public in any form. Failure to comply will result in first offense 60 day suspension, second offense dismissal from the Parishville Vol. Fire Co.

Article XIII - Special membership status and reinstatement

Section 1.
Any member may apply for exempt member status after having served ten years in good standing in the company. The member may apply in person or by written request at a regular meeting of the specified area the member would like to get except status. The member may be granted exempt status by a 2/3 majority vote of members present at said meeting.

Section 2.
Any exempt member will be reinstated into the company after making a written request at a regular or annual meeting of the area of the company the member wishes to be reinstated to. There must be an open spot on the company roster that the member can fill. The returning member must have a physical within 30 days of acceptance and obtain a new arson background check.

Section 3.
Any member applying for honorary status must have at least 20 years of service in our company. The member must apply in writing to the Chief. This member will be exempt from any mandatory functions of the company. Once a member has been designated honorary status, the member may attend fire company functions at his/her choice. An honorary member may not participate as a structural firefighter, but can assist as scene support or an apparatus driver as needed with the approval of the chief in charge of the scene. To be able to vote at Annual Meetings the honorary member must meet the same criteria that is required of regular members.

Article XIV - Constitution

Section 1.
This constitution may only be amended by a 2/3 vote of the membership present at two consecutive meetings of the areas wishing to have an amendment made. Proper notice shall be given for both of these meetings and due time will be provided at both meetings for discussion of the proposed amendment.

Section 2.
Any violation of the constitution, rules, regulations and safety procedures of this organization will constitute grounds for disciplinary action. Any direct disobedience of an order from a line officer shall also constitute grounds for disciplinary action. The proper disciplinary action will be probationary periods, suspension, or expulsion from the organization. The proper course of action will be recommended by the line officers and either accepted, altered or denied by a majority vote of the membership.
I acknowledge that I have received a current copy of The Parishville Volunteer Fire Company, Inc. By Laws. I have also read these and understand them.

If I have any questions, I may ask for clarification from any Chief at my interview or any time after that as needed.

Applicant/Member Signature: __________________________

Witness: __________________________

Date: __________________________
THE PARISHVILLE VOLUNTEER FIRE DEPARTMENT INC.


THE PARISHVILLE VOLUNTEER FIRE DEPARTMENT INC. IS LOCATED IN ST. LAWRENCE COUNTY AND IN THE TOWNSHIP OF PARISHVILLE. THIS DEPARTMENT WAS DUTY ORGANIZED TO PROVIDE FIRE/RESCUE AND OTHER EMERGENCY RESPONSES AS REQUESTED BY ST. LAWRENCE COUNTY 911 DISPATCH CENTER AND BY THE TERMS OF OUR CONTRACT WITH THE TOWN OF PARISHVILLE.

MEMBERSHIP OF THIS ORGANIZATION IS COMPRISED OF ACTIVE AND EXEMPT MEMBERS WITH A TOTAL NUMBER THAT WILL VARY DEPENDING ON LOCAL COMMITMENT.

THE PARISHVILLE VOLUNTEER FIRE DEPARTMENT WAS ORGANIZED TO SAVE LIVES, SUPPRESS AND CONTROL FIRES AND TO PROVIDE OTHER EMERGENCY SERVICES WHEN CALLED UPON TO DO SO.

IT IS THE COMMITMENT OF THIS DEPARTMENT TO PROVIDE THESE SERVICES IN A TIMELY MANNER FOLLOWING THE LAWS OF NEW YORK STATE, OSHA, NFPA, PESH, ST. LAWRENCE COUNTY AND OTHER APPLICABLE STANDARDS.

IT IS THE RESPONSIBILITY OF THE MEMBERSHIP TO CREATE A SAFE WORK ENVIRONMENT AND USE COMMON SENSE AND TO BE RESPONSIBLE FOR THEIR ACTIONS AND COMMIT TO PROPER TRAINING.

TRAINING AND EDUCATION:

THE FOLLOWING TRAINING GUIDELINES ARE A MINIMUM REQUIREMENT TO MAINTAIN ACTIVE FIREFIGHTER STATUS IN THIS DEPARTMENT AND ADDITIONAL TRAINING COURSES MAY BE DEVELOPED AND IMPLEMENTED BY THE CHIEFS AND/OR COUNTY OR STATE AS NECESSARY. IT IS THE COMMITMENT OF THIS DEPARTMENT TO COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS AS REQUIRED TO THE BEST OF OUR ABILITY.

SUBJECTS OF OSHA TRAINING (YEARLY)

GENERAL HAZARD RECOGNITION 30 MINUTES
PARISHVILLE VOLUNTEER FIRE DEPARTMENT
PARISHVILLE, NY 13672

OPERATING PROCEDURES

FIRE STATION SAFETY 30 MINUTES
RESPONSE SAFETY 45 MINUTES
FIRE SCENE SAFETY 75 MINUTES
PROTECTIVE CLOTHING 30 MINUTES
SELF CONTAINED BREATHING APPARATUS 120 MINUTES
TOOL AND EQUIPMENT SAFETY 60 MINUTES
RECENT DEVELOPMENTS IN FIRE SAFETY 60 MINUTES

FIRE FIGHTER 1 IS MANDATORY FOR ALL INTERIOR FIREFIGHTING MEMBERS
AND FIRE FIGHTER SCENE SUPPORT IS MANDATORY FOR ALL OTHER
FIREFIGHTERS WHO WISH TO BE ON THE FIRE GROUNDS DURING
OPERATIONS.

PERSONAL SAFETY:

IT IS THE COMMITMENT OF THIS DEPARTMENT TO PROVIDE TO THE BEST OF
OUR ABILITY A SAFE OPERATION, PREVENT ACCIDENTS, FATALITIES AND
COMPLY WITH ALL APPPLICABLE LAWS AND REGULATIONS. THE DEPARTMENT
SHALL PROVIDE ALL NECESSARY EQUIPMENT AND EDUCATION IN MAKING
THIS POSSIBLE AND SHALL ESTABLISH GUIDELINES TO MEET THESE
OBJECTIVES IN FIREFIGHTING SAFETY.

IN ADDITION TO THE MINIMUM REQUIREMENTS OF THIS DEPARTMENT
GOVERNED UNDER BY-LAWS AND ANY REQUIREMENTS SET FORTH IN THIS
B.P.G. THIS DEPARTMENT WILL OPERATE UNDER OSHA GUIDELINES SET
FORTH IN SEC.1910.156 OF THE FIRE BRIGADE STANDARDS. IN ADDITION THIS
DEPARTMENT WILL OPERATE UNDER OSHA PERSONAL PROTECTIVE
EQUIPMENT STANDARDS OUTLINES IN SEC.1910.133: 1910.36 OUTLINES IN THE
FIRE BRIGADE STANDARD.

INTRODUCTION:

THE PURPOSE OF THESE OPERATING PROCEDURES IS TO PROVIDE CLEAR
GUIDELINES FOR ALL PARISHVILLE VOLUNTEER FIRE AND RESCUE COMPANY
MEMBERS TO FOLLOW IN THE PERFROMANCE OF THEIR DUTIES. IN ADDITION,
THESE OPERATING PROCEDURES ARE INTENDED TO:

1. ENHANCE PROFESSIONALISM
2. COMMAND RESPECT FOR THE INDIVIDUAL FIRE OFFICERS AND
   FIREFIGHTERS.
3. PROMOTE VOLUNTARY ADHERENCE TO ACCEPTABLE STANDARDS
   OF BEHAVIOR.
OPERATING PROCEDURES

IT IS WITHIN THIS COMMITMENT TO THE PRIMARY GOAL OF PROVIDING PROFESSIONALISM PERFORMANCE AIMED AT SERVICE TO THE RESIDENTS OF FIRE DISTRICT #1 THAT THESE OPERATING PROCEDURES ARE PROMULGATED. IT IS ALSO TO ASSIST NEIGHBORING COMPANIES IF THE NEED ARISES, KEEPING IN MIND THAT OUR FIRE DISTRICT MUST BE PROTECTED AT ALL TIMES.

GENERAL RESPONSIBILITIES

ALL MEMBERS ARE EXPECTED TO COMPLY WITH ALL DIRECTIVES, ORDERS, POLICIES AND OPERATING PROCEDURES. WHICH DO NOT ENDANGER THEIR PERSONAL HEALTH OR SAFETY.

ALL MEMBERS HAVE THE RIGHT TO REFUSE ANY ORDER THAT WILL ENDANGER THE HEALTH AND SAFETY OF THE MEMBER OR MEMBERS.

ALL MEMBERS WHO REFUSE TO COMPLY WITH A GIVEN ORDER OR DIRECTIVE BECAUSE OF FEAR OF PERSONAL INJURY MUST STATE SO TO THE OFFICER ISSUING THE ORDER.

IT WILL BE THE MEMBERS DUTY TO INFORM THE FIRE CHIEF OR OFFICER IN CHARGE THAT AN ORDER CANNOT BE COMPLIED WITH DUE TO FATIGUE OR PHYSICAL CONDITION.

ALL MEMBERS ACTING UNDER GIVEN ORDERS WILL INFORM ANY OFFICER OR MEMBER ATTEMPTING TO GIVE ANOTHER ORDER THAT HE OR SHE IS FOLLOWING ORDERS GIVEN BY WHOM (GIVE NAME) BEFORE ACCEPTING THE SECOND ORDER.

SHOULD A SUPERIOR OFFICER COUNTERMAND THE FIRST ORDER, THE MEMBER, AFTER THE STATEMENT REGARDING THE FIRST ORDER IS RELAYED, WILL COMPLY WITH THE LAST ORDER RECEIVED.

PRIOR TO THE EFFECTIVE DATE OF ANY ADDITIONS, DELETIONS, AND/OR REVISIONS TO THESE OPERATING PROCEDURES, THE SPECIFIC CHANGE (S) WILL BE POSTED FOR THIRTY DAYS.

AT ALL TIMES MEMBERS WILL CONDUCT THEMSELVES IN A PROFESSIONAL MANNER AND AVOID ANY ACTIONS, WHICH MAY CONTRIBUTE TO THE DISRUPTION OF THE COMPANY OR TO DELAY THE COMPANY RESPONDING TO AN ALARM.
The PARISHVILLE VOLUNTEER FIRE DEPARTMENT
PARISHVILLE, NY 13672

OPERATING PROCEDURES

NO MEMBER WILL BEHAVE IN A DISRESPECTFUL MANNER TOWARD ANY FIRE OFFICER, ANY OTHER MEMBER OF THE COMPANY, ANY FIREFIGHTER OR OFFICER FROM ANOTHER COMPANY OR STATION OR THE GENERAL PUBLIC.

MEMBERS WILL ONLY ASSUME THE POSITIONS AND DUTIES FOR WHICH THEY HAVE BEEN TRAINED OR THEY HAVE BEEN AUTHORIZED TO PERFORM.

GENERAL RESPONSIBILITIES CONTINUED..

NO MEMBER WILL RESPOND TO A FIRE CALL, SPECIAL ASSIGNMENT, OR DRILL WHO IS UNDER THE INFLUENCE OF A MEDICATION, ALCOHOL, DRUGS OR A CONTROLLED SUBSTANCE THAT IMPAIRS FUNCTIONING.

RESPONDING TO ALARMS:

RED LIGHTS

AT ALL TIMES THE USE OF RED LIGHTS WILL BE RESTRICTED TO AUTHORIZED USE AS SPECIFIED IN THE STATE OF NEW YORK’S MOTOR VEHICLE LAWS AND REGULATIONS.

THE USE OF RED LIGHTS DOES NOT GRANT THE DRIVER ANY SPECIAL PRIVILEGES.

THROUGH SUBJECT TO THE AUTHORIZATION OF THE PARISHVILLE VOLUNTEER FIRE DEPARTMENT THE USE OF A RED LIGHT IS A PRIVILEGE AND WILL BE REVOKED BY THE CHIEF FOR MISUSE OR ABUSE. PERSONS AUTHORIZED TO USE RED LIGHTS ARE THE CHIEF, 1ST ASST., 2ND ASST. AND 3RD ASST. CHIEFS.

BLUE LIGHTS

AT ALL TIMES THE USE OF BLUE LIGHTS WILL BE RESTRICTED TO AUTHORIZED USE AS SPECIFIED IN THE STATE OF NEW YORK’S MOTOR VEHICLE LAW AND REGULATIONS.

THE USE OF BLUE LIGHTS DOES NOT GRANT THE DRIVER ANY SPECIAL PRIVILEGES.

THROUGH SUBJECT TO THE AUTHORIZATION OF THE PARISHVILLE VOLUNTEER FIRE DEPARTMENT THE USE OF A BLUE LIGHT IS A PRIVILEGE AND WILL BE REVOKED BY THE CHIEF FOR MISUSE OR ABUSE. PERSON’S AUTHORIZED TO RUN A BLUE LIGHT ARE ANY VOLUNTEER MEMBER OF THE FIRE, RESCUE, DIVE TEAM OR JOE INDIAN COMPANY MEMBER. MEMBERS
MUST SEE THE CHIEF FOR A BLUE LIGHT CARD PRIOR TO USE OF A BLUE LIGHT BY ANY MEMBER.

SPECIAL USE OF LIGHTS

ANY MEMBER OF THIS ORGANIZATION THAT IS DESIGNATED BY THE COUNTY FOR THE USE OF A RED LIGHT SHALL BE PERMITTED BY ST. LAWRENCE COUNTY AND WILL FALL UNDER THEIR JURISDICTION. EXAMPLE: COUNTY CARS ARE DESIGNATED TO RUN RED LIGHTS.
FOUR WAY FLASHERS ARE NOT PERMITTED TO BE USED AS A MEANS OF DISPLAY FOR A CALL THEY ARE FOR USE AS CAUTION ONLY.

RESPONDING TO/FROM THE FIRE STATION

ALL MEMBERS WITHOUT APPROVED TURNOUT GEAR IN THEIR PERSONAL VEHICLE ARE REQUIRED TO RESPOND TO THE FIRE STATION.

ALL MOTOR VEHICLE RULES AND REGUALTIONS WILL BE AHDERED TO IN RESPONDING TO THE STATION FOR AN ALARM. ALL SUMMONSES AND TICKETS ISSUED AS A RESULT OF A TRAFFICE VIOLATION, WHICH OCCURS WHILE RESPONDING TO THE FIRE STATION WILL BE THE VIOLATORS SOLE RESPONSIBILITY.

UPON ARRIVAL AT THE STATION EACH MEMBER IS EXPECTED TO PROCEED TO DON TURNOUT GEAR IN AN EXPEDITED MANNER SO AS NOT TO DELAY THE RESPONSE OF THE APPARATUS. THE DONNING OF TURNOUT GEAR WHILE THE APPARATUS IS IN MOTION IS PROHIBITED.

NO MEMBER IS TO ASSUME A POSITION UNLESS YOU ARE THE OPERATOR, ON AN APPARATUS WITHOUT FULL TURNOUT GEAR BEING WORN. MEMBERS WHO ASSUME A POSITION ON AN APPARATUS WOTHOUT DONNING S.C.B.A. MUST BE FULLY CLOTHED.

THE APPARATUS RESPONSE ORDER WILL BE AS STATED UNDER THE SPECIFIC SITUATIONS. APPARATUS ON THE ROAD WHEN THE ALARM IS SOUNDED WILL RESPOND DIRECTLY TO THE SCENE AND PROCEED TO FOLLOW THE ORDERS OF THE OFFICER IN CHARGE.

STANDARD FIREFIGHTING GEAR

TO PROVIDE FOR THE SAFETY OF EACH MEMBER OF THE DEPARTMENT WHEN RESPONDING TO AND FROM OPERATING ON EMERGENCY SCENES OR TRAINING ASSIGNMENTS REQUIRING PROTECTIVE EQUIPMENT. THESE REQUIREMENTS ARE FURTHER DESIGNED TO ASSURE FIRE DEPARTMENT
OPERATING PROCEDURES

COMPLIANCE WITH ALL STATE MANDATED REGULATIONS REGARDING THIS SUBJECT. TURNOUT GEAR WILL BE USED ONLY WHEN RESPONDING TO ALARMS, ATTENDING DRILLS, FIRE SCHOOLS AND OTHER APPROVED COMPANY FUNCTIONS. AT THE DISCRETION OF THE LINE OFFICERS WITH THE APPROVAL OF THE MEMBERSHIP TURNOUT GEAR MAY BE REMOVED FROM A MEMBER WHO FAILS TO MAINTAIN AN ACTIVE PARTICIPATION IN THE COMPANY.

