

STANDARD OPERATING GUIDELINES (SOG'S)



**ALLIGATOR POINT / SAINT TERESA
VOLUNTEER FIRE DEPARTMENT**

Standard Operating Guidelines provide detailed instructions and accepted best practices for the daily operations of a fire department. Unlike policies which establish mandatory rules, organizational expectations, and regulatory requirements, SOGs outline the practical methods for performing tasks safely, consistently, and effectively.

These guidelines serve as a reference for responders and support personnel to ensure uniformity in operations, enhance interoperability, support training, and reduce risk during emergency and non-emergency activities. SOGs may allow for situational discretion based on operational conditions, experience, and the judgment of qualified personnel, provided such discretion remains within the scope of department authority and applicable laws.

The following Standard Operating Guidelines are hereby adopted for use by the Alligator Point / Saint Teresa Volunteer Fire Department (APSTVFD) and are effective as of the date listed below. All members shall be responsible for understanding and adhering to these guidelines in the performance of their duties.

Effective Date: 01/15/2026

Fire Chief
Caleb Harper

A handwritten signature in black ink, appearing to read "Caleb Harper".

SOG 1 — RESPONSE & DISPATCH.....	4
1. Purpose.....	4
2. Dispatch Notifications & Information Flow.....	4
3. First Arriving Unit Responsibilities.....	4
4. Staging Procedures.....	5
5. Response to Out-of-District Calls.....	6
6. Cancelled En-Route Protocol.....	6
7. Mutual Aid Requests & Responses.....	6
8. Communications & Radio Etiquette.....	7
9. Termination of Incident.....	8
SOG 2 — FIREGROUND OPERATIONS.....	9
1. Purpose.....	9
2. Size-Up Expectations & CAN Reports.....	9
3. Fire Attack Method Selection.....	9
4. Water Supply (Hydrant / Relay / Draft).....	10
5. Hose Deployment Practices.....	11
6. Exposure Protection Guidelines.....	11
7. Mutual Aid Structural Fires.....	11
8. Rehab / Work: Rest Recommendations.....	12
9. Incident Command System (ICS) Implementation.....	12
10. Assignments by Apparatus Type.....	13
11. Forcible Entry.....	13
12. Primary & Secondary Search.....	13
13. Rescue & Firefighter Rescue (RIT/RIC).....	14
SOG 3 — ALARMS, INVESTIGATIONS & NON-FIRE INCIDENTS.....	15
1. Purpose.....	15
2. Fire Alarm Activation Response.....	15
3. CO Detector Activations.....	15
4. Odor Investigations (Gas / Smoke / Burning).....	16
5. Electrical Hazard Investigations.....	16
6. Utility Emergencies (Gas / Electric / Water).....	17
7. Tree/Wire Down Situations.....	17
8. Illegal Burning / Open Burning Complaints.....	18
9. Documentation & Notifications.....	18
SOG 4 — MOTOR VEHICLE ACCIDENT (MVA) & TRANSPORTATION INCIDENTS.....	19
1. Purpose.....	19
2. MVA Size-Up & Scene Organization.....	19
3. Traffic Control & Roadway Safety.....	19

4. Extrication Operations.....	20
5. Non-Extrication Accident Procedures.....	21
6. Vehicle Stabilization & Power Isolation.....	21
7. Vehicle Fire Attack.....	21
8. Fuel Spills & Minor Hazmat Mitigation.....	22
9. Coordination with Law Enforcement & Towing.....	22
10. Patient Access & Transfer to EMS.....	22
SOG 5 — TECHNICAL & SPECIAL OPERATIONS.....	24
1. Purpose.....	24
2. Operational Scope.....	24
3. General Response Considerations.....	24
4. Floodwater & Swiftwater Incidents.....	24
5. Hazardous Materials (HazMat).....	25
6. Marine / Boat Fires (Shore-Based Support).....	26
7. Technical Rescue Incidents.....	26
8. Command & Coordination.....	27
9. Termination & Demobilization.....	27
SOG 6 — EQUIPMENT & USE.....	28
1. Purpose.....	28
2. General Expectations.....	28
3. SCBA Use & Cylinder Management.....	28
4. PPE Selection by Incident Type.....	28
5. Apparatus Positioning.....	29
6. Pump Operations.....	29
7. Foam Operations.....	29
8. Portable Generator & Lighting.....	30
9. Saw & Power Tool Operations.....	30
10. Hydraulic Rescue Tools (Jaws).....	30
11. Gas Monitoring Equipment.....	31
12. Thermal Imaging Camera (TIC).....	31
13. Ladders — Use & Placement.....	31
14. Ventilation Fans (PPV).....	32
15. Water Supply Shuttle / Tank Operations.....	32
16. Hand Tools (Axes, Halligan, Pike, etc.).....	32
SOG 7 — SPECIAL OPERATIONS SUPPORT.....	33
1. Purpose.....	33
2. Operational Scope.....	33
3. Landing Zone Setup for Air Medical.....	33
4. Joint Operations with State Agencies.....	34
5. Hurricane / Severe Weather Response.....	34
6. Evacuation Support Operations.....	35