FULL TURNOUT GEAR WILL CONSIST OF:

a. HELMET
b. TURNOUT COAT
c. TURNOUT PANTS
d. BOOTS
e. GLOVES
f. HOOD

STANDARD FIREFIGHTING GEAR CONTINUED...

ALL TURNOUT GEAR IS TO BE WORN IN THE MANNER IN WHICH IT WAS DESIGNED AND ALL COMPONENTS SHALL MEET CURRENT NFPA 1971 STANDARDS.

HAZARDOUS AREAS ARE DETERMINED BY THE OFFICERS IN CHARGE OF THE INCIDENT, IN GENERAL, THESE AREAS MUST MEET THE FOLLOWING CRITERIA:

a. POSE A PHYSICAL HAZARD TO THE FIREFIGHTER
b. POSE A POSSIBLE PHYSICAL HAZARD TO THE FIREFIGHTER
c. AREAS WHERE FIREFIGHTERS MAY BE EXPOSED TO RAPIDLY DETERIORATING SAFETY CONDITIONS.

TURNOUT GEAR REQUIREMENTS OF NON-EMERGENCY RESPONSE CONSISTS OF:

a. BOOTS
b. JUMPSUIT AND/OR SAFETY VESTS

PERSONAL ACCOUNTABILITY SYSTEM

ALL FIREFIGHTERS WILL BE PROVIDED WITH AN IDENTIFICATION TAG AND WHEN THE FIREFIGHTER EXITS THE TRUCK THEY WILL GIVE THEIR ID TAG TO THE ENGINEER OR OPERATOR OF THE TRUCK. THE OPERATOR WILL PLACE THE TAGS ON THE BOARD. PERSONNEL ARRIVING BY PERSONAL VEHICLE (POV) SHALL GIVE THEIR TAG TO THE INCIDENT COMMANDER OR SAFETY OFFICER. WHEN PERSONNEL RETURN TO THE TRUCK TO RETURN TO STATION THE OPERATOR OR OPERATIONS OFFICER WILL RETURN ID TAGS TO PROPER PERSONNEL.
OPERATING PROCEDURES

THIS OPERATING PROCEDURE IS TO ASSURE THAT DESIGNATED MEMBERS OF THE PARISHVILLE VOLUNTEER FIRE DEPARTMENT ARE TRAINED AND CAPABLE OF SAFE, EFFECTIVE AND EFFICIENT USE OF SELF CONTAINED BREATHING APPARATUS (SCBA) AT AN EMERGENCY INCIDENT, THIS MANDATED USE OF SCBA IS AN ESSENTIAL PART OF FIREFIGHTERS PROTECTIVE EQUIPMENT AND AS SUCH ALL FIREFIGHTERS AND LINE OFFICERS ARE EXPECTED TO UTILIZE SCBA WHENEVER THE CIRCUMSTANCES FOR USE ARE INDICATED. THE POLICY OF PARISHVILLE VOLUNTEER FIRE DEPARTMENT IS THAT NO MEMBER WILL BE EXPOSED TO ANY HAZARDOUS ATMOSPHERR WITHOUT SCBA USE.

USE OF SCBA

SCBA WILL BE WORN AT ALL TIMES WHEN ENCOUNTERING HAZEROUS ATMOSPHERES SUCH SHALL INCLUDE BUT NOT LIMITED TO: STRUCTURE FIRES, VEHICLE FIRES, DUMPSTER FIRES, HAZEROUS MATERIALS INCIDENTS, BELOW GRADE ENTRY AND SUSPECTED OXYGEN DEFICIENT ATMOSPHERES.

ADMINISTRATION

IT IS THE DESIGNATED SAFETY OFFICERS RESPONSIBILITY FOR THE ADHERENCE TO THIS OPERATING PROCEDURE. AUTHORITY TO DEViate FROM THIS PROCEDURE RESTS WITH THE INCIDENT COMMANDER.

TRAINING

ALL MEMBERS OF THE PARISHVILLE VOLUNTEER FIRE DEPARTMENT WILL RECEIVE ANNUAL TRAINING AS PER OSHA REQUIREMENTS WHICH WILL INCLUDE BUT NOT LIMITED TO INSTRUCTION ON PRINCIPLES OF OPERATION OF THE CURRENT SCBA IN USE:

1. OPERATING GUIDELINES
2. HAZERDOUS ATMOSPHERES
3. DONNING PROCEDURES
4. EMERGENCY PROCEDURES
5. PREVENTITIVE MAINTAINANCE
6. CONTROLLED PRACTICAL TRAINING DRILLS
7. SPECIAL PROBLEMS
8. RESTORING SCBA FOR SERVICE
9. CLEANING AND DISINFECTING
10. COMPONENT PARTS OF THE SCBA
DEFINITIONS

USE OF THE SCBA SHALL MEAN WEARING THE SCBA WITH THE FACE PIECE IN PLACE, CONNECTED TO THE REGULATOR AND BREATHING FROM THE AIR CYLINDER. ALL HAZARDOUS ATMOSPHERES SHALL MEAN ANY ATMOSPHERES THAT IS CONTAMINATED OR SUSPECTED TO BE CONTAMINATES WITH SMOKE, GASES OR TOXIC PRODUCTS OF COMBUSTION OR ANY ATMOSPHERE THAT CONTAINS ANY KNOWN CONTAMINATES NOT NORMALLY PRESENT IN CLEAN AIR OR AN ATMOSPHERE THAT IS OXYGEN DEFICIENT OR SUSPECTED OF BEING DEEMED HAZERDOUS. REFERENCE: NFPA 1981/1991 “SUSPECTED CONTAINED BREATHING APPARATUS” OSHA CFR 1910.156 SUBPART L, (f) (g) CFR 1910.156 RESPIRATORY PROTECTION.

INSPECTION PROCEDURE AFTER EACH USE

1. REPLACE OR RECHARGE CYLINDERS
2. CHECK ALL COMPONENT PARTS
3. INSPECT, CLEAN AND SANITIZE FACE PIECE
4. CLEAN HARNESS ASSEMBLY
5. EXTEND ALL STRAPS TO FULL OPEN POSITION

CLEANING AND DISINFECTING

A MILD DETERGENT WITH A SOFT CLOTH CAN BE USED TO CLEAN THE SCBA FACE PIECE AND CAN BE ACCOMPLISHED BY USING A SOLUTION RECOMMENDED BY THE SCBA MANUFACTURER. DO NOT USE LYSOL OR SIMILAR TYPE SPRAYS AS THESE WILL DAMGE THE FACE PIECE RUBBER. SO NOT SPARY OIL OR ANY OTHER SUBSTANCE INTO THE REGULATER. HARNESS CAN BE CLEANED USING MILD SOAP AND WARM WATER.

ALL CYLINDERS

ALL SCBA CYLINDERS WILL BE MAINTAINED AT MANUFACTURERS SPECIFICATIONS WHEN CONDUCTING INSPECTION ANY CYLINDER FOUND BELOW THESE SPECS WILL BE REPLACED.

FACIAL HAIR AND CORRECTIVE LENSES

BEARDS, LONG SIDE BURNS AND EXCESSIVE FACIAL STUBBLE IS NOT PERMITTED BY OSHA REGULATIONS AS THEY INTERFERE WITH A PROPER FACE PIECE SEAL. CORRECTIVE LENSES WITH A SPECIAL KIT CAN BE USED AS LONG AS THEY ARE OF THE MANUFACTURERS APPROVED TYPE FOR THE MASK USED AND PROVIDED BY THE FIRE DEPARTMENT. IT IS THE MEMBERS RESPONSIBILITY
OPERATING PROCEDURES

TO NOTIFY A CHIEF OFFICER WHEN CORRECTIVE LENSES ARE REQUIRED FOR PROPER VISION WHEN WEARING A SCBA MASK.

P.A.S.S. (PERSONAL ALERT SAFETY SYSTEM)

ALL READILY IN SERVICE SCBA'S WILL BE EQUIPPED WITH A PASS DEVICE THIS WILL BE OF THE TYPE APPROVED BY THE FIRE DEPARTMENT AND LOCATED ON THE AIR HARNESS ASSEMBLY WITHIN EASY REACH OF THE WEARER.

PERSONAL RERAINT DEVICES ON MOTOR VEHICLES

REAR STEP RIDING

NO PERSONNEL WILL UTILIZE THE REAR STEP OF ANY APPARATUS AS A POSITION IN WHICH TO RIDE.

AUTOMATIC RESTRAINING DEVICES

ALL MECHANICAL RESTRAINING DEVICES WILL BE UTILIZED AT ALL TIMES IN A VEHICLE SO EQUIPPED IS IN MOTION. THESE DEVICES WILL NOT BE BYPASSED OR OTHERWISE RENDERED INOPERABLE AT ANY TIME.

SEAT, WAIST AND SHOULDER HARNESS EQUIPMENT

ALL PERSONNEL WILL UTILIZE SEAT, WAIST AND SHOULDER HARNESSSES WHERE APPLICABLE WHEN THEY ARE MANNING A POSITION SO EQUIPPED. AS WITH ALL OTHER RESTRAINT DEVICES THIS SECTION REQUIRE THE USE OF THIS EQUIPMENT AT ALL TIMES WHEN THE VEHICLE IS IN MOTION.

RESPONSIBILITY FOR VEHICLE OPERATIONS

IT IS THE APPARATUS OPERATORS RESPONSIBILITY TO MAINTAIN CONTROL OF THE VEHICLE AT ALL TIMES. HE/SHE SHALL HAVE A WORKING KNOWLEDGE OF THIS STANDARD AND BE QUALIFIED AS TO FIRE DEPARTMENT GUIDELINES TO OPERATE THE APPARATUS.

OPERATING PROCEDURES

VEHICLE RESPONSE MODE - DEFINITIONS

EMERGENCY RESPONSE = ALL APPARATUS EMERGENCY LAMPS ARE IN THE "ON" POSITION. APPARATUS AUDIBLE WARNING DEVICES UTILIZED AS NEEDED TO ALERT TRAFFIC OF VEHICLES APPROACH. OPERATORS ARE NOT REQUIRED TO WEAR THEIR COAT OR HELMET WHILE RESPONDING BUT MUST BE WITH THEM. VEHICLE ACCEPTS RIGHT OF WAY FROM MOTORISTS WHEN NEEDED.

REDUCED SPEED = ALL EMERGENCY LAMPS ARE IN THE "ON" POSITION. APPARATUS AUDIBLE WARNING DEVICES WILL NOT BE USED. ALL TRAFFIC RULES WILL BE OBEYED.

WHEN REQUESTED TO RESPOND TO MUTUAL AID STAND-BY FOR ANOTHER FIRE DISTRICT, ALL FIRE DEPARTMENT APPARATUS WILL RESPOND IN A NON-EMERGENCY MODE UNLESS OTHERWISE INSTRUCTED BY THE CHIEF IN CHARGE.

LEVEL 1

FIRST ENGINE POSTION OFFSET TO THE FRONT OF THE BUILDING AT A SAFE DISTANCE TO PROTECT THE APPARATUS FROM EXPOSURE BUT ALSO LEAVING AN OPENING FOR THE TANKER.

FIRST TANKER TAKE POSITION BEHIND THE ENGINE AT A SAFE DISTANCE FROM EXPOSURES AND SUPPLY WATER TO ATTACK ENGINE AS NEEDED.

RESCUE TRUCK POSITION NEAR THE BUILDING AND SUCH A MANNER AS NOT TO HINDER FIRE GROUND OPERATIONS OR ACCESS TO INCOMING APPARATUS.

SECOND ENGINE POSITION IN A MANNER TO PREPARE TO BACK UP THE ATTACK ENGINE BUT NOT TO CONGEST THE SCENE FOR EASY INGRESS OF OTHER EMERGENCY VEHICLES SUCH AS TANKERS AND AMBULANCE UNITS.

AMBULANCE POSITION NEAR THE BUILDING IN SUCH A MANNER AS NOT TO HINDER FIRE GROUND OPERATIONS OR ACCESS OF INCOMING APPARATUS AND TO ALLOW EASY EXIT. AMBUALNCES AND AMBULANCE PERSONNEL SHOULD UTILZE FIRE GROUND FREQUENCY DESIGNATED BY THE INCIDENT COMMANDER.

LEVEL 2

LEVEL 2 STAGING AREA FOR ADDITIONAL COMPANIES WILL BE CHOSEN BY THE INCIDENT COMMANDER. LEVEL 2 STAGING AREAS WILL BE ESTABLISHED CLOSE ENOUGH FOR UNITS TO GET IN QUICKLY BUT FAR ENOUGH AWAY TO PREVENT UNITS FROM DRIFTING IN.
OPERATING PROCEDURES

CHOOSE AN AREA THAT EVERYONE CAN FIND AND THAT CAN HOLD UNITS WITHOUT TRAFFIC JAM OF APPARATUS. TRY TO PICK A LOCATION SO UNITS WILL NOT HAVE TO PASS THROUGH THE FIRE AREA TO GET TO THE STAGING AREA. THE FIRST ARRIVING OFFICER IS TO TAKE CHARGE OF STAGING UNTIL HIS APPARATUS IS REQUIRED TO GO INTO SERVICE OR TO ANOTHER OFFICER IS ASSIGNED THE TASK.

ARRIVING COMMAND OFFICERS

RESPONDING COMMAND OFFICERS ARE TO REPORT TO THE COMMAND POST FOR ASSIGNMENTS. RADIO TRANSMISSIONS ARE TO BE KEPT TO A MINIMUM. NECESSARY EQUIPMENT AND INFORMATION AS IT RELATES TO THAT OFFICER'S FUNCTIONARY POSITION WILL BE ASSIGNED AT THIS TIME.

COMMUNICATIONS

ONCE A FORMAL COMMAND POST HAS BEEN ESTABLISHED ALL RADIO TRANSMISSIONS TO AND FROM THE INCIDNET SCENE AS WELL AS ALL REQUESTS FOR ADDITIONAL RESOURCES SHALL BE DIRECTED THROUGH THAT LOCATION.

UPON ASSIGNMENT OF PERSONNEL TO ANY OF THE DESIGNATED POSITIONS OR FUNCTIONS RADIO NUMBERS ALONG WITH DESIGNATED TITLES WILL BE USED DEPENDING ON THE TYPE OF SITUTAION FOUND PER INCIDENT.

COMMUNICATIONS ON THE FIRE GROUND SHALL BE KEPT TO AN ABSOLUTE MINIMUM. FACE-TO-FACE COMMUNICATIONS SHALL BE ENCOURAGED AT ALL TIMES.

EMERGENCY EVACUATIONS PROCEDURES

EMERGENCY EVACUATION PROCEDURES HAVE BEEN DEVELOPED TO PROTECT FIREFIGHTERS. EACH MEMBER MUST UNDERSTAND WHAT ACTION TO TAKE IF AN EMERGENCY EVACUATION BECOMES NECESSARY. WHEN ACTIVITIES OR SITUATIONS ARE JUDGED UNSAFE THE SAFETY OFFICER OR DESIGNEE WILL IMMEDIATELY NOTIFY THE INCIDENT COMMANDOR OF SUCH CONDITIONS. THE IC WILL ORDER THE DRIVER OPERATORS TO SOUND THE EMERGENCY EVACUATION ALARM. THE ALARM IS DISTINGUISHED BY THE SOUND OF AN APPARATUS AIR HORN. AIR HORN WILL BE SOUNDED FOR 30 CONSECUTIVE SECONDS REPEATED THREE TIMES WITH A BRIEF PAUSE BETWEEN EACH BLAST. ALL APPARATUS ON SCENE WITH AIR HORN WILL FOLLOW THESE PROCEDURES TO ENSURE THAT THE EMERGENCY EVACUATION ALARM IS HEARD. UPON HEARING THE ALARM, ALL FIREFIGHTERS IN AN INTERIOR POSITION WILL EXIT.
OPERATING PROCEDURES

THAT AREA AT ONCE. AFTER EXITING THE AREA ALL FIREFIGHTERS MUST REPORT TO THE OPERATIONS OFFICER FOR ROLL CALL.

INCIDENT COMMAND

THE CHIEF OFFICER IS IN COMMAND OF ANY INCIDENT IN OUR TERRITORY. THIS INCLUDES CHIEF, FIRST, SECOND, THIRD ASSISTANT CHIEF AND RESCUE CAPTAIN, IF NO OFFICER IS IN CHARGE THEN A PAST CHIEF OR SENIOR MEMBER SHALL ASSUME COMMAND

THE OFFICER IN COMMAND WILL BE THE INCIDENT COMMANDER. HE/SHE WILL BE ULTIMATELY RESPONSIBLE FOR THE INCIDENT.

THE INCIDENT COMMANDER WILL ASSIGN ANY COMMAND STAFF AS HE/SHE SEES THE NEED FOR. THOSE POSITIONS MAY BE OPERATIONS, STAGING, PLANNING, LOGISTICS, FINANCE, SAFETY, LIAISON, WATER SUPPLY, INFORMATION OR ANYTHING ELSE THE IC SEES A NEED FOR.

THE IC WILL BE IN CONTROL OF THE INCIDENT. THE IC IS THE OVERALL MANAGEMENT, ESTABLISHES THE STRATEGY AND TACTICS ON THE FIRE GROUND IS RESPONSIBLE FOR THE OVERALL SAFETY FOR EVERYONE ON SCENE.

THE OPERATIONS OF OFFICERS DIRECT ALL TACTICAL OPERATIONS AND ASSISTS IN THE DEVELOPMENT OF AN ACTION PLAN AND ACCOMPLISHES STRATEGY THAT THE IC DEVELOPES.

THE LOGISTICS OFFICER PROVIDES SERVICE AND SUPPLIES.

THE STAGING OFFICER KEEPS COMPANIES AND PERSONNEL FROM FREELANCING AND KEEPS RESOURCES TRACKED AND FACILITATES THE FORMATION OF CREWS AND CONTROLS PERSONNEL. THE STAGING OFFICER WILL SET UP A STAGING AREA WHERE ARRIVING UNITS WILL PARK APPARATUS UNTIL NEEDED.

THE SAFETY OFFICER IS IN CONTROL OF ALL SAFETY ON THE SCENE. THIS OFFICER CAN OVERRIDE THE IC IF ANYTHING IS UNSAFE.

THE WATER SUPPLY OFFICER IS IN CHARGE OF ESTABLISHING A WATER SUPPLY AND FOR CONTINUAL WATER OPERATIONS.
THE PARISHVILLE VOLUNTEER FIRE DEPARTMENT
PARISHVILLE, NY 13672

OPERATING PROCEDURES

CHAIN OF COMMAND

1. CHIEF
2. 1st ASST. CHIEF
3. 2nd ASST. CHIEF
4. 3rd ASST. CHIEF
5. PAST CHIEF
6. TRUCK CAPTAIN
7. 1st LIEUTENANT
8. 2nd LIEUTENANT
9. JOE INDIAN CAPTAIN
10. RESUCE SQUAD CAPTAIN
11. 1st ASST. RESCUE CAPTAIN
12. 2nd ASST. RESCUE CAPTAIN

TRANSFER OF COMMAND

COMMAND MAY BE TRANSFERRED TO EITHER A HIGHER OR LOWER RANKING OFFICER. TRANSFER OF COMMAND SHOULD TAKE PLACE ONLY IF IT WILL ENHANCE EFFICIENCY OF THE OPERATION AND ONLY ON A FACE-TO-FACE BASIS. BEFORE COMMAND IS TRANSFERRED AN INCIDENT STATUS REVIEW MUST TAKE PLACE IN PERSON. THE STATUS REVIEW MUST INCLUDE THE FOLLOWING POINTS:

1. GENERAL INCIDENT STATUS
2. LOCATION, EXTENT AND CONDITION OF EMERGENCY
3. EFFECTIVENESS OF CONTROL EFFORTS

CENTRAL 911 CENTER DISPATCHER SHALL BE MADE AWARE OF THE TRANSFER OF COMMAND BY THE NEW IC AFTER THE STATUS REVIEW TAKES PLACE. THE NEW IC SHALL UTILIZE THE RELIEVED IC TO THE BEST ADVANTAGE AT THE EMERGENCY SCENE

FIRE DEPARTMENT DUTIES AND RESPONSIBILITIES

CHIEF
THE CHIEF SHALL BE RESPONSIBLE FOR ALL RELATED ACTIVITIES, EQUIPMENT, VEHICLES AND PERSONNEL, FIREFIGHTING, SUPERVISION, FIRE PREVENTION, PUBLIC RELATIONS, TRAINING, COORDINATING MUTUAL AID AND IN GENERAL THE OVERALL OPERATIONS OF THE FIRE DEPARTMENT IN ACCORDANCE TO COMPANY LAWS. THE CHIEF WILL ALSO ATTEND ALL FIRE DISTRICT MEETINGS AND PRESENT ANY INFORMATION REQUESTED BY THE BOARD OF FIRE COMMISSIONERS.
ASSISTANT CHIEFS
THE ASSISTANT CHIEFS SHALL BE RESPONSIBLE TO THE FIRE CHIEF. THEY HELP
THE CHIEF IN THE PERFORMANCE OF HIS DUTIES WHEN GIVEN THE
ASSIGNMENTS BY THE CHIEF THEY ARE ACCORDED THE AUTHORITY
NECESSARY TO COMPLETE THEIR TASKS. ENSURING THE FIRE RELATED
ACTIVITIES THEY SHALL EXERCISE A GENERAL SUPERVISION. THEY TAKE
CHARGE OF THE ABSENCE OF THE CHIEF ACCORDING TO RANK. THE FIRST ASST.
CHIEF WILL BE RESPONSIBLE FOR TRAINING, ASSISTING IN DRIVER TRAINING,
GEAR ISSUING AND EQUIPMENT MAINTANCE. THE SECOND ASST. CHIEF SHALL
RECORD KEEPING AS ASSIGNED BY CHIEF. THE THIRD ASST. SHALL BE
RESPONSIBLE FOR EQUIPMENT AND VEHICLE CHECKS DONE BY THE CAPTAINS
AND LIEUTENANTS AND ALSO THE VEHICLE MAINTANANCE. THE ASST CHIEFS
WILL ENSURE THE QUICK RETURN TO SERVICE OF ALL FIRE EQUIPMENT USED
AT FIRES, DRILLS, SPECIAL ASSIGNMENTS AND EMERGENCIES.

GAINING ENTRY INTO LOCKED GATES

BUILDINGS
OFFICER IN CHARGE SHALL ATTEMPT TO MAKE CONTACT WITH A KEY HOLDER
PROVIDING THERE IS NO OBVIOUS SIGNS OF IMMEDIATE DANGER TO PERSONS
INSIDE OR NO OBVIOUS SIGNS OF FIRE PRESENT.

GATES
OFFICER IN CHARGE SHALL MAKE THE DECISION BASED ON HIS OR HER BEST
JUDGEMENT OF INFORMATION RECEIVED FROM CENTRAL 911 DISPATCH
WHETHER OR NOT THE GATES LOCK SHOULD BE CUT. IF POTENTIAL DANGER
EXISTS, THE GATE LOCK WILL IMMEDIATELY BE CUT.
IF INFORMATION RECEIVED FROM CENTRAL 911 DISPATCH DOES NOT PRESENT
AN IMMEDIATE DANGER THE CHIEF IN CHARGE WILL ATTEMPT TO MAKE
CONTACT WITH THE KEY HOLDER. WHILE CONTACT IS BEING ATTEMPTED
FIREFIGHTERS WILL BE INSTRUCTED TO ENTER THE PROPERTY TO EVALUATE
THE SITUATION AND REPORT THERE FINDINGS TO THE OFFICER IN CHARGE.

APPARATUS BACKING UP POLICY

PURPOSE:
THE PURPOSE OF THIS DOCUMENT IS TO SET POLICY FOR BACKING OF ALL
APPARATUS AND VEHICLES AND TO STANDARDIZE THE SIGNALS FOR BACKING
SAFELY.

IT SHALL BE THE POLICY OF THE PARISHVILLE VOL. FIRE DEPT. THE BACKING OF
APPARATUS SHALL BE AVOIDED WHENEVER POSSIBLE. WHERE BACKING IS
UNAVOIDABLE A SPOTTER SHALL BE USED WHEN VEHICLES MUST NEGOTIATE
OPERATING PROCEDURES

FORWARD TURNS WITH RESTRICTIVE SIDE CLEARANCES AND WHERE HEIGHT CLEARANCES ARE CERTAIN.

WHEN A DEPARTMENT VEHICLE IS TO BE BACKED ONE MEMBER SHALL DISMOUNT THE APPARATUS AND ACT AS A SPOTTER. THIS MEMBER WILL BE LOCATED OF THE LEFT REAR CORNER AND VISABLE TO THE DRIVER IN THE SIDE MIRROR. THE SPOTTER SHALL NOT RIDE ON THE TAILBOARD OF THE VEHICLE WHILE IT IS IN MOTION. THE SPOTTER SHALL REVIEW THE BACKING PLAN WITH THE DRIVER AND AGREE TO THE COMMUNICATION PROCESS BEFORE PROCEEDING. BOTH DOOR WINDOWS SHALL BE OPEN AND FIRE RADIO VOLUMES REDUCED TO ALLOW FOR PROPER COMMUNICATIONS. THE VEHICLE SHALL NOT BEGIN BACKING UNTIL THE SPOTTER IS IN POSITION AND COMMUNICATION APPROVAL TO BEGIN. ANYTIME THE DRIVER LOSES SIGHT OF THE SPOTTER THE VEHICLE SHALL BE IMMEDIATELY STOPPED. THE SPOTTER SHALL BE RESPONSIBLE TO CHECK CLEARANCES ON ALL SIDES INCLUDING OVERHEAD. THE COMPANY OFFICER SHALL BE RESPONSIBLE FOR COMPLIANCE WITH THIS PROCEDURE.

SIGNALS

STRAIGHT BACK: ONE HAND ABOVE THE HEAD WITH PALM FACING AWAY FROM DRIVER.

TURN: BOTH ARMS POINTING IN THE SAME DIRECTION WITH INDEX FINGERS EXTENDED.

STOP: BOTH ARMS CROSSED WITH HANDS IN A FIST
ALL HAND SIGNALS SHALL BE ACCOMPANIED BY VERBAL SIGNALS.

STATION SAFETY AND GENERAL OPERATIONS

SAFETY
1. NO RUNNING IN THE STATION
2. NO HORSE PLAY ALLOWED IN STATION
3. INTENTIONAL DESTRUCTION WILL NOT BE TOLERATED
4. MEMBERS ARE WELCOME TO BRING GUESTS TO THE STATION BUT YOU WILL BE HELD LIABLE FOR THEIR SAFETY AND ACTIONS. ANY PERSONS UNDER THE AGE OF 18 ARE NOT ALLOWED IN THE TRUCK BAYS UNLESS ACCOMPANIED BY AN ADULT MEMBER
GENERAL PROVISIONS FOR RESPONDING TO CALLS
RESET THE SIREN
ACKNOWLEDGE CALL WITH CENTRAL DISPATCH
INFORM DISPATCH WHAT UNITS ARE RESPONDING
ALL PERSONNEL SHALL BE RESPONSIBLE TO SEE THAT ALL EQUIPMENT THAT IS
NEEDED HAS LEFT THE STATION.
DO NOT JUST DRIVE BY STATION
WHEN ARRIVING ON SCENE ONLY FIRST DUE UNITS CALL ON SCENE.

WHEN GOING TO A MUTUAL AID FIRST CALL ON SCENE THEN NOTIFY THE
INCIDENT COMMANDER ON SCENE ON FIRE GROUND FREQUENCY.

WHEN RETURNING TO STATION ALL EQUIPMENT SHALL BE PROPERLY CARED
FOR AND BE READY FOR FUTURE CALLS.

FUEL LEVELS WILL BE CHECKED AND ALL AIR OR ELECTRIC SYSTEMS WILL BE
ATTACHED BEFORE LEAVING THE SCENE.

WHEN CHIEF OFFICERS CHECK OUT OF SERVICE/ON SCENE AND IF THE
DEPARTMENT CHIEF IS NOT AVAILABLE THE NEXT RANKING ASST. CHIEF
OFFICER WILL CALL OUT IN THE LEVEL OF RANK.

IF THE DEPARTMENT CHIEF CHECKS OUT OF SERVICE/IN SCENE THEN ALL ASST.
CHIEFS SHALL CALL ON THE AIR. EXAMPLE: DISPATCH 331 IS OUT OF SERVICE
AND ENROUTE TO THE SCENE. 332 ON THE AIR, 333 ON THE AIR, 334 ON THE
AIR.

PORTABLE RADIOS

ALL MEMBERS WITH A RADIO SHALL HAVE A DESIGNATED NUMBER, NOT ALL
MEMBERS RESPONDING WILL CHECK ON THE AIR. ONLY CHIEFS, RESCUE
CAPTAINS, JOE INDIAN CAPTAIN OR LEVEL 3 FOR EMS CALLS.

EMS CALLS
ALL OTHER EMS MEMBERS BEIDES A LEVEL 3 WILL LET THE STATION KNOW
THAT THEY ARE ENROUTE AND ONLY DISPATCH AFTER A SECOND ALARM
UNLESS OTHERWISE ASKED.

DIVE CALLS
DIVE TEAM CAPTAIN WILL CALL ON THE AIR FOR DIVE CALLS ONLY.
FIRE POLICE

FIRE POLICE WILL ONLY CHECK ON THE AIR TO THE IC TO ESTABLISH TRAFFICE CONTROL AT ANY GIVEN INCIDENT. AFTER INITIAL CONTACT WITH THE IC FIRE POLICE WILL THEN GO THE RADIOS ON R-38 FOR FIRE POLICE USE. THESE RADIOS ARE NON-FIRE RADIOS AND THEY DO NOT HAMPER FIRE GROUND TACTICS.

ORDER OF RESPONDING APPARATUS

STRUCTURE FIRES

ANY FIRE OFFICER MAY CHANGE THE ORDER OF RESPONSE AT ANY TIME BASED ON INFORMATION PROVIDED ABOUT THE INCIDENT, AVAILABLE STAFFING AND EQUIPMENT FUNCTION.

E-45 WILL BE MAIN ATTACK ENGINES

TA-45 WILL SET PORTA TANK, EMPTY AND BEGIN TANKER SHUTTLE

TA-45 WILL BE USED AS A SECOND ENGINE ATTACK PUMPER FOR ALL IN TOWN STRUCTURE FIRES.

R-38 SHALL RESPOND TO ALL FIRES FOR SUPPLEMENTAL EQUIPMENT AND ALSO FOR THERMAL IMAGING APPLICATION.

E-50 SHALL RESPOND TO ALL FIRES FOR BACK UP OPERATIONS AND TRAFFIC CONTROL AS NEEDED

R-86 SHALL RESPOND TO ALL UNDERWATER RECOVERY EFFORTS AND AS NEEDED TO ANY OTHER CALLS AS DIRECTED BY THE CHIEF IN CHARGE

E-87 SHALL RESPOND TO ALL FIRES WITH JOE INDIAN BEING THERE PRIMARY AREA

A-251 AND/OR A-252 SHALL RESPOND TO ALL FIRES UNLESS TOLD TO STAND-BY FROM THE IC
MUTUAL AID
ALL UNITS WILL RESPOND AS REQUESTED BY 911 DISPATCH

ALL AVAILABLE MANPOWER WILL RESPOND TO THE STATION AND AVOID FURTHER INSTRUCTION

WILD LAND & GRASS FIRES
E-50 AND ATV-3 SHALL RESPOND AS INITIAL ATTACK

TA-45 SHALL RESPOND FOR WATER SUPPLY

E-45 SHALL RESPOND IF CLEARED BY CHIEF IN CHARGE

R-38 SHALL RESPOND FOR EXTRA EQUIPMENT AND OR TRAFFIC CONTROL

A-252 SHALL RESPOND TO ALL WILD LAND AND GRASS FIRES UNLESS OTHERWISE INSTRUCTED BY CHIEF IN CHARGE

MOTOR VEHICLE ACCIDENTS WIRES DOWN /FIRES/ TRAFFIC CONTROL

E-45 AND R-38 SHALL RESPOND WITH EXTRACTION EQUIPMENT AND OTHER NECESSARY ITEMS

E-50, R-86 AND R-38 SHALL RESPOND FOR TRAFFIC CONTROL PURPOSES

NATURAL DISASTERS

WHEN CALLED UPON TO RESPOND TO SNOW, WIND, ICE, EARTHQUAKE, FLOODING OR SIMILAR DISASTERS MEMBERS WILL FIRST SECURE FAMILY AND POSESSIONS BEFORE REPORTING TO THE STATION TO ASSIST.