7. Storm/Damage Assessment Response.....	35
8. Flooding / Storm Surge Non-Rescue Operations.....	35
9. Command & ICS Integration.....	36
10. Demobilization & Documentation.....	36
Medical Response (EMR-Level, Non-Transport).....	37
1. Dispatched Medical Calls.....	37
2. Infection Control (On Scene).....	37
3. Scene Size-Up & Hazard Assessment.....	37
4. Primary Assessment.....	38
5. Secondary Assessment.....	38
6. Cardiac Arrest.....	38
7. Airway & Breathing Support.....	38
8. Bleeding Control & Tourniquet Use.....	39
9. Trauma Care & Spinal Precautions.....	39
10. Mass Casualty Incidents & Triage (START/SALT).....	39
11. Common Medical Emergencies (Alphabetical).....	39
Allergic Reaction.....	39
Asthma / COPD / Wheezing.....	39
Behavioral / Psychiatric.....	39
Chest Pain.....	40
Diabetic / Altered Mental Status.....	40
Environmental — Cold.....	40
Environmental — Heat.....	40
Gastrointestinal / Nausea / Vomiting.....	40
Overdose / Poisoning.....	40
OB / Pregnancy Complaints.....	40
Seizure.....	41
Shortness of Breath / Respiratory Distress.....	41
Stroke (FAST).....	41
Syncope / Fainting.....	41
12. Lift Assist & Patient Movement.....	41
13. Refusal Prior to EMS Arrival.....	41
14. Transfer of Care to EMS.....	42
15. Documentation.....	42
16. Post-Incident Actions.....	42

SOG 1 — RESPONSE & DISPATCH

1. Purpose

To establish consistent operational practices for response, dispatch notifications, communications, staging, and mutual-aid interactions.

2. Dispatch Notifications & Information Flow

2.1 Primary Dispatch

- All incidents in district are dispatched by Franklin County Sheriff's Office (FCSO).
- Members receive dispatch via:
 - Radio traffic
 - EDispatch app alerts
 - Everbridge text alerts

2.2 Dispatch Information

Dispatch should include (when available):

- call type
- address/location
- nature of emergency
- hazards/notes
- units requested
- updates as information changes

2.3 Member Response Confirmation

- Members responding shall mark their response via EDispatch (Responding to station, Responding to scene, or not available) for awareness.
- Radio confirmation is required for apparatus, not POVs.

3. First Arriving Unit Responsibilities

3.1 First Apparatus or Officer On-Scene

Shall perform the following:

- announce arrival on radio with a brief size-up
- identify incident type and immediate hazards

- establish or pass command
- determine initial actions

3.2 Initial Size-Up

Size-up should include (as appropriate):

- what is seen (e.g., “smoke showing,” “single vehicle MVC,” “nothing evident,” etc.)
- number of patients or structures involved
- need for additional resources
- mode of operation (investigative, offensive, defensive, medical)

3.3 Transfer of Command

Command may transfer to higher-ranking officer upon arrival. Transfer should be:

- face-to-face when possible
- brief but complete

4. Staging Procedures

4.1 Apparatus Staging

When not the first-in unit:

- apparatus shall stage in a location that does not obstruct access
- units shall await assignment before entering scene footprint

4.2 POV Staging

Members responding in POVs shall:

- park off roadway if possible
- avoid obstructing apparatus access
- check in with Command or Accountability upon arrival

4.3 Medical Calls

If EMS is on-scene:

- fire personnel shall stage unless requested for patient access, lifting, or support

5. Response to Out-of-District Calls

5.1 Requests for APSTVFD Out-of-District Response

APSTVFD may respond out-of-district when:

- officially requested by FCSO, EMS, or mutual-aid agency
- operational capacity allows
- no detriment to district coverage exists

5.2 Unit Selection

Command shall determine:

- which units respond
- number of personnel required
- staging or rendezvous point (if needed)

6. Cancelled En-Route Protocol

6.1 Cancellation Conditions

Units may be cancelled by:

- FCSO dispatch
- incident command
- EMS (for medical calls)
- law enforcement (if scene mitigated)

6.2 Cancelled Response Actions

Upon cancellation:

- acknowledge cancellation via radio
- downgrade to Code 2 immediately
- return apparatus to station
- restore unit to service readiness

7. Mutual Aid Requests & Responses

7.1 Requesting Mutual Aid

Mutual aid may be requested when:

- incident exceeds APSTVFD resources
- specialized capability needed

- additional manpower needed
- prolonged incident operations expected

Requests are routed through:

- dispatch center, or
- county emergency management (if escalated)

7.2 Providing Mutual Aid

When APSTVFD is requested:

- Fire Chief or highest-ranking officer determines approval
- responding units check in with receiving Command
- responders operate under Unified Command or host agency ICS

8. Communications & Radio Etiquette

8.1 Radio Discipline

During active incidents:

- keep transmissions brief and relevant
- avoid unnecessary chatter
- use plain language
- acknowledge assignments

8.2 Priority Traffic

The following override all other traffic:

- Mayday / Firefighter Down
- Emergency Evacuation Orders
- Urgent Safety Warnings

8.3 Check-Back & Confirmation

Members shall confirm:

- receipt of orders
- arrival at scene
- completion of tasks (as needed)

8.4 Sensitive Information

Patient information and tactical safety concerns should be conveyed without:

- full names

- unnecessary medical detail
- public disclosure via open channels

9. Termination of Incident

Incident is terminated upon:

- hazard mitigation
- EMS patient transfer or refusal completion
- scene turnover to responsible authority
- all units placed back in service

Command announces:

- termination of command
- units released
- return to quarters

SOG 2 — FIREGROUND OPERATIONS

1. Purpose

To establish consistent operational practices for fireground size-up, tactical decision-making, water supply, assignments, ICS use, and support functions during structural fire incidents.

2. Size-Up Expectations & CAN Reports

2.1 Initial Size-Up

The first arriving officer or qualified member shall provide an initial size-up including:

- building type & occupancy
- conditions (smoke/fire)
- location of fire
- exposure concerns
- water supply needs
- operational mode (offensive / defensive / transitional)
- establishment of command

2.2 CAN Reports

Follow-up progress shall use the CAN format:

- **Conditions** (smoke, heat, extension, hazards)
- **Actions** (what is being done)
- **Needs** (resources, tools, personnel, hose, water)

CAN reports shall be transmitted as conditions change or assignments complete.

3. Fire Attack Method Selection

Command selects the method based on survivability, staffing, and risk profile.

Interior (Offensive) Attack

Used when:

- interior tenability exists
- attack crews are staffed/equipped

- water supply plan established

Requires:

- SCBA
- charged line
- accountability
- radio communications

Transitional Attack

Used to cool fire from exterior prior to entry to:

- reduce interior temperature
- improve tenability
- slow flashover potential

Exterior (Defensive) Attack

Used when:

- structure is not savable
- collapse risk exists
- no viable life hazard
- limited staffing

Changes in mode shall be announced by Command.

4. Water Supply (Hydrant / Relay / Draft)

Water supply options include:

Hydrant Supply

Preferred when available; LDH recommended for long lays.

Relay Pumping

Used to supplement hydrant pressure or move water at distance.

Drafting

Used at static water sources when compatible apparatus are present.

Command shall announce the water supply plan early to avoid delay.