HOSE LAY OPERATIONS

HOSE LAY OPERATIONS CANNOT BE SPECIFIED TO ANY DETAIL SINCE LOCATION, FIRE INVOLVEMENT, APPARATUS RESPONDING AND MAN POWER WILL PLAY CRITICAL ROLES. HOWEVER, GENERAL HOSE LAY PRINCIPLES CAN BE ADHERED UNDER DIRECT ORDERS.

SIZING AND FLOW

1. THE PULLED HOSE SHALL BE SPECIFIED BY THE PUMP OPERATOR TO OFFICER IN CHARGE AT THE FIRE SCENE AND WILL ONLY BE PULLED UNDER DIRECT ORDERS.
2. GRASS, BRUSH AND/OR OTHER SMALL EXTERIOR CONTAINERS 1 ½" CROSS LAYS
3. CAR, SHED, TRAILER OR SINGLE RESIDENTIAL ROOM
   1 ½" OR 2" CROSS LAYS
4. MULTIPLE ROOMS, LARGE SHED OR DETACHED GARAGE
   1 ½" OR 2" HOSE WITH BACK UP LINES IN PLACE
5. INVOLVED STRUCTURE FIRE, LARGE SHED OR DETACHED GARAGE
   2 ½" WITH BACK UP LINES IN PLACE AND 1 ½" CROSSLAYS
6. INITIAL PUMP PRESSURE WILL BE 125 PSI AND ADJUSTED AS NEEDED

MANPOWER REQUIREMENTS

1. 1 ½" OR 2" = 2 FIREFIGHTERS
2. 2 ½" = 3 FIREFIGHTERS
3. 5" = AS MANY AS POSSIBLE TO SAFELY LAY AND ATTACH AS NEEDED
4. WHEN OPERATING A HOSE LINE FACE SHIELDS MUST BE FULLY LOWERED AND GLOVES WORN AT ALL TIMES. WRAPPING A LINE AROUND OR THROUGH LEGS IS PROHIBITED AT ALL TIMES.

LIVE FIRE TRAINING

INSTRUCTIONS:

ENSURE THAT THE INSTRUCTOR IN CHARGE IS AWARE OF HIS OR HER RESPONSIBILITY FOR OVERALL COORDINATION OF THE TRAINING AND COMPLIANCE WITH NFPA 1403.

SITE SET UP:

ENSURE THAT THE ACQUIRED STRUCTURE IS ADEQUATE AND SAFE TO BE USED FOR LIVE FIRE TRAINING. USE APPENDIX B OF NFPA 1403 AS A CHECK LIST FOR PRE-BURN PLANNING, BUILDING PREPARATION, AND PRE- BURN AND POST- BURN.

DEVELOP, IMPLEMENT AND TRAIN FIREFIGHTERS WITHIN OPERATING GUIDELINES FOR LIVE FIRE TRAINING.

CONDUCT A PRE-BURN BRIEFING SESSION FOR ALL PARTICIPANTS AND ESTABLISH AN EVACUATION PLAN AND SIGNAL.

ENSURE THAT A SUFFICIENT WATER SUPPLY HAS BEEN ESTABLISHED.
OPERATING PROCEDURES

INSPECT THE STRUCTURE FOR POSSIBLE ENVIRONMENTAL HAZARDS.

DO NOT USE FLAMMABLE OR COMBUSTABLE LIQUIDS IN LIVE FIRE TRAINING.

DO NOT SET FIRES FOR LIVE BURN TRAINING IN ANY DESIGNATED EXIT PATH.

DO NOT ALLOW ANYONE TO PLAY THE ROLE OF THE VICTIM INSIDE THE STRUCTURE DURING LIVE BURN TRAINING.

ESTABLISH A METHOD OF FIRE GROUND COMMUNICATIONS AMONG IC AND FIREFIGHTERS.

ENSURE PROPER VENTILATION IS IN PLACE BEFORE THE ONSET OF THE CONTROLLED BURN AND THAT IT IS COORDINATED WITH INTERIOR OPERATIONS.

ENSURE BACK UP PERSONNEL ARE STANDING BY WITH EQUIPMENT READY TO PROVIDE ASSISTANCE OR RESCUE.

ENSURE THAT EACH FIREFIGHTER IS EQUIPPED WITH NFPA COMPLAINT FULL PROTECTIVE CLOTHING AND NIOSH APPROVED SELF CONTAINED BREATHING APPARATUS AND A PERSONAL ALERT SAFETY SYSTEM.

ESTABLISH A REHABILITATION OPERATIONS AT TRAINING EXERCISES THAT POSE A RISK OF FIREFIGHTERS EXCEEDING A SAFE LEVEL OF PHYSICAL OR MENTAL ENDURANCE, NFPA 2003b.

ASSIGN ONLY ONE PERSON AS THE IGNITION OFFICER AND ENSURE THAT HE OR SHE IS NOT A FIREFIGHTER PARTICIPATING IN THE TRAINING.

ENSURE THAT IGNITION OFFICER LIGHTS ONLY ONE TRAINING FIRE AT A TIME.

ENSURE THAT A CHARGED HOSE LINE IS PRESENT WHILE IGNITING THE FIRE.

USE THE THERMAL IMAGING CAMERA DURING LIVE FIRE TRAINING SITUATIONS TO OBSERVE FIREFIGHTERS AND MONITOR HEAT CONDITIONS FOR SAFETY.

DO NOT ENTER HAZARDOUS ENVIRONMENTS ALONE AND ENTER ONLY AS A TEAM OF TWO OR MORE.

DEVELOP A PROCEDURE TO ISSUE PERMITS TO USE INSPECTED AQUIRED STRUCTURES FOR LIVE FIRE TRAINING. CHECK NFPA 1403 FOR VOLUNTARY GUIDELINES ON ISSUING PERMITS, NFPA 2002a.
PARISHVILLE VOLUNTEER FIRE DEPARTMENT
PARISHVILLE, NY 13672

OPERATING PROCEDURES

SCOPE:

THIS PROCEDURE APPLIES TO ALL MEMBERS OF THE PARISHVILLE VOLUNTEER FIRE DEPARTMENT RESPONSIBLE FOR EMERGENCY RESPONSE.

PURPOSE:

THE PURPOSE OF THIS GUIDELINE IS TO ESTABLISH A SYSTEMATIC AND EFFICIENT APPROACH TO PROPER HANDLING OF INCIDENTS INVOLVING THE EXPOSURE OF INFECTIOUS AND/OR POTENTIALLY INFECTIOUS DISEASES.

DEFINITION:

FOR ALL PURPOSES THE EXPOSURE OF INFECTIOUS DISEASES SHALL BE DEFINED AS ONE OR MORE OF THE FOLLOWING EVENTS:

THE PUNCTURE OF INTACT SKIN BY OBJECTS CONTAINING OR POSSIBLY CONTAINING BODY FLUIDS. THIS MAY INCLUDE BUT NOT LIMITED TO: CONTAMINATED NEEDLE STICKS, INJURIES FROM CONTAMINATED METALLIC OBJECTS, ETC....

EXPOSURE OF BODY FLUIDS TO UNPROTECTED AREAS CONTAINING MUCOUSAL MEMBRANES SUCH AS THE GI TRACT, EYES, MOUTH, NOSE, ETC...

EXPOSURE OF BODY FLUIDS TO UNPROTECTED AND POTENTIALLY BROKEN SKIN.

POLICY OVERVIEW:

ALL PERSONALL SHALL TREAT ALL BODY FLUIDS INCLUDING BLOOD, SPUTUM AS POTENTIALLY CONTAINING COMMUNICABLE DISEASES.

ALL PERSONELL SHALL WEAR THE PROPER BODY SUBSTANCE ISOLATION EQUIPMENT AT ALL TIMES WHEN DEALING WITH PATIENTS.

ANY EXPOSURE OF PERSONNEL TO INFECTIOUS DISEASES SHALL BE DOCUMENTED AND REPORTED TO THE FIRE CHIEF AND EMS SAFETY COORDINATOR.

ANY EXPOSURE SHALL ALSO BE REPORTED TO THE RECEIVING MEDICAL FACILITY FOR FURTHER FOLLOW UP AND TO MINIMIZE FURTHER EXPOSURE.
PROCEDURES:

ANY EXPOSURE OR POSSIBLE EXPOSURE TO INFECTIOUS DISEASES SHOULD BE IMMEDIATELY REPORTED TO THE INCIDENT COMMANDER.

ALL EXPOSED PERSON (S) SHOULD BE IMMEDIATELY DIRECTED TO USE SOME SORT OF ANTIBACTERIAL HAND GEL FOR IMMEDIATE TREATMENT.

COMMAND SHOULD ALLOW FOR THE PERSON (S) TO RETURN TO THEIR RESPECTIVE STATIONS FOR FURTHER CLEANING. CLEANING SHOULD BE WITH ANTIBACTERIAL HAND SOAP UNDER RUNNING WATER FOR AT LEAST FIVE TO TEN MINUTES.

COMMAND SHOULD NOTIFY THE FIRE CHIEF FOR THEIR DEGREE OF THE INCIDENT.

THE EXPOSED PERSONNEL SHOULD BE DIRECTED TO THE APPROPRIATE MEDICAL FACILITY FOR REPORTING PROCEDURES.

ALL RESULTS OF TESTING SHALL REMAIN STRICTLY CONFIDENTIAL!!

ALONG WITH THE INITIAL INCIDENT REPORT THE INCIDENT COMMANDER AND THE PERSON (S) INVOLVED IN THE SITUATION SHOULD COMPLETE A NARRATIVE OF THE INCIDENT FOR FUTURE REFERENCE.

WITHIN FORTY-EIGHT HOURS OF THE INCIDENT COMMANDER OF THE INCIDENT AND THE PERSON (S) EXPOSED SHOULD MEET FOR FURTHER FOLLOW UP AND REPORTING.

FOR EACH EXPOSED PERSON (S) A NATIONAL FIRE INCIDENT REPORTING SYSTEM SUPPLEMENTAL FORM SHOULD BE COMPLETELY FILLED OUT BY THE FIRE CHIEF AND forwarded TO THE APPROPRIATE AGENCY.

THE FIRE CHIEF SHOULD BE RESPONSIBLE FOR COMPLETING AND FORWARDING ANY OTHER REQUIRED PAPERWORK CONCERNING THE INCIDENT INCLUDING WORKERS COMPENSATION PAPERWORK.

IF APPROPRIATE THE FIRE CHIEF OR HIS/HERS DESIGNEE SHOULD REQUIRE TRAINING THAT INVOLVES AVOIDING INFECTIOUS DISEASES.
THERMAL IMAGING CAMERA (TIU)

THERMAL IMAGING DEVICES CAN SAVE TIME AND LIVES WHEN OPERATING ON A FIRE OR ACCIDENT SCENE. THESE DEVICES SHOULD BE USED ON ALL STRUCTURAL FIRE SCENES AS WELL AS ANY ACCIDENT SCENE WHERE THERE IS THE POSSIBILITY OF AN OCCUPANT THAT HAS BEEN EJECTED FROM A VEHICLE BUT IS NOT VISIBLE. THIS SHOULD INCLUDE ANY ROLLOVER ACCIDENT OCCURRING AT NIGHT.

WHEN RESPONDING TO ANY REPORTED STRUCTURE FIRE, PERSONS TRAINED ON THE TIU SHALL IMMEDIATELY TURN THE THERMAL IMAGING UNIT ON TO GIVE IT TIME TO WARM UP SO THAT IT WILL BE READY FOR USE UPON ARRIVAL.

THE THERMAL IMAGING UNIT SHOULD BE USED IN CONJUNCTION WITH THE INITIAL FIRE SCENE SIZE-UP IN AN EFFORT TO LOCATE THE MAIN BODY OF THE FIRE WITHIN THE STRUCTURE.

THE TIU SHOULD ALSO BE USED WHILE PERFORMING ANY INTERIOR FIREFIGHTING OPERATIONS. SUCH USE SHALL BE BUT NOT LIMITED TO THE PURPOSES OF:
- ATTEMPTING TO LOCATE ANYTRAPPED VICTIMS OR PETS.
- PROVIDING A MORE CLEAR VIEW OF THE SURROUNDINGS FOR FIREFIGHTERS.
- SEARCHING FOR HIDDEN FIRES AND/OR HOT SPOTS.
- THE TIU SHOULD ALSO BE USED WHEN INVESTIGATING ANY CALL OF SMOKE WITHIN A STRUCTURE IN AN ATTEMPT TO LOCATE THE HEAT SOURCE OF THE SMOKE.
EXTRICATION

IF EXTRICATION IS NECESSARY AND THEY HAVE NOT ALREADY BEEN NOTIFIED, HAVE DISPATCH CALL FOR R-38 TO RESPOND TO THE INCIDENT.

ONLY INDIVIDUALS WHO ARE TRAINED IN THE USE OF THE HYDRAULIC RESCUE TOOLS SHOULD CONDUCT EXTRICATION MEASURES IN THE HOT ZONE.

PERSONNEL SHALL BE IN FULL PROTECTIVE CLOTHING, INCLUDING FULL EYE PROTECTION.

FULL EYE PROTECTION IS CONSIDERED TO BE GOGGLES OR SAFETY GLASSES. FLIP DOWN EYE SHIELDS (BOURKES) ARE NOT CONSIDERED TO BE FULL EYE PROTECTION.

ENSURE THE VEHICLE HAS BEEN STABILIZED WITH CRIBBING OR OTHER DEVICES AND ENSURE THE BATTERY HAS BEEN DISCONNECTED PRIOR TO BEGINNING EXTRICATION.

PERSONNEL SHOULD FAMILIARIZE THEMSELVES WITH THE VEHICLE AND ANY POTENTIAL HAZARDS PRIOR TO BEGINNING EXTRICATION. MANY INJURIES TO FIREFIGHTERS HAVE OCCURED DUE TO PERSONNEL CUTTING SOMETHING THAT THEY SHOULD HAVE NOT.

PLACE A 1 ½” OR 2” HAND-LINE ON THE GROUND IN THE WARM ZONE AREA AS A PROTECTION LINE.

PROVIDE SHIELDING FOR VICTIMS AND ANY RESCUERS WITHIN THE VEHICLE USING A HEAVY DUTY BLANKET IF POSSIBLE.

KEEP UNNECESSARY PERSONNEL AND BYSTANDERS OUTSIDE THE WORK AREA IN THE COLD ZONE.

STAGE ADDITIONAL RESOURCES AND A RESCUE SQUAD STAND-BY UNIT IN THE COLD ZONE.
PARISHVILLE VOLUNTEER FIRE DEPARTMENT
PARISHVILLE, NY 13672

OPERATING PROCEDURES

EMERGENCY MEDICAL SERVICES CALLS (EMS)

THERE SHOULD BE AT LEAST (1) EMT-B ON THE APPARATUS PRIOR TO RESPONSE TO ANY EMS INCIDENT.

THE ONLY EXCEPTION TO #1 IS IN THE EVENT THAT THERE IS AN EMT RESPONDING TO THE SCENE BY POV OR OTHER UNIT, OR THERE IS A POLICE OFFICER/EMT ON SCENE THAT IS REQUESTING ASSISTANCE.

FIREFIGHTERS MAY GO TO EMS CALLS TO ASSIST IF THERE IS ROOM ON THE APPARATUS.

THE EMS PERSON WITH THE HIGHEST LEVEL OF EMS CERTIFICATION WILL BE IN CHARGE OF PATIENT CARE AND IS RESPONSIBLE FOR COMPLETING THE EMS REPORT.

THE EMS PERSON WITH HIGHEST RANK WILL BE IN CHARGE OF THE SCENE AND IS RESPONSIBLE FOR COMPLETING THE RUN SHEET.

ALL NECESSARY INFORMATION SHOULD BE OBTAINED AND ALL SUPPLIES USED SHOULD BE RESTOCKED PRIOR TO PARISHVILLE RESCUE LEAVING THE SCENE.