5. Hose Deployment Practices

Hose deployment practices may include:

- preconnected crosslays
- shoulder bundles
- static beds
- LDH for supply

Operational considerations:

- shortest practical stretch
- protect egress paths
- avoid kinks and pinch points
- communicate before charging hose

6. Exposure Protection Guidelines

Exposure protection may involve:

- wetting exposures
- shutting utilities
- relocating combustibles
- positioning lines between fire and exposures

Priority remains:

1. Life Safety
2. Exposures
3. Fire Area

7. Mutual Aid Structural Fires

When responding mutual aid:

- units check in with receiving Command
- no self-deployment into hazard zones
- use Unified Command if established
- follow host SOG/SOP unless unsafe
- report via CAN when assignments complete

When requesting mutual aid:

- request early if conditions warrant
- define needs (manpower / water / apparatus / specialties)

8. Rehab / Work: Rest Recommendations

Rehab shall be established based on:

- prolonged operations
- environmental stressors (heat/humidity/cold)
- SCBA work cycles
- visible fatigue or medical concern

General work:rest considerations:

- 2 SCBA bottle guideline (or equivalent) before mandatory rehab
- hydration and cooling/heating as required
- medical assessment when available

Rehab location shall not obstruct scene operations.

9. Incident Command System (ICS) Implementation

All structure fires shall utilize ICS scaled to incident size.

ICS positions may include:

- Command
- Operations
- Water Supply
- Division/Group assignments
- Accountability
- Safety
- Rehab
- Staging

On small incidents, multiple roles may be fulfilled by one person.

10. Assignments by Apparatus Type

Engine Companies

- fire attack
- search (if staffed)
- exposure protection
- water supply

Brush Units

- perimeter or mop-up on wildland interface
- support exposure protection on vegetation

Tenders (if available)

- water shuttle operations
- dump/fill site operations

Support Apparatus

- lighting
- tools
- rehab
- logistics

Assignments shall match training and capability.

11. Forcible Entry

Forcible entry shall:

- be coordinated with ventilation and fire attack
- protect means of egress
- utilize least-destructive method when no life hazard exists

12. Primary & Secondary Search

Primary Search

- rapid victim-focused search under fire conditions

Secondary Search

- slower, detailed search after knockdown and ventilation

Search status shall be reported to Command including:

- location
- completion
- victim findings (if any)

13. Rescue & Firefighter Rescue (RIT/RIC)

- RIT/RIC shall be established when staffing permits
- team shall have radios and tools staged
- Mayday shall override all other radio traffic
- RIT deployment initiated upon Mayday

RIT may be omitted for exterior-only operations with no life hazard.

SOG 3 — ALARMS, INVESTIGATIONS & NON-FIRE INCIDENTS

1. Purpose

To establish consistent response procedures for alarm activations, hazard investigations, and non-fire public assist incidents within the district.

2. Fire Alarm Activation Response

2.1 Response Mode

- Respond Code 2 unless smoke/fire is reported or confirmed.
- Upgrade to Code 3 if dispatch updates indicate visible smoke, fire, or life hazard.

2.2 Arrival & Investigation

- The first arriving unit provides size-up.
- Access building and investigate activated zones, device types, and areas impacted.
- Utilize elevator keys (if applicable) or building access systems during investigation.

2.3 Alarm System Reset

- APSTVFD **does not reset alarm systems**.
- A responsible party or alarm contractor is responsible for reset and restoration.

2.4 Disposition

- Determine cause: cooking, mechanical, electrical, weather, malfunction, unknown, or fire.
- Notify the responsible party if the system remains in alarm or requires service.

3. CO Detector Activations

3.1 PPE & Detection

- Utilize a 4-gas meter for confirmation.
- SCBA shall be worn until the atmosphere is deemed safe.

3.2 Actions

- Identify and secure likely sources (e.g., appliances, vehicles in garage, generators).
- Ventilate structure as needed.
- Advise occupants if unsafe to reoccupy.

3.3 Medical Considerations

- If symptoms present, notify EMS for evaluation.

4. Odor Investigations (Gas / Smoke / Burning)

4.1 Natural Gas / Propane

- Utilize 4-gas meters for atmospheric monitoring.
- Avoid ignition sources.
- Notify the utility company for shutoff/verification.
- Evacuate if concentrations or hazards warrant.

4.2 Smoke / Burning Odors

- Trace odor source from HVAC, attic, mechanical rooms, or kitchens.
- Check for:
 - overheated appliances/motors
 - electrical faults
 - fireplace/chimney issues
 - weather-driven infiltration

5. Electrical Hazard Investigations

Electrical hazard responses may include:

- arcing/sparking equipment
- transformer issues
- down lines near structures
- panel overheating

Operational guidance:

- treat downed wires as energized until utility confirms otherwise
- keep public and responders clear
- establish perimeter and hazard zone
- request utility company for isolation and verification

APSTVFD does not enter energized spaces or operate electrical equipment beyond shutoffs accessible and safe to use.