ALL BIOHAZARD WASTE SHALL BE DISPOSED OF IN THE SQUAD UNIT ON THE SCENE WHEN POSSIBLE.

THE USE OF LATEX OR VINYL (NON-LATEX) PROTECTIVE GLOVES SHALL BE RESTRICTED TO THOSE PERSONS IN DIRECT CONTACT WITH THE PATIENT AND THOSE PERSONS IN CONTACT WITH INSTRUMENTS THAT HAVE CONTACTED THE PATIENT.

FULL BODY SUBSTANCE ISOLATION SHALL BE MAINTAINED WHEN IN CONTACT WITH ANY PATIENT.
OPERATING PROCEDURES

LIFEFLIGHT LANDING ZONE

DESIGNATE A LANDING ZONE AND INFORM DISPATCH AND THE ON-SCENE CREW OF ITS LOCATION.

THE COMMON LANDING ZONES IN THE DISTRICT OF PARISHVILLE ARE

OTHER SITES MAY BE USED IF NECESSARY.

THE CHIEF IN CHARGE SHALL ACT AS THE LANDING ZONE COMMANDER AND SHOULD HAVE UNOBSITRED VIEW OF THE LANDING ZONE WHILE MAINTAINING RADIO CONTACT WITH THE HELICOPTER.

CLEAR A 100' X 100' AREA OF LARGE DEBRIS.

DO NOT USE ROAD CONES, FLARES OR OTHER ITEMS THAT MAY BECOME PROJECTILES TO MARK OFF THE AREA. THIS CAN INJURE PERSONNEL AND/OR DAMAGE THE HELICOPTER.

MARK POLES WITH SPOTLIGHTS.

IF THERE ARE POLES ADJOINED BY A COMMON LINE (WIRE) SPOTLIGHT BOTH POLES. (DO NOT SPOTLIGHT WIRE)

MAINTAIN A SAFE DISTANCE FROM THE LANDING ZONE WITH APPARATUS AND PERSONNEL.

BE PREPARED TO DEPLOY A CHARGED 2" HAND LINE AND PLACE THE DECK GUN INTO OPERATION.

KEEP ALL UNNECESSARY PERSONNEL AND ONLOOKERS BACK FORM THE AREA.

KEEP IN MIND THAT THE ROTOR WASH FROM THE HELICOPTER CAN TURN MANY OBJECTS INTO PROJECTILES AND KICK UP A LOT OF DIRT AND SAND. EYE INJURIES CAN OCCUR EASILY DURING THE LANDING AND TAKEOFF.

IF IT IS NECESSARY TO MARK THE LANDING ZONE AT NIGHT, USE HEADLIGHTS, LARGE FLASHLIGHTS OR SPOTLIGHTS TO CREATE AN "X" WITH THE LIGHT BEAMS ON THE GROUND AT THE LOCATION OF THE LANDING ZONE. KEEP THESE ITEMS OUTSIDE OF THE 100' BY 100' AREA.
OPERATING PROCEDURES

REMAIN AT THE LANDING ZONE UNTIL THE HELICOPTER IS COMPLETELY CLEAR.

RETRIEVE ALL EQUIPMENT PRIOR TO RETURNING TO THE STATION.

IF IT IS NECESSARY TO TRANSPORT A MEMBER OF THE FLIGHT CREW TO THE INCIDENT SCENE A POLICE UNIT, ADDITIONAL FIRE UNIT, OR FIRE OFFICER’S VEHICLE SHALL BE WAITING AT THE LANDING ZONE UPON ARRIVAL OF THE HELICOPTER. THE ENGINE ASSIGNED TO THE LANDING ZONE WILL NOT BE USED FOR THIS PURPOSE.
These standard operating procedures are designed specifically for the EMS part of the Parishville fire department, but are not limited to just the squad. ALL members of the Parishville, Rescue squad, (and include the special 15 members) along with the fire dept personnel assisting with the Emergency Medical Services.
It will be the policy of this Department that no one is allowed to take supplies off of the ambulances for any reason.

If it is not an emergency and you would like to use some of the supplies that we carry as a supply, contact one of the Officers if you need something. **DO NOT TAKE SUPPLIES OFF OF THE AMBULANCES!!!**

If it is an emergency that warrants you taking supplies off of the ambulances, you need to call 911 also, to get the proper help to you.

The ambulances are supplied for emergency calls and to the standards of the NYSDOH. For certain things there has to be an exact quantity (or more) of an item.

If any member is caught taking supplies off of either ambulance without prior permission they may be subject to disciplinary measures. This disciplinary measure will be decided upon by the Officer of the Rescue Squad.

This policy is to take effect immediately!!

Respectfully,
Policy and Procedure for
Parishville Volunteer Fire and Rescue
Use of Seat Restraints in Department Vehicles

This policy is based on the New York State Department of Health update No. 88-19 written 10-20-88.

1. All operators and front seat passengers must use seat belts when unit is in motion.

2. All patients on stretcher must be secured at all times when unit is in motion.

3. All EMS personnel in the patient compartment are to be in a seat belt unless providing patient care.

4. All non-EMS persons in the patient compartment shall be secured with a seat belt.

5. When a child is to be a passenger and would normally use a child safety seat all efforts are to be made to use one.

6. If the patient is a child and is suspected of having a head, neck or spinal injury - immobilize and transport patient by following your NYS protocol.
Use of Alcohol and/or illegal drugs while in response to calls for Parishville Volunteer Fire & Rescue Squad:

1. The use of alcohol and/or illegal drugs will not be allowed in or around the Fire Department and/or Squad units.

2. No member shall report to a call after using alcohol, illegal drugs or legal drugs which may impair the member's judgment or their ability to perform expected tasks.

3. Anyone under the above conditions will not be allowed to operate any equipment which comes under the control of the Parishville Volunteer Fire or Rescue Squad.

4. Offenders will be disciplined in accordance with the By-Laws of the Parishville Volunteer Fire Department and Rescue Squad.
When responding to calls at the station or to the Scene of an Incident:

1. Members will obey any and all traffic laws.

2. Lights on private vehicles offer no special privileges. They are to be used with discretion.

3. The public sees the Parishville Volunteer Fire Department and Rescue Squad when they see members responding to a call. How the members are perceived is who the Department is perceived.

4. Members who do not act responsibly will be reprimanded on the following manner:
   1st offense - verbal warning.
   2nd offense - 30 day suspension.
   3rd offense - 90 day suspension.

If these three offenses occur within a year - full suspension from the squad.
The Officers of the Parishville Volunteer Fire Department and Rescue Squad prohibit sexual harassment and/or other types of harassments of its members. The behavior negatively affects morale, motivation, and job performance. It is inappropriate, offensive, and illegal and will not be tolerated.

Sexual harassment includes unwelcome verbal behavior such as comments, suggestions, jokes or derogatory remarks based on sex, or rumors or gossip of a sexual nature which will not be tolerated. Physical behavior such as pats, squeezes, repeatedly brushing against someone’s body, or impeding or blocking normal work or movement will not be tolerated. Visual harassment such as posting of sexually suggestive or derogatory pictures, cartoons, or drawings, unwanted sexual advances, and pressure for sexual favors will not be tolerated.

Other types of harassment consist of unwelcome conduct, whether verbal, physical, or visual that is based upon a person’s protected status, such as sex, color, race, ancestry, religion, national origin, age, physical handicap. Medical condition, disability, marital status, veteran status, citizen status, or other protected group status.

Any member who is aware of any instance of sexual harassment or other types of harassment should report the alleged act immediately to a Parishville Volunteer Fire Department or Rescue Squad Officer. All complaints will be treated with strict confidence and will be investigated promptly and impartially. Upon completion of the investigation, the appropriate parties will be notified immediately of the findings. Any member who has been found to have harassed a co-member will be subject to corrective action, ranging from a disciplinary warning to dismissal. No member will suffer retaliation for reporting instances of sexual harassment or other types of harassment.

We trust that members of the Parishville Volunteer Fire Department and Rescue Squad will act responsibly to maintain a quality department free from harassment, allowing each member to perform to his/her potential.
It is the intent of Parishville Rescue Squad to follow the Mutual Aid Plan that was devised by the St. Lawrence County EMS Services which are as follows:

1. Dispatch will tone out for the closest Mutual aid department in the event that we are unable to respond or have more patients than we can handle.

2. Dispatch will tone out our department first. If call is not answered after 5 minutes Dispatch will then send out a second tone. If call is not answered after a total of 8 minutes from first tone - Dispatch will then tone us out for a third time, at this time Dispatch will also be toning the next closest mutual aid department.

   In this event there is a total of 8 minutes to answer the tones before mutual aid is called.

3. If nature of call is life threatening - dispatch will tone out call wait 3 minutes and then put second tone, if call is still not answered a third tone will be made at 5 minutes from first tone, at this time dispatch will also be toning out for the next closest mutual aid department.

   In this event there is only a total of 5 minutes to answer the tones before mutual aid is called.
Parishville Rescue Squad
Policy and Procedure for Reportable Incidents

In the event that:

a) A patient dies, is injured or otherwise harmed due to the actions of commission or omission by a member of the Rescue Squad,
b) An EMS response vehicle operated by the Rescue Squad or Fire Department is involved in a motor vehicle accident in which a patient, member of the crew or other person is killed or injured to the extent requiring hospitalization or care by a physician,
c) Any member of the Rescue Squad or Fire Department is killed or injured to the extent of requiring hospitalization or care by a physician while on duty.
d) Patient care equipment fails while in use, causing patient harm,
e) It is alleged that any member of the Rescue Squad or Fire Department has responded to an incident or treated a patient while under the influence of alcohol or drugs,

You are to immediately contact the Rescue Squad Captain, who in turn will contact the Chief of the Fire Department. If you are unable to contact the Captain, you are to contact the Fire Department Chief.

You are also asked to put in writing details of said event(s) and have a copy given to Both the Rescue Squad Captain and Fire Department Chief with in five business days of said event(s).

This Policy and its Procedures is to be put in effect immediately.
Parishville Rescue Squad
Reporting of Crimes Policy

It is the intent of Parishville Rescue that all members and patients remain safe as possible at all times. In the event that the following circumstances occur you will do the following.

1. Crime occurs:
   A. If you should be witness to a crime
      1. And you are in danger leave area immediately, call for Law enforcement back-up and wait for law enforcement to arrive and secure scene.

2. Child Abuse and maltreatment:
   A. According to Social Services Law 413 and 415 all EMT’s are required to report any suspected Child Abuse and Maltreatment.
   B. You will notify Emergency Room staff upon you arrival at the hospital.
   C. You will follow the Parishville Rescue Policy on Child Abuse and Maltreatment reporting Policy.

3. Patient abuse.
   A. Will be reported to Emergency room staff upon your arrival at the hospital.
   B. You will notify Law Enforcement.

4. Domestic violence.
   A. Call Dispatch to make sure Law Enforcement has been called.
   B. You are not to get in the middle of any domestic dispute for any Reason!!!!
   C. You will wait at a safe distance until Law Enforcement has secured the scene.

5. Elderly Abuse.
   A. Will be reported to Emergency room staff upon arrival at the hospital.
Parishville Rescue Squad  
Responsibilities of Patient Care Providers  
Under Special Circumstances policy

It is the intent of Parishville Rescue Squad that all Patients get proper care. The following is a guide to follow for special circumstances.

1. A patient cannot be located:
   A. Contact Dispatch to confirm location of patient.
   B. Have Dispatch call back to reconfirm location of patient.

2. Entry cannot be gained to the scene of an incident:
   A. Contact Dispatch to get assistance from Law Enforcement.

3. A patient judged to be in need of medical assistance refuses treatment and/or transport:
   A. Contact Med Control.
   B. If Med control agrees that patient needs transport and patient still refuses, contact Dispatch for assistance from Law Enforcement.
   C. If Med Control disagrees that patient needs transport, make sure that Med Controls response and patients refusal of treatment and transport are thoroughly documented on the PCR.

4. Patient seeks transport to a hospital outside the area in which the service ordinarily transports patients:
   A. Contact Med Control and advise them of patient condition and request for different hospital.
   B. If Med Control disagrees - Med Control will try to change patients mind by having you explain the risks of going to an Hospital.
   C. If patient still insists on an other hospital - patient demand wins.

5. A receiving hospital requests that a patient be transported to another facility before arrival at the hospital:
   A. Make sure Med Control is aware of situation.
   B. Be sure to document the reason for rerouting and the name of the doctor requesting this diversion.
   C. Patient can refuse this diversion, if this happens receiving hospital has to take the patient, Patient demand always wins.

6. Treating minors (anyone under the age of 18 years):
   A. Make all attempts to locate parent or guardian.
   B. Contact Med Control.
   C. If you cannot locate a parent or guardian you will transport under implied consent.

7. Treating or transporting patients with reported psychiatric problems:
   A. If patient is a threat to himself/herself or others contact Dispatch to get a hold of Law Enforcement for assistance.

8. You are confronted with an unattended death:
   A. Secure scene.
   B. call dispatch to send Law Enforcement.
PARISHVILLE RESCUE SQUAD
CHILD ABUSE & MALTREATMENT
REPORTING POLICY

According to Social Services Law 413 & 415 all EMT's are required to report suspected Child Abuse and Maltreatment cases.

It will be this Agency's policy to:

1. Fully document any suspected Child Abuse and Maltreatment on your PCR. Be specific.
2. Upon arrival to the hospital notification of suspected Child Abuse or Maltreatment should be made to Emergency Room staff. (ie. Nurse or Doctor) Person receiving notification will sign PCR to acknowledge receipt of said notification.
3. The EMT will immediately call 1-800-635-1522 to give an oral report of suspected Child Abuse or Maltreatment.
4. All oral reports must be followed up with a written report within 48 hours using Form DSS-2221-A, “Report of Suspected Child Abuse or Maltreatment”.
5. A copy of the completed and submitted Form DSS-2221-A will be attached to the Agency copy of the PCR retained by this Agency.
6. Annual training sessions will be held to inform all EMT's of said policy and all EMT's will be provided with a copy of the DOH Statement.
7. A copy of the NYS Department of Health Policy Statement will be kept in each PCR box.

POLICY IS EFFECTIVE IMMEDIATELY
PARISHVILLE RESCUE SQUAD
INFECTION CONTROL
POLICY

It is the intention of Parishville Rescue Squad to keep records of certain infection control practices.

1. Brian Sullivan and Kevin Sullivan are our designated officers as required by the Ryan White Act. They will be responsible for reporting, managing and tracking exposures and ensuring the confidentiality of all information that is in compliance with all applicable requirements.

2. There will be a copy of all Hep B shots kept in each member's file or a signed statement stating said member doesn't want the Hep B shot. Any member refusing the Hep B shot can change their mind at any time and get the Hep B at such time. There will be no charge to the members for the immunization.

3. There will be an annual Blood Borne Pathogen training seminar. All members must attend. If you are unable to be in attendance you must get in touch with the training officer to go over training material as soon as possible.

4. Any questions or concerns are to be taken to the infectious control officers.

5. Gloves and other personal protective equipment when need should be worn at all times, goggles, gowns, jumpsuits etc.
It will be Parishville Rescue Squads Policy to keep its Ambulances and Equipment in top running condition and ready for a response at all times.

1. Check the fuel, tires, lights and sirens before and after every call.

2. Make sure that all equipment used on a call is either cleaned and decontaminated properly or replace after every call.

3. If anything is found not in working order or needs replacing that the person in charge of said call cannot do - See that an Officer of the Squad is notified immediately so that the problem can be corrected in a timely fashion.

4. Always check the Oxygen Tanks - portable and main tank - to see how much you have left and if tanks need changing or filling. Turn off tanks and bleed lines after every call.

5. Make sure Ambulance is washed and plugged in after every call

6. Make sure monitor is plugged in and charging after every call.

7. Inside of Ambulance is to be cleaned thoroughly and garbage thrown out after every call.

8. Ambulances will get a monthly inspection of equipment and all equipment will be kept up to manufacturer's standards.
Per DOH Policy Statement 00-01, 00-15, Use and storage of Epinephrine Auto Injectors by EMS Agencies, XYZ Ambulance Service Authorization and Training Plan.