6. Utility Emergencies (Gas / Electric / Water)

Gas Leaks

- isolate ignition sources
- evacuate if needed
- request gas utility for shutoff/service

Electrical

- treat lines and equipment as energized
- secure area
- request power utility

Water

- secure building shutoffs if accessible and safe
- assist with damage mitigation (as reasonable)

Utilities have jurisdictional authority for final mitigation.

7. Tree/Wire Down Situations

Operational priorities:

1. life safety
2. scene safety
3. roadway access
4. traffic control

Guidelines:

- do not move trees entangled with wires
- do not cut trees under tension or structural load

- coordinate with county road department or utility as appropriate

8. Illegal Burning / Open Burning Complaints

Upon dispatch for illegal burning:

- investigate burn location and fuel type
- determine if burn falls under lawful exemptions (cooking, warming, etc.)
- notify appropriate authority (County, Forestry, or Sheriff) if enforcement is required

Suppression may occur if:

- fire threatens exposures
- burn is unattended
- burn violates seasonal restrictions
- burn presents life/property hazard

9. Documentation & Notifications

Documentation expectations (when applicable):

- cause
- findings
- utility involvement
- notifications made
- hazards mitigated or turned over

Notifications may include:

- law enforcement
- utility companies
- alarm contractors
- property owners

SOG 4 — MOTOR VEHICLE ACCIDENT (MVA) & TRANSPORTATION INCIDENTS

1. Purpose

To establish consistent response procedures for motor vehicle accidents and related transportation incidents including patient access, scene safety, traffic control, and coordination with EMS and law enforcement.

2. MVA Size-Up & Scene Organization

2.1 Initial Size-Up

First arriving unit or officer should provide a size-up including:

- number of vehicles involved
- roadway status (blocked, partial, off-road)
- injuries (reported or suspected)
- entrapment status
- hazards (fuel, fire, power lines, terrain)
- access/egress considerations

Example:

“Engine 1 on scene, two vehicles, moderate damage, one lane blocked, no entrapment, establishing command.”

2.2 Scene Organization

Command shall establish:

- apparatus placement
- safe work zones
- triage and treatment areas
- traffic control
- tool staging
- access for EMS and tow units

3. Traffic Control & Roadway Safety

Roadway incident priorities:

1. responder safety
2. patient/public safety
3. scene stabilization

Guidelines:

- place apparatus at an angle to create block
- consider additional units for upstream blocking if needed
- deploy cones/lighting as conditions allow
- wear high-visibility vests on roadway incidents unless actively firefighting

Traffic control coordination may involve:

- law enforcement
- DOT/County road department

4. Extrication Operations

Extrication shall be conducted when:

- occupants are trapped by vehicle damage
- patient condition prevents self-extrication

Operational components include:

- tool staging
- cribbing/stabilization
- glass management
- cutting/spreading operations

Command shall establish:

- **Extrication Group**
- **Access & Egress**
- **EMS interface**

During cutting operations:

- maintain clear communication
- protect patient with shielding
- avoid unnecessary movement of vehicle before stabilization

5. Non-Extrication Accident Procedures

If no entrapment:

- establish patient access
- initiate EMS care
- maintain traffic control
- mitigate simple hazards (fluids, debris)
- maintain lane safety until cleared

Minor incidents may be turned over to law enforcement or tow agencies.

6. Vehicle Stabilization & Power Isolation

Stabilization should be completed before:

- entering vehicle
- beginning patient care in compromised positions
- initiating extrication

Stabilization may include:

- cribbing
- step chocks
- wedges
- struts (if equipped)

Power isolation:

- attempt to place vehicle in park and set brake (if feasible)
- disconnect or cut 12V battery cables when practical and without risk

Hybrid/electric vehicles require additional considerations:

- avoid orange high-voltage components
- consider delayed energy discharge
- do not cut HV cabling

7. Vehicle Fire Attack

For vehicle fires involved in MVCs:

- approach from upwind/side
- utilize dry chemical for fuel/engine compartment fires when indicated
- utilize hoseline for full involvement or exposures
- protect occupants and rescuers first
- ensure complete extinguishment, including trunk and underbody

8. Fuel Spills & Minor Hazmat Mitigation

Minor roadway spills may be mitigated with:

- absorbent product
- sweeping/shoveling
- notification to DOT/road authority if needed

Fuel spill considerations:

- eliminate ignition sources
- do not wash fuel into storm drains or waterways
- request HazMat resources if quantity exceeds safe mitigation capacity or involves hazardous chemical cargo

9. Coordination with Law Enforcement & Towing

Law enforcement may assume:

- traffic control
- crash investigation
- roadway closure authority

Tow operators shall:

- not access hot zones until released by Command
- be briefed on hazards (battery location, fuel leaks, instability)
- have clear ingress/egress routes

Command shall release vehicles and roadway segments when no longer needed for patient care or hazard mitigation.