The Parishville Volunteer Fire Company, Inc.
SOPs for use of an EPI Pen

Collaborative Agreement between Parishville Fire & Rescue and

Service Medical Director
To be filed with North Country Regional Advisory Council
and St. Lawrence County 911 Emergency Dispatch Center

Protocol for the use of the epinephrine auto injector/Epi-Pen

In the event of a possible Anaphylaxis reaction, often associated with history of exposure to an inciting agent/allergen (bee stings or other insect venom, medications/drugs, or foods such as peanuts, seafood, etc.), with physical findings ranging from a mild skin rash to respiratory distress (upper airway obstruction, lower airways disease/severe broncospasms) and/or cardiovascular collapse/hypotensive shock, characterized by the clinical findings that authorize and require treatment according to this protocol,

Parishville Vol. Fire & Rescue will provide the following emergency treatment:

A. ABCs - initial assessment – including the administration of O2 and appropriate oxygen delivery device. (Airway will be managed according to New York State Basic Life Support Protocols) Call for ALS if appropriate.

B. Determine that the patient's history including a history of anaphylaxis, severe allergic reactions and/or recent exposure to an allergen or inciting agent - a SAMPLE history.
   a. History of allergies
   b. What the patient was exposed to
   c. How they were exposed
   d. What effects
   e. Progression
   f. Interventions

C. Assess baseline vitals signs

If both the cardiac and respiratory status of the patient are normal, we will transport the patient, reassessing the patient's condition frequently during transport.

(clc/ddt: revised 11/15/01)
If either the cardiac or respiratory status of the patient is abnormal we will proceed as follows:

1. If the patient is having severe respiratory distress or shock and has been prescribed an epi-pen auto-injector, we will assist the patient in administering the epinephrine. If the patient's auto-injector is not available or has expired, Parishville Fire & Rescue's trained personnel will administer our agency's epi-pen auto-injector. We will administer the epinephrine as authorized by DOH Policy Statement (00-01) and our agency's Service Medical Director.

2. If the patient has not been prescribed an epi-pen auto-injector, we will contact medical control for authorization to administer the epinephrine and begin transport to nearest ALS/hospital which ever is closer.

3. In the event that we are unable to make contact with medical control (radio failure, no communications) and the patient is under 35 years of age, we may administer the epi-pen auto-injector as indicated. The incident will be reported to Medical Control and/or our Agency Medical Director as soon as possible.

4. The adult dose for epinephrine is 0.3 mg or the adult epi-pen. The pediatric dose for the epinephrine is 0.01 mg/kg, up to 0.3 mg. For the patient under 9 years of age or weighing less than 30 kg (66 lbs.) the pediatric epi-pen (0.15mg) should be used.

5. The used Epi-pen auto-injectors will be disposed of in the proper biohazard container in the ambulance.

6. Any exposure will be reported to the Infection Control Officer or DO.

7. If cardiac arrest occurs, we will perform CPR/AED according to AHA and Regional REMAC standards.

8. Record all patient care information, including the patient's medical history and all treatment provided, on a Prehospital Care Report (PCR). We will also submit use of data to the Regional Emergency Medical Council.

(clc/ddt: revised 11/15/01)
Parishville Volunteer Rescue Squad
Yearly Check Of Ambulance Policy

It has come to the attention of the Parishville Rescue Squad Officer’s that not all of our members know where everything is located on our ambulances. So in an effort to see that all member are at least in our ambulances for a refresher on where things are located at least once a year it will now be mandatory for everyone to go through the BLS equipment check off list on both ambulances at least once a year.

There will be a sign up sheet put out so that you can choose which month you would like. If you do not voluntarily sign up your name will be written down for you. It will be up to you to check for when your month is.

If you are a Basic EMT you will only be responsible for locating the BLS Equipment.

All Driver’s must go through the ambulances also because you may be the only help the EMT has with them and you will need to have a general idea of what the EMT is asking for and where to find it. You are not required to memorize it all just have a general idea.

These are the steps you will need to follow when doing your inspection:
1. There has to be at least 1 EMT
2. This inspection has to be completed by the 15th of each month.
3. When checking for things on the list – they must be put back exactly where you found them.
4. If anything is missing you need to call the 2nd Assistant Captain so that it can be replaced.
5. If you can not find something or do not know what you are looking for contact the 2nd Assistant Captain and they will help you.
6. Pick your month or one will be assigned to you.
7. Sign and date your check off sheets when finished and leave for 2nd Assistant Captain to file.

* This is Mandatory to remain in the Squad!!!!

Effective April 1, 2005
Policy and Procedure for Non-Emergency
Transports involving PVFRS Units

Such transports include, but are not limited to:

1. Hospital to home of patient
2. Hospital to Hospital for less critical care
3. Residence to a hospital for prescribed treatment, or direct admission

Such calls have to be arranged through the 2nd Assistant Captain with the following conditions:

1. Must have adequate members to do call
2. Leave enough members to answer emergency calls
3. Must use 2nd line unit
I acknowledge that I have received a current copy of the Parishville Volunteer Fire Department Policy and Procedures. I have also read these and understand them.

If I have any questions, I may ask for clarification from any Chief present at my interview or any time after that as needed.

Applicant/Member Signature:______________________________.

Witness:__________________________________________.

Date:_____________________________________________.
V. DEFINITIONS

1. No Red Lights
   No emergency lights, siren or air horn operated, headlights on.

2. Red Lights
   All emergency lights operated, headlights on, siren operated when approaching and proceeding through intersections.

3. EMS
   Emergency Medical Services.

4. EMT
   Emergency Medical Technician.

5. Hazard Awareness
   Training for members advising them of hazards that may be encountered in the line of duty and how to avoid or mitigate them. Including, but not limited to: Bloodborne pathogens, Hazardous Materials, electricity, confined space, fire, animals, criminals, lifting and patient handling safety.

6. HBV
   Hepatitis B Virus.

7. MCI
   Multiple Casualty Incident, involving two or more patients, that taxes or stresses the immediate capabilities of the agency.

8. MIC
   Member in Charge, such as designated on the PCR.

9. MVC
   Motor Vehicle Collision.

10. OSHA
    Occupational Safety and Health Administration

11. PCR
    Prehospital Care Report.

12. PESH
    Public Employee Safety and Health

13. POV
    Privately owned vehicle.

14. Reporting
    Reports to the NY State Department of health shall be made first by telephone (426-7696), on the next business day following the incident. The report shall then be sent in writing, within five business days, to: NY State Department of Health; Central NY Regional Office; 217 South Salina Street; Syracuse, NY 13202. Sample report attached.

15. Shoreline
    The electrical cord that provides power to the ambulance when parked in the building

16. Technical Rescue
    Rescue operations involving extrication or special equipment

17. UHF
    Ultra High Frequency

18. VHF
    Very High Frequency

19. Low Band
    Low Frequency Radio Waves

20. High Idle
    Brake.
    Increased engine RPM's by the application of the emergency
New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supercedes/Updates: Policy Statement 92-04

No. 00-10

Date: 09/25/00
Re: EMT-B / AEMT

Page 1 of 3

Functional Position Description

Emergency Medical Technician – Basic (EMT-B)
Advanced Emergency Medical Technician (AEMT)

Purpose:

Provide a guide for those who are interested in understanding what qualifications, competencies and tasks are expected of the EMT-B and/or the AEMT.

Qualifications:

• Complete the Application for Emergency Medical Services Certification (DOH-65), including affirmation regarding criminal convictions
• Successfully complete an approved New York State EMT-B or AEMT course
• Achieve a passing score on the practical and written certification examinations
• Must be at least 18 years of age prior to the last day of the month in which they are scheduled to take the written certification examination
• Knowledge and Skills required show need for high school or equivalent education
• Ability to communicate effectively via telephone and radio equipment
• Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance)
• Ability to interpret oral, written and diagnostic form instructions
• Ability to use good judgement and remain calm in high stress situations
• Ability to be unaffected by loud noises and flashing lights
• Ability to function efficiently without interruption throughout an entire work shift
• Ability to calculate weight and volume ratios
• Ability to read English language, manuals and road maps
• Ability to accurately discern street signs and addresses
• Ability to interview patients, patient family members and bystanders
• Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such
• Ability to converse, in English, with coworkers and hospital staff with regard to the status of the patient
• Possesses good manual dexterity with ability to perform all tasks related to the highest quality patient care
• Ability to bend, stoop and crawl on uneven terrain
• Ability to withstand varied environmental conditions such as extreme heat, cold and moisture
• Ability to work in low light situations and confined spaces
• Ability to work with other providers to make appropriate patient care decisions

Competency Areas:
The EMT-B
Must demonstrate competency is assessment of a patient, handling emergencies using Basic Life Support equipment and techniques. Must be able to perform CPR, control bleeding, provide non-invasive treatment of hypoperfusion, stabilize / immobilize injured bones and the spine, manage environmental emergencies and emergency childbirth. Must be able to use a semi-automatic defibrillator. Must be able to assist patients with self-administration or administer emergency medications as described in state and local protocol.

The AEMT-Intermediate
Must demonstrate competency in all EMT-B skills and equipment usage. Must be able to provide Advanced Life Support using intravenous therapy, defibrillator and advanced airway adjuncts to control the airway in cases of respiratory and cardiac arrest.

The AEMT-Critical Care
Must demonstrate competency in all EMT-B skills and equipment usage. Must be able to provide Advanced Life Support using the AEMT-Intermediate skills and equipment. Must be able to administer appropriate medications.

The EMT-Paramedic
Must be capable of utilizing all EMT-B and AEMT-Intermediate skills and equipment. Must be able to perform under Advanced cardiac Life Support (ACLS) and Basic Trauma Life Support (BTLS) standards. Must be knowledgeable and competent in the use of a cardiac monitor/defibrillator and intravenous drugs and fluids. The EMTParamedic has reached the highest level of pre-hospital care certification.

Description of Tasks:
Responds to calls when dispatched. Reads maps, may drive ambulance to emergency site using most expeditious route permitted by weather and road conditions. Observes all traffic ordinances and regulations.
Uses appropriate body substance isolation procedures. Assesses the safety of the scene, gains access to the patient, assesses extent of injury or illness. Extrications patient from entrapment. Communicates with dispatcher requesting additional assistance or services as necessary. Determines nature of illness or injury. Visually inspects for medical identification emblems to aid in care (medical bracelet, charm, etc.) Uses prescribed techniques and equipment to provide patient care. Provides additional emergency care following established protocols. Assesses and monitors vital signs and general appearance of patient for change. Makes determination regarding patient status and priority for emergency care using established criteria. Reassures patient, family members and bystanders.
Assists with lifting, carrying and properly loading patient into the ambulance. Avoids mishandling patient and undue haste. Determines appropriate medical facility to which patient will be transported. Transports patient to medical facility providing ongoing medical care as necessary enroute. Reports nature of injury or illness to receiving facility. Asks for medical direction from medical control physician and carries out medical control orders as appropriate. Assists in moving patient from ambulance into medical facility. Reports verbally and in writing observations of the patient’s emergency and care provided (including written report(s) and care provided by Certified First Responders prior to EMT-B/AEMT arrival on scene) to emergency department staff and
assists staff as required.
Complies with regulations in handling deceased, notifies authorities and arranges
for protection of property and evidence at scene.
Replaces supplies, properly disposes of medical waste. Properly cleans
contaminated equipment according to established guidelines. Checks all equipment for
future readiness. Maintains ambulance in operable condition. Ensures cleanliness and
organization of ambulance, its equipment and supplies. Determines vehicle readiness by
checking operator maintainable fluid, fuel and air pressure levels. Maintains familiarity
with all specialized equipment.
New York State Department of Health Bureau of Emergency Medical Services

POLICY STATEMENT
Supersedes/Updates: 99-10
No. 08-07
Date: November 20, 2008
Re: Medical Orders for Life Sustaining Treatment (MOLST)

Page 1 of 3

Purpose

The purpose of this policy is to advise all EMS providers and agencies of a change in the law regarding Do Not Resuscitate Orders (DNR). On July 7, 2008 Governor David Paterson signed Chapter 197 of the Laws of 2008 allowing the use of an alternative DNR form. This form is the Medical Orders for Life Sus-taining Treatment or MOLST form.

These guidelines are not intended to replace the current out of hospital DNR orders and Policy #99-10 governed by Chapter 370 of the Laws of 1991. They remain in effect. These guidelines are an update to that policy and will discuss only the addition of the MOLST form that can now be used as an alternative DNR form to the traditional non-hospital DNR form currently in use.

Medical Orders for Life Sustaining Treatment (MOLST)

MOLST is an alternative form and process for patients to provide their end of life care preferences to health care providers across the spectrum of the health care delivery system. MOLST may be honored by EMS agencies, hospitals, nursing homes, adult homes, hospices and other health care facilities and their health care provider staff. The MOLST form is a bright pink form that was piloted by the Rochester Health Commission under previous legislation for use by the EMS community in Onondaga and Monroe Coun-ties. The recently enacted legislation mentioned above now allows EMS to honor this form in all counties in New York State. Previous to the enactment of Chapter 197 EMS agencies outside of Onondaga and Monroe Counties still required the use of the non-hospital DNR form.

Unlike the Non Hospital Order Not to Resuscitate form (DOH-3474), the MOLST form is not a New York State Department of Health produced or distributed form. However, it is an approved form that was previ-ously modified with the assistance of the NYS Department of Health, Division of Legal Affairs so that it complies with other health care statutes. The MOLST form is currently utilized by many health care sys-tems.

What are the DNR requirements in NYS law that affect EMS agencies and providers now?

1. Effective July 7, 2008 the MOLST form may be honored without the need for a non-hospital DNR or-der.

2. EMS agencies must still honor the use of the non-hospital DNR form or bracelet.

3. A patient with a DNR bracelet only refers to the do not resuscitate rules that apply to the non-hospital DNR order. At present there are no MOLST DNR bracelets.
4. The MOLST form also provides the patient with the ability to give a Do Not Intubate order to health care providers including EMS. See section on DNI.

What are the differences and similarities between the non-hospital DNR order and the MOLST form?

1. The MOLST form is a bright pink multi-page form; however a photocopy or facsimile of the original form is acceptable and legal. The DNR order remains a single page form on white paper with black ink.

2. The MOLST form is meant to be utilized by health care providers across the health care system. It is not limited to EMS agencies. The Non Hospital Order Not to Resuscitate form (DOH-3474) is valid in out of hospital settings only.

3. MOLST provides end of life orders for resuscitation and intubation orders for Advanced EMTs when the patient has progressive or impending pulmonary failure without acute cardiopulmonary arrest. The Non Hospital Order Not to Resuscitate form (DOH-3474) only apply to patients in full cardiopulmonary arrest.

4. Both forms, the MOLST form and the Non Hospital Order Not to Resuscitate form (DOH-3474) form, must be authorized by a physician.

5. Different than the non-hospital DNR form, there are multiple patient orders contained on the MOLST form that is intended for other health care providers to follow in other health care settings such as the hospital or nursing home.

6. EMS providers and agencies are provided direction regarding the patient end of life treatment orders in Section A (page 1) and Section E (page 2). See below.

**Section A of the MOLST Form**

Section A is on the first page of the MOLST form. It is titled RESUSCITATION INSTRUCTION (ONLY for Patients in Cardiopulmonary Arrest). It then provides two boxes, one of which will be checked. The first box indicates the patient does not want resuscitation efforts to be made if they are found in full cardiopulmonary arrest. The second box indicates they want full CPR efforts with no limitations. Note: The current MOLST form in use contains additional written guidance in this section. The last sentence states “For patients in the community, also complete NYS DOH Nonhospital DNR Form unless located in Monroe or Onondaga Counties. Please disregard this. The passage of Chapter 197 makes this form valid in all counties. It is expected that this form will be revised at a later date but. However, MOLST forms with this language may be honored without the need of the non-hospital NYS DNR form.

**Section C of the MOLST Form**

This section contains the physician authorization. As with the Non Hospital Order Not to Resuscitate form (DOH-3474), the MOLST form is recommended to be reviewed by the patient and his/her physician periodically. However, both forms should be considered valid unless it is known that it has been revoked.

**Section E (DNI instructions)**

This section, on page 2 of the MOLST form contains a box titled “Additional Intubation and Mechanical Ventilation Instructions”. This section should be honored by EMS providers when the patient has progressive or impending pulmonary failure without acute cardiopulmonary arrest.

What is progressive or impending pulmonary failure?

The recognition of progressive or impending pulmonary failure must be made by the Advanced EMT in charge of patient care at the scene. Advanced EMTs who are not certain if this condition exists should contact medical control for advice.