10. Patient Access & Transfer to EMS

Patient care priorities:

- gain access safely
- stabilize vehicle before treating
- maintain spinal alignment if indicated
- avoid movement until EMS evaluates

Upon EMS arrival:

- provide concise hand-off including:
 - number of patients
 - suspected injuries/mechanisms
 - entrapment duration (if applicable)
 - interventions performed

APSTVFD functions as **first responder non-transport** — EMS assumes medical authority on patient care and transport decisions.

SOG 5 — TECHNICAL & SPECIAL OPERATIONS

1. Purpose

To provide guidelines for handling incidents involving special hazards or technical rescue environments while keeping operations within APSTVFD capabilities and ensuring appropriate mutual aid is requested.

2. Operational Scope

APSTVFD operates in a **supporting role only** during technical and special operations incidents. Responders:

- do not enter hazardous environments
- do not perform water, dive, technical, or confined-space rescues
- provide patient care once victims are removed from hazard zones
- support command and incoming rescue resources

3. General Response Considerations

Upon arrival, conduct size-up addressing:

- nature of hazard
- victims present
- access/egress limitations
- exposure hazards
- specialized resources needed

Primary responsibilities include:

- hazard isolation/denial of entry
- perimeter establishment
- communications
- resource coordination
- EMR support after victim removal

4. Floodwater & Swiftwater Incidents

APSTVFD does **not** perform any form of water rescue.

Operational role includes:

- scene safety & perimeter control
- identifying safe zones
- preventing bystander/self-rescue attempts
- requesting appropriate agencies
- providing EMR care after removal from hazard
- assisting with landing zones (if needed)

Common requesting agencies:

- FWC
- US Coast Guard
- Sheriff's Marine Units
- Florida Park Service
- Mutual aid technical rescue assets

5. Hazardous Materials (HazMat)

APSTVFD functions at **Awareness Level** only.

Allowed actions:

- hazard recognition from a safe distance
- isolating and denying entry to hazard area
- controlling ignition sources
- exposure protection if safe/defensive
- relaying hazard information to dispatch and incoming teams
- providing EMR care in cold zone

Prohibited actions:

- offensive entry
- plugging/patching/sealing operations
- offensive decontamination
- handling unknown substances
- cutting, drilling, or breaching containers

HazMat resources shall be requested for:

- unknown substances
- transportation/tanker incidents

- pressurized cylinders
- large or complex spills
- agricultural/industrial chemical releases

6. Marine / Boat Fires (Shore-Based Support)

APSTVFD may engage in **shore-based firefighting only**.

Permitted actions:

- applying hose streams from land or dock
- exposure protection for docks, structures, and nearby vessels
- securing shoreside power/fuel sources (if safe)
- EMR care after victim removal

Prohibited actions:

- boarding vessels
- dive operations
- water entry
- marine-based suppression from vessels

Mutual aid agencies may include:

- FWC
- USCG
- Sheriff's Marine Units
- Marine tow/response companies

7. Technical Rescue Incidents

Includes:

- rope/high-angle rescue
- confined space rescue
- trench/collapse rescue
- machinery entrapments
- large-area technical search

APSTVFD shall:

- establish safe perimeter

- deny entry into hazard environment
- maintain victim communications (if safe)
- coordinate arrival of technical rescue teams
- provide cold-zone support (lighting, manpower, EMS)
- transition care to EMS upon victim removal

No interior/entry-based rescue actions shall be performed by APSTVFD.

8. Command & Coordination

APSTVFD shall:

- establish Incident Command until relieved
- identify operational zones (hot, warm, cold)
- manage accountability for responders and mutual aid
- coordinate with EMS, law enforcement, and external agencies
- prepare for unified command when applicable

Operations continue until:

- hazards are mitigated,
- patient care is transferred, or
- command releases the department.