**Some Questions to consider**

What do I do if the patient has both a non-hospitals DNR order and a MOLST form? Which do I honor?

If one form has different orders, you should follow the form that has the most recently dated authorization. In all instances you should follow the DNI instructions on the MOLST form if the form is signed by a physician as the non-hospital DNR order does not provide this advice.
What if the MOLST form was signed prior to the date the statute was authorized?
You may honor the form as if it were authorized after the statutory date.

Does the new MOLST law allow EMS to honor other advanced directives?
The law does not add the ability of EMS personnel to honor advanced directives such as a Health Care Proxy or Living Will.

3 of 3 Can EMS honor a DNR form from an Article 28 licensed facility, such as a hospital or nursing home?
All Article 28 licensed facilities are required to issue, review and maintain DNR orders. EMS providers will honor hospital DNR orders for patient transports originating from the facility. The DNR can not be expired. The facility staff must provide a copy of the order and/or patient's chart with the recorded DNR order to the ambulance crew. Facilities, other than hospitals or nursing homes, are encouraged to use the NYS-DOH approved non-hospital DNR Form as supplemental documentation to avoid confusion and potentially unwanted resuscitation.

MOLST Training
EMS providers and agencies who are interested in more specific training regarding the MOLST form and process may go to http://www.compassionandsupport.com. This site has a specific training program for EMS providers. The site contains frequently asked questions and a training video that would be useful to better understand the MOLST form and process.
If you have other questions about this policy guidance please contact your DOH Regional EMS office or you may call 518-402-0996.
Thank you for your efforts to comply with your patient's end of life wishes.

Resources
Compassion and Support Website:
http://www.compassionandsupport.com
MOLST Training Center:
http://www.compassionandsupport.com/index.php/or_professionals/molst_training_center
MOLST EMS Training Page:
http://www.compassionandsupport.com/index.php/or_professionals/molst_training_center/ems_molst_training

New York State Department of Health MOLST Information:
New York State Department of Health Bureau of Emergency Medical Services
POLICY STATEMENT
Supersedes/Updates: New
No. 08 - 02
Date: 03/31/08
Re: Prehospital Patient Confidentiality
Page 1 of 3

Background:
The New York State Department of Health, in accordance with State and Federal Laws, ensures that all health care providers protect the confidentiality of those patients for whom they are caring. It is the responsibility of each EMS provider to maintain the confidentiality of privileged information that they may have been exposed to in the course of their duties as a health care provider.

All agencies and/or systems are encouraged to have policies that require and include:
1. Initial and as necessary, refresher training of staff regarding the importance of patient confidentiality; and
2. Procedures for maintaining patient confidentiality.

To better understand what the role of the EMS provider is with reference to patient confidentiality, we must first define the term. The Encyclopedia of Surgery defines confidentiality as:

"Confidentiality is the right of an individual to have personal, identifiable medical information kept private. Such information should be available only to the physician of record and other health care and insurance personnel as necessary. As of 2003, patient confidentiality was protected by federal statute."

Laws and Regulations:
The New York State (NYS) Public Health Law (PHL) Article 30 section 3006 and Title 10NYCRR Part 800.15 require any information that may disclose patient identity to be kept confidential. The Health Insurance Portability & Accountability Act of 1996 (HIPAA) is a federal law that protects patient confidentiality and privacy.

PHL Article 30, Section 3006:
§ 3006. Quality Improvement Program.
2. The information required to be collected and maintained, including information from the prehospital care reporting system which identifies an individual, shall be kept confidential and shall not be released except to the department or pursuant to section three thousand four-a of this article.

3. Notwithstanding any other provisions of law, none of the records, documentation, or committee actions or records required pursuant to this section shall be subject to disclosure under article six of the public officers law or article thirty-one of the civil practice law and rules, except as hereinafter provided or as provided in any other provision of law. No person in attendance at a meeting of any such committee shall be required to testify as to what transpired there at. The prohibition related to disclosure of testimony shall not apply to the statements made by any person in attendance at such a meeting who is a party to an action or proceeding the subject of which was reviewed at the meeting. The prohibition of disclosure of information from the prehospital care reporting system shall not apply to information which does not identify a particular ambulance service or individual.

4. Any person who in good faith and without malice provides information to further the purpose of this section or who, in good faith and without malice, participates on the quality improvement committee shall not be subject to any action for civil damages or other relief as a result of such activity.

Title 10NYCRR Part 800; section 800.15 REQUIRED CONDUCT:
Every person certified at any level pursuant to these regulations shall:
a) at all times maintain the confidentiality of information about the names, treatment, and conditions of patients treated except:
(1) a prehospital care report shall be completed for each patient treated when acting as part of an organized prehospital emergency medical service, and a copy shall be provided to the hospital receiving the patient and to the authorized agent of the department for use in the State’s quality assurance program;
(2) to the extent necessary and authorized by the patient or his or her representative in order to collect insurance payments due;
(3) to the extent otherwise authorized by law;

The Health Insurance Portability & Accountability Act of 2003 (HIPAA):
In April 2003, HIPAA established a set of Federal regulations regarding confidentiality and privacy. Though, the department does not enforce HIPAA regulations, the law does affect EMS in NYS. It specifically relates to electronic patient billing and access to a patient’s health records. The NYS Department of Health has information regarding HIPAA and how it affects NYS PHL. See References. HIPAA and state laws do not necessarily preclude sharing of patient information among and between EMS providers and other health care providers, law enforcement, regional and state quality assurance systems, and other users of public health data. However, in the exchange of such information, EMS providers and systems are to be vigilant in ensuring the protection of data for the purpose it is being released.

Summary:
It is beyond the scope of this policy statement to identify all of the laws or regulations that require confidentiality. This policy statement only identifies the most common items that pertain to the emergency medical services. Every EMS agency and/or provider must maintain compliance with the patient’s needs of confidentiality.
All EMS providers and other necessary agency personnel are routinely exposed to confidential patient information. The Agency and all personnel exposed to confidential information is required to maintain confidentiality throughout every aspect of emergency medical service operations. It is required in but not limited to:
• training and education;
• every patient contact;
• communication:
  • inter-agency
  • intra-agency
  • other necessary healthcare providers;
• billing;
• CQI.

Resources:
EMS services are encouraged to review the HIPAA act and the NYS PHL to determine which law will take precedence over the other when there are similar topics and how they will affect your service and procedures. The Department has a chart that breaks down each section and discusses which law will take precedence. It can be found at

Below are several links for further reference to confidentiality.
Certification – Student Reference Guide
NYS PHL Article 30 Section 3006:
http://www.health.state.ny.us/nysdoh/ems/art30.htm#6M3006
Part 800 section 800.15:
http://www.health.state.ny.us/nysdoh/ems/part800.htm#800.15
NYS Dept. of Health HIPAA advisory links:
http://www.health.state.ny.us/nysdoh/hipaa/hipaa.htm
http://www.health.state.ny.us/nysdoh/hipaa/pdf/hipaa_preemption_charts.pdf
US Dept. of Health and Human Services Office for Civil Rights – HIPAA
Documentation of Medical Evaluation for Disposable N-95 Respirator Use

Name of responder/employee: ____________________________

Name of agency/employer: ____________________________

This responder/employee has been medically evaluated regarding the ability to be fit-tested for and wear a disposable N-95 respirator. The information required by the OSHA Respiratory Protection Standard 1910.134 (Section (e) and Appendix A, Part A, Sections 1 & 2) was obtained in the course of performing this evaluation.

Based on the medical evaluation, the responder/employee:

_____ is NOT cleared to be fit-tested for a disposable N-95 respirator

_____ requires further evaluation before a decision can be made regarding fit testing for a disposable N-95 respirator

_____ is cleared (with any limitations shown) to be fit-tested for and wear a disposable N-95 respirator

<table>
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<tr>
<th>LIMITATIONS</th>
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<td>_____ No</td>
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Date of this written recommendation: __________________

Health care professional signature: __________________

Health care professional name: __________________

Address: __________________

Phone: __________________

Health care professional: Keep a copy of this form and provide the original to the responder/employee.
Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle one): Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today’s date:______________________________

2. Your name:________________________________________

3. Your age (to nearest year):____________________________

4. Sex (circle one): Male/Female

5. Your height: ________ ft. ________ in.

6. Your weight: _________ lbs.

7. Your job title:_______________________________________

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _______________________

9. The best time to phone you at this number: _________________

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):
   a. ______ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
   b. ______ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No

   If “yes,” what type(s):_____________________________________

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle “yes” or “no”).
1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month?
   Yes/No

2. Have you **ever had** any of the following conditions?
   a. Seizures (fits): Yes/No
   b. Diabetes (sugar disease): Yes/No
   c. Allergic reactions that interfere with your breathing: Yes/No
   d. Claustrophobia (fear of closed-in places): Yes/No
   e. Trouble smelling odors: Yes/No

3. Have you **ever had** any of the following pulmonary or lung problems?
   a. Asbestosis: Yes/No
   b. Asthma: Yes/No
   c. Chronic bronchitis: Yes/No
   d. Emphysema: Yes/No
   e. Pneumonia: Yes/No
   f. Tuberculosis: Yes/No
   g. Illness: Yes/No
   h. Pneumothorax (collapsed lung): Yes/No
   i. Lung cancer: Yes/No
   j. Broken ribs: Yes/No
   k. Any chest injuries or surgeries: Yes/No
   l. Any other lung problem that you've been told about: Yes/No

4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?
   a. Shortness of breath: Yes/No
   b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
   c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
   d. Have to stop for breath when walking at your own pace on level ground: Yes/No
   e. Shortness of breath when washing or dressing yourself: Yes/No
   f. Shortness of breath that interferes with your job: Yes/No
   g. Coughing that produces phlegm (thick sputum): Yes/No
   h. Coughing that wakes you early in the morning: Yes/No
i. Coughing that occurs mostly when you are lying down: Yes/No
j. Coughing up blood in the last month: Yes/No
k. Wheezing: Yes/No
l. Wheezing that interferes with your job: Yes/No
m. Chest pain when you breathe deeply: Yes/No
n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you ever had any of the following cardiovascular or heart problems?
   a. Heart attack: Yes/No
   b. Stroke: Yes/No
   c. Angina: Yes/No
   d. Heart failure: Yes/No
   e. Swelling in your legs or feet (not caused by walking): Yes/No
   f. Heart arrhythmia (heart beating irregularly): Yes/No
   g. High blood pressure: Yes/No
   h. Any other heart problem that you've been told about: Yes/No

6. Have you ever had any of the following cardiovascular or heart symptoms?
   a. Frequent pain or tightness in your chest: Yes/No
   b. Pain or tightness in your chest during physical activity: Yes/No
   c. Pain or tightness in your chest that interferes with your job: Yes/No
   d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
   e. Heartburn or indigestion that is not related to eating: Yes/No
   f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you currently take medication for any of the following problems?
   a. Breathing or lung problems: Yes/No
   b. Heart trouble: Yes/No
   c. Blood pressure: Yes/No
   d. Seizures (fits): Yes/No

8. If you've used a respirator, have you ever had any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)
   a. Eye irritation: Yes/No
b. Skin allergies or rashes: Yes/No

c. Anxiety: Yes/No

d. General weakness or fatigue: Yes/No

e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No

11. Do you currently have any of the following vision problems?
   a. Wear contact lenses: Yes/No
   b. Wear glasses: Yes/No
   c. Color blind: Yes/No
   d. Any other eye or vision problem: Yes/No

12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No

13. Do you currently have any of the following hearing problems?
   a. Difficulty hearing: Yes/No
   b. Wear a hearing aid: Yes/No
   c. Any other hearing or ear problem: Yes/No

14. Have you ever had a back injury: Yes/No

15. Do you currently have any of the following musculoskeletal problems?
   a. Weakness in any of your arms, hands, legs, or feet: Yes/No
   b. Back pain: Yes/No
   c. Difficulty fully moving your arms and legs: Yes/No
   d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
   e. Difficulty fully moving your head up or down: Yes/No
   f. Difficulty fully moving your head side to side: Yes/No
   g. Difficulty bending at your knees: Yes/No
   h. Difficulty squatting to the ground: Yes/No
   i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them: ___________________________  
______________________________________________________________

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:
   a. Asbestos: Yes/No
   b. Silica (e.g., in sandblasting): Yes/No
   c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
   d. Beryllium: Yes/No
   e. Aluminum: Yes/No
   f. Coal (for example, mining): Yes/No
   g. Iron: Yes/No
   h. Tin: Yes/No
   i. Dusty environments: Yes/No
   j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: ___________________________  
______________________________________________________________

4. List any second jobs or side businesses you have: ___________________________  
______________________________________________________________

5. List your previous occupations: ___________________________  
______________________________________________________________

6. List your current and previous hobbies: ___________________________  
______________________________________________________________
7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them:

10. Will you be using any of the following items with your respirator(s)?

   a. HEPA Filters: Yes/No

   b. Canisters (for example, gas masks): Yes/No

   c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

   a. Escape only (no rescue): Yes/No

   b. Emergency rescue only: Yes/No

   c. Less than 5 hours per week: Yes/No

   d. Less than 2 hours per day: Yes/No

   e. 2 to 4 hours per day: Yes/No

   f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

   a. Light (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: ____________ hrs. ____________ mins.

Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.

   b. Moderate (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: ____________ hrs. ____________ mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

   3. Heavy (above 350 kcal per hour): Yes/No
If "yes," how long does this period last during the average shift: ___________ hrs. ___________ mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: ___________

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s): ___________

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases): ___________

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: ___________
Estimated maximum exposure level per shift: ___________
Duration of exposure per shift: ___________
Name of the second toxic substance: ___________
Estimated maximum exposure level per shift: ___________
Duration of exposure per shift: ___________
Name of the third toxic substance: ___________
Estimated maximum exposure level per shift: ___________
Duration of exposure per shift: ___________
The name of any other toxic substances that you'll be exposed to while using your respirator:

__________

__________

__________

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

__________

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]
Appendix XX

County Mutual Aid Agreement

The Parishville Volunteer Fire Company, Inc.
INTRODUCTION

Our society has experienced many changes in recent years. Advances in all aspects of modern technology have helped shrink our world and bring us closer together. Although most of us would applaud our rapid progress, it is not without its drawbacks. The very same attributes that typify growth also create dangerous and complex conditions to which Fire and Rescue Services professionals must respond. Even the rural areas of our nation are not immune to possible disaster, either man-made or natural. As professionals our methods of handling day to day medical emergencies work well. However, our usual procedures may not apply when we are confronted with a multiple victim or mass casualty incident. Because of the complexity of multiple patient management, a streamlined mode of operation is in order.

This Multiple/Mass Casualty Incident (MCI) and Mutual Aid Plan has been designed to be used as a tool to help provide an effective rescue and fire service response to an MCI, specifically incorporation all levels of emergency medical resources including, but not limited to, physicians, nurses, public, and private medical service provider agencies. The plan intends to establish a systematic organization in order to provide appropriate emergency medical services when a multiple victim incident occurs. Implementation of this plan will be a benefit to all involved if these procedures become second nature to those who respond to future multiple victim and mass casualty incidents.

By definition, an MCI is any medical emergency that overwhelms the normal first response units. It is characterized first by the number of victims, obviously, and second by a glaring need to streamline all phases of communication during the transport. If the incident is too large or complex to be handled as a multiple casualty incident, the plan can be enlarged to accommodate a mass casualty without any change in the basic structure of the plan.

By definition, mutual aid means the preplanned and organized response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local resources have been expended. The response is predicated upon formal agreements among participating agencies or jurisdictions.

Per NYS DOH BEMS Policy Statement 89-02 Re: EMS Mutual Aid Planning Guidelines and 98-09 Re: ALS Intercepts, Dispatch will use the “closest unit” concept to dispatch mutual aid and ALS units factoring in call location, staffing availability, and direction of travel.
ST. LAWRENCE COUNTY MULTIPLE/MASS CASUALTY AND
MUTUAL AID RESPONSE PLAN

GOALS

In overview, the plan calls for a tiered-response to MCIs such that all mutual aid units, both on stand-by and sent to the scene, are pre-selected and justifiably used. Each rescue district has at least one MCI plan, with some having as many as three. This is a result due to the large districts located in the southern part of the county and numerous units to be utilized in the north. An unconfirmed MCI condition is provided for those incidents that have a potential of large numbers of patients, but cannot be confirmed until arrival on scene. This condition puts five (5) to seven (7) units on stand-by until the responding unit requests an upgrade of the plan.

The confirmed MCI first alarm is what is generally going to be used. It provides for the dispatch of five to seven ambulances to the scene of an MCI, with stand-by coverage for those units automatically done be the dispatcher. A second alarm request will result in the dispatch of an additional five to seven units to the scene with, again, stand-bys automatically done by the dispatcher. Each rescue district has, included in its plan, local hospital information, rescue trucks, and equipment within twenty-five miles. Every effort has been made to include all pertinent information and to make the job of the dispatcher as easy as possible.

Last Updated:
9/8/10
ST. LAWRENCE COUNTY EMERGENCY MEDICAL SERVICES
MUTUAL AID PLAN

RECOMMENDED FOR ADOPTION BY:

ST. LAWRENCE COUNTY EMERGENCY MEDICAL SERVICES COUNCIL

ORIGINAL DATED: JULY 6, 1994
REVISED: DECEMBER 10, 1994
REVISED: DECEMBER 29, 1994
REVISED: JANUARY 28, 1995
REVISED: MARCH 6, 1995

PREPARED AND SUBMITTED

BY THE

ST. LAWRENCE COUNTY EMERGENCY SERVICES ADVISORY BOARD

AUTHORIZED BY

ST. LAWRENCE COUNTY EMERGENCY SERVICES COORDINATOR

PATRICK D. VERSCHNEIDER

DATED 4/24/95

ADOPTED BY COUNTY BOARD OF LEGISLATORS

DATE: __________________________

EFFECTIVE DATE: __________________________

APPROVED BY COUNTY EXECUTIVE __________________________

DATE: __________________________

RESOLUTION NO. ______

ST. LAWRENCE COUNTY MUTUAL AID PLAN

THE COMMITTEE OFFERS THE FOLLOWING
RESOLUTION AND MOVE FOR IT'S ADOPTION AS THE ST. LAWRENCE COUNTY
MUTUAL AID PLAN. A COPY OF THE RESOLUTION IS ATTACHED TO AND
INCLUDED IN THIS DOCUMENT.
ST. LAWRENCE COUNTY EMERGENCY MEDICAL SERVICES

MUTUAL AID AGREEMENT

THIS AGREEMENT, made the ______ day of ____________________ 19____, by and between:

ST. LAWRENCE COUNTY EMERGENCY MEDICAL SERVICES,
located at 48 Court Street, Canton, New York 13617-1194, hereinafter referred to as "EMS",

- and -

located at ____________________________

hereinafter referred to as "AGENCY".
I. PURPOSE

The purpose of this plan is to establish an inter-agency relationship among all ambulance service providers and First Responders based and/or licensed within St. Lawrence County, to provide a mutual assistance between and among these agencies, and to provide continuous cover for the citizens of St. Lawrence County by EMS service.

II. ADMINISTRATION

The St. Lawrence County EMS Mutual Aid Agreement shall be administered by the County of St. Lawrence through the office of the Emergency Medical Services Coordinator.

III. OBJECTIVE

Definition of mutual aid is the organized, supervised, coordinated, cooperation, reciprocal assistance in which personnel, equipment, and physical facilities of all participating agencies regardless of type or size are utilized for emergencies throughout the County of St. Lawrence and adjacent areas.

IV. DEFINITIONS

A. Advanced Life Support: those medical skills, techniques, and didactic areas of study defined by the State of New York for the training of EMT-D's (defibrillation), EMT-I's (intermediate), EMT-Critical Care, and EMT-Paramedic for the immediate care and management of persons in physiological or psychological distress in the pre-hospital or interfacility transfer settings.

B. Advanced Life Support Ambulance: an ambulance, as defined in this section, which contains Advanced Life Support equipment as specified by the State of New York and the Central New York Regional ALS program and, for the purposes of this document, is staffed by Certified EMT-Intermediate, EMT-Critical care or EMT-Paramedic.

C. Advanced Life Support First Responder: an ALS-CFR non-transporting agency.

D. Ambulance: means a motor vehicle, boat, helicopter, or other form of transportation especially designed and equipped to provide emergency medical care during transit.
*E. Ambulance Service: means an agency engaged in providing emergency medical services and/or the transportation of the sick, disabled, or injured persons by motor vehicle, aircraft or other form of transportation to or from facilities providing hospital services.

F. Basic Life Support (BLS): those medical skills, techniques, and didactic areas of study defined by the State of New York for the training of Certified First Responders and Emergency Medical Technicians for the immediate care and management of persons in physiological or psychological distress in the pre-hospital or interfacility transfer settings.

G. Basic Life Support Ambulance: an ambulance vehicle, as defined in this section, which contains Basic Life Support equipment as specified by the State of New York for certified ambulances, and is staffed by a State certified Emergency Medical Technician.

*H. Certified First Responders: an individual who meets the minimum requirements established by regulations pursuant to Section 3002 of Article 30 of the New York State Public Health Law and who is responsible for the administration of initial life saving care of sick and injured persons.

*I. Emergency Medical Service (EMS): means a service engaged in providing initial emergency medical assistance including but not limited to rescue and extrication, the treatment of trauma, burns, respiratory, circulatory and obstetrical emergencies.

J. Multiple Casualty Incident (MCI): any incident which produces a number of patients necessitating assistance from outside the normal jurisdiction. This may be in the form of simple mutual aid for a localized incident or a more extensive response involving county or regional resource in the case of large scale incidents.

K. Mutual Aid: means the pre-planned and organized response of emergency medical services, and other emergency personnel and equipment, to a request for assistance in an emergency when local resources have been expended. The response is predicated upon formal agreements among participating agencies or jurisdictions.
L. Pre-hospital Care: medical care given to persons in a setting other than a hospital with the intent of transporting those persons to a hospital.

M. Primary Response Area: means geographic boundaries used to define emergency medical services response capability by one or more EMS agencies. This can be an EMS district, fire district, village, town, city, and area defined by local statute or contract or a combination thereof.

N. Primary Response Agency(s): means the initial EMS agency(s) responsible for answering calls for service in a specific emergency response area.

* indicates definition referenced from NYS Public Health Law, Article 30 or Part 800, the State EMS Code.

V. AMENDMENTS

Amendments to this plan made be made periodically and will follow this procedure:

A. Amendment prepared by the County EMS Coordinator.
B. Presented by the County Coordinator to the following:
   1. reviewed and recommended by the EMS Council.
   2. reviewed by the departments/agencies participating in the mutual aid plan.
   3. reviewed and recommended by the Article 30 Council
C. Adopted by the County Board of Legislators

VI. ANNUAL REVIEW

Each year this plan shall be reviewed by the County EMS Coordinator and the St. Lawrence County EMS Council.

VII. PARTICIPATION

A. All duly established ambulance services serving in St. Lawrence County may participate in this agreement by filing a certified copy of a resolution adopted by the ambulance service in the office of the County Emergency Medical Services Coordinator. Such a resolution shall state that such ambulance service elects to be a participant in this agreement, has been, thereby, authorized to participate and enter into this agreement and will comply with the provisions of the mutual aid plan. Upon
filing as, hereinabove, provided, such resolution shall bind the ambulance service to the terms of, hereof, as if same had been duly executed. The authorized officer of the agency shall execute an agreement, thereafter, which shall remain on file until terminated.

B. There shall also be filed with the County EMS Coordinator a copy of a resolution adopted by the Legislative Body of each participating city, town, village, Board of Commissioners or other such governing board having jurisdiction over the rescue agencies in the office of the County EMS Coordinator's office. Such resolution shall state that the agency elects to participate in the St. Lawrence County EMS Mutual Aid Plan and will comply with its provisions. The resolution shall state that the Rescue Agency shall recognize a call for assistance from another agency through the St. Lawrence County Central Dispatch Center.

VIII. WITHDRAWAL FROM THE PLAN

Any EMS Agency may elect to withdraw from this agreement by adopting a resolution to that effect. That withdrawal shall become effective thirty (30) days after filing of such notice with the County Emergency Medical Services office.

Withdrawal from this agreement will result in the suspension of mutual aid pursuant to this plan to the agency taking such action.

IX. INSURANCE

Participants in this agreement will be responsible for their own insurance. Each agency is expected to insure their personnel and vehicle(s) regardless of their location or the location of a mutual aid call under the terms in this agreement. Ambulance services responding under this agreement assume full responsibility for their personnel, equipment, and the actions of their personnel in the same manner as in day-to-day operations.

In the case of fire department ambulances, this agreement does not supersede the liability responsibility of the municipality which mutual aid is rendered under New York State General Municipal Law, Section 209, Paragraph 2, as same may be amended.
X. REQUEST FOR MUTUAL AID

Each participating ambulance service may request assistance from another agency pursuant to this plan. All requests are to be routed through the St. Lawrence County Central Dispatch Center. Requests may take, but not limited to, the following forms:

A. request from a County-based ambulance provider.
B. request from an Incident Commander
C. request from the St. Lawrence County Central Dispatch
D. Pre-existing policies for automatic dispatch of ALS ambulance service mutual aid on ALS call types.
E. The depletion of ambulance resources in a given geographical area due to call volume, or inability of local resources to respond.
F. Mechanical breakdown of a responding ambulance to an existing emergency.

XI. COMMAND AND CONTROL

A. County Officers

1. The County EMS Coordinator or the appropriate Deputy Fire/Rescue Coordinator shall assist EMS agencies in mass casualty incidents and/or other situations which call for the response of more than one EMS agency. The County EMS Coordinator for EMS shall assist Rescue Squads and First Responder units in the planning and coordinating of mutual aid services as needed, be it BLS or ALS.

2. The County EMS Coordinator and all deputies shall assist the Mutual Aid and/or the MCI plan and shall oversee the use of radio frequencies licenses by the FCC under the name of St. Lawrence County.

3. The County EMS Coordinator and deputies shall assist the EMS agencies in obtaining additional resources from outside their own territory from other counties and from state and federal sources as necessary and/or requested by the local EMS agency.

B. Incident Commander

1. Each incident shall have an EMS Incident Commander who shall ordinarily be the Senior Officer of the local EMS agency in which territory the incident occurs. If the Incident Commander is not the Senior Officer, he/she should be the designated representative of that officer.

2. The Senior Official of all responding EMS Agencies shall report to the Incident Commander who shall assign
responsibilities. The officers of each responding EMS agency shall, in turn, direct their own personnel in response to the incident.

3. The Incident Commander shall approve all requests for mutual aid and shall direct the activation of the Mutual Aid Plan and or/ MCI Plan as necessary.

XII. MUTUAL AID PARTICIPATION WITH ADJACENT COUNTIES

There is no formal agreement for mutual aid assistance with the neighboring counties of Jefferson, Franklin, and Lewis. Any mutual aid requests for assistance from these counties shall be made through the St. Lawrence County Central Dispatch Center.

XIII. MUTUAL AID REQUESTS WITH CANADA

There is no formal agreement for mutual aid with Canada or any of its Provinces. Any requests for mutual aid shall be made through the St. Lawrence County Central Dispatch Center.

XIV. MULTIPLE/MASS CASUALTY INCIDENTS

This Mutual Aid Plan calls for the St. Lawrence County EMS office to develop and maintain an MCI Response Plan. The MCI Plan shall include the specific procedures to be handled during Multiple/Mass Casualty Incidents.

XV. COMMUNICATIONS

All radio and telephone procedures shall conform to rules and regulation prescribed by the Federal Communication Commission and the St. Lawrence County EMS Coordinator. Participants in this agreement are allowed to have transmitting and receiving capabilities on the following frequencies: F-1 151.355; F-2 154.250; F-3 154.265; EMS 155.340; UHF Med channels.
Wherefore, this agreement has been executed by the duly authorized officers of the respective agencies.

ST. LAWRENCE COUNTY EMERGENCY MEDICAL SERVICES
By: 

Director

Agency: ________________________________

By: ________________________________

Office

I certify that I am the Chief Executive of the governing body of the Parishville Volunteer Rescue Squad and that I have been made aware of the provisions of this agreement prior to signing the same.

4-26-95
(Date)

Dean Sampere
(Name)

Chief

>Title)
ST. LAWRENCE COUNTY MULTIPLE/MASS CASUALTY AND MUTUAL AID RESPONSE PLAN

RESCUE DISTRICT: COLTON

AMBS: 1

UNCONFIRMED MCI/MUTUAL AID RESPONSE:

DISPATCH:
COLTON A232
COLTON FIRE DEPT

STAND-BY:
SOUTH COLTON A231
POTSDAM A261, A262
PARISHVILLE A251
CANTON A131
PIERRPONT FIRE F.R.
HANNAWA FALLS FIRE F.R.

CONFIRMED MCI/MUTUAL AID RESPONSE:

DISPATCH:
COLTON A232
SOUTH COLTON A231
POTSDAM A261, A262
PARISHVILLE A251
CANTON A131
PIERRPONT FIRE F.R.
HANNAWA FALLS FIRE F.R.

STAND-BY
CRANBERRY LAKE A551
POTSDAM A264
PARISHVILLE A252
CANTON A132
RUSSELL A271
TRI-TOWN A533 (HOPKINTON UNIT)

2ND ALARM TO SCENE:
POTSDAM A264
PARISHVILLE A252
CANTON A132
RUSSELL A271

STAND-BY:
POTSDAM A265 (NORWOOD UNIT -REL POTSDAM)
NORFOLK A142
TRI-TOWN A533 (RELOC PARISHVILLE)
RENSS. FALLS A971 - (REL CANTON)
MADRID A201
HERMON A182
CRANBERRY LAKE A551

RESCUE TRUCKS:

PIERRPONT FIRE JAWS
POTSDAM RESCUE JAWS
POTSDAM FIRE JAWS
CANTON FIRE/RESCUE JAWS
MADRID RESCUE AIRBAGS
MADRID FIRE LIGHTS
TRI-TOWN RESCUE LIGHTS

JAWS/BOAT MCI EQUIP
JAWS RAM AIRBAGS LIGHTS
JAWS AIRBAGS LIGHTS
JAWS AIRBAGS LIGHTS
JAWS/BOAT MCI EQUIP

Last Updated: 9/8/10
RESCUE DISTRICT: COLTON

ALS AMBULANCES:

POTSDAM RESCUE  - 4
CANTON RESCUE   - 3
TRI-TOWN RESCUE - 3
NORFOLK RESCUE  - 2
MADRID RESCUE   - 2

AIR RESCUE: ACCESS THROUGH ST. LAWRENCE COUNTY DISPATCH

Last Updated: 9/8/10
ST. LAWRENCE COUNTY MULTIPLE/MASS CASUALTY AND MUTUAL AID RESPONSE PLAN

RESCUE DISTRICT: PARISHVILLE  AMBS: 2

UNCONFIRMED MCI/MUTUAL AID RESPONSE:

DISPATCH
PARISHVILLE A251, A252
PARISHVILLE FIRE

STAND-BY:
POTSDAM A261, A262
TRI-TOWN A533 (HOPKINTON)
COLTON A232
PIERREPONT FIRE CFR
HANNAWA FALLS CFR

CONFIRMED MCI/MUTUAL AID RESPONSE:

DISPATCH
PARISHVILLE A251, A252
POTSDAM A261, A262
TRI-TOWN A533
COLTON A232
PIERREPONT FIRE CFR
HANNAWA FALLS CFR

STAND-BY:
POTSDAM A264
TRI-TOWN A531
SOUTH COLTON A231
CANTON A131
RUSSELL A271

2ND ALARM TO SCENE:
POTSDAM A264
SOUTH COLTON A231
TRI-TOWN A531
CANTON A131

STAND-BY:
POTSDAM A265 (NORWOOD UNIT - RELOC POTSDAM)
RUSSELL A271 (REL COLTON)
TRI-TOWN A532
CANTON A132
NORFOLK A241
ST. REGIS FALLS A157

RESCUE TRUCKS:

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Last Updated: 9/8/10
ST. LAWRENCE COUNTY MULTIPLE/MASS CASUALTY AND MUTUAL AID RESPONSE PLAN

RESCUE DISTRICT: PARISHVILLE

ALS AMBULANCES:
- POTSDAM RESCUE - 4
- TRI-TOWN RESCUE - 3
- CANTON RESCUE - 3

AIR RESCUE: ACCESS THROUGH ST. LAWRENCE COUNTY DISPATCH

Last Updated: 9/8/10