9. Termination & Demobilization

Upon completion:

- apparatus shall be returned to service
- equipment cleaned and restocked
- exposures or injuries reported per SOP
- command may conduct brief hotwash if incident met threshold for learning value

SOG 6 — EQUIPMENT & USE

1. Purpose

To establish guidelines for the safe, effective, and standardized use, deployment, and maintenance of equipment carried by APSTVFD. This SOG ensures consistent operations, prolongs equipment service life, and enhances responder and public safety.

2. General Expectations

All members shall:

- operate equipment only if trained and authorized
- inspect equipment before and after use
- report damage or malfunction immediately
- return equipment to its designated location after use

No equipment shall be altered, modified, or repaired without authorization from command.

3. SCBA Use & Cylinder Management

SCBA shall be worn:

- for IDLH atmospheres (fire, smoke, toxic gas)
- during unknown air quality investigations
- during overhaul until atmosphere is monitored and cleared

Cylinder Management:

- cylinders shall be filled to rated capacity
- empty cylinders replaced immediately
- cylinders inspected weekly during truck checks
- hydro dates monitored by Safety Officer or designee

4. PPE Selection by Incident Type

Minimum PPE expectations:

- Structure fire: full structural ensemble with SCBA

- Brush/wildland: brush gear or structural coat, gloves, helmet, eye protection
- MVC: helmet, gloves, eye protection, high-visibility vest
- Medical response: gloves, eye protection, vest
- Hazmat/odor investigation: structural PPE with SCBA until monitored

Members shall not downgrade PPE without approval from command.

5. Apparatus Positioning

Apparatus shall be positioned to:

- protect responders with blocking angles
- maintain ingress/egress access
- consider water supply direction and hose lay
- maintain safe distance from hazards

Engines should spot for:

- front door access during structure fires
- pump panel away from collapse zone
- ladders accessible for deployment

Brush units should maintain escape paths during wildland incidents.

6. Pump Operations

Only qualified pump operators may operate pumps.

Pump operators shall:

- set water supply source
- confirm discharge pressures
- monitor tank level, temperature, RPMs
- communicate water supply status to command
- shut down progressively after handlines are recovered

7. Foam Operations

Foam use shall be limited to:

- flammable liquid spills
- vehicle fires

- brush fires (as needed for mop-up)

Operators shall:

- confirm correct foam type and percentage
- flush lines after use to prevent fouling
- document concentrate usage for replacement

8. Portable Generator & Lighting

Generators shall be operated:

- in open, ventilated spaces
- with electrical cords routed to avoid tripping
- with proper grounding if required by manufacturer

Lighting shall be deployed for:

- nighttime operations
- landing zones
- extended incidents

9. Saw & Power Tool Operations

Tools include:

- chainsaws
- cutoff saws
- reciprocating saws

Operators shall:

- wear eye, ear, hand, and leg protection as applicable
- inspect tools before operation
- shut down for refuel or repositioning
- avoid cutting overhead energized lines or tensioned objects

10. Hydraulic Rescue Tools (Jaws)

Use only by trained personnel.

Operators shall:

- stabilize vehicle prior to cutting
- isolate battery power
- coordinate with EMS for patient contact
- avoid cutting pressurized cylinders or undeployed airbags
- maintain tool staging and hose discipline

11. Gas Monitoring Equipment

4-gas or multi-gas meters shall be used for:

- CO alarms
- smoke/odor investigations
- overhaul operations
- confined or unknown atmospheres

SCBA shall be worn until readings confirm safe atmosphere by meter.

12. Thermal Imaging Camera (TIC)

TIC shall be used for:

- interior search
- locating fire extension
- checking basement/attic spaces
- post-knockdown overhaul
- victim search

TIC does not replace physical search or fire investigation.

13. Ladders — Use & Placement

Ground ladders shall be deployed for:

- primary/secondary egress
- roof access
- rescue
- window access and ventilation

Operators shall consider:

- climbing angle (75° recommended)
- clearance from energized electrical lines

- ladder footing and overhead hazards

14. Ventilation Fans (PPV)

Positive Pressure Ventilation (PPV) shall be initiated after:

- fire control has begun, and
- interior crews are informed, and
- exhaust path is established

PPV should not be used in:

- unknown fire location
- backdraft potential
- unvented basement fires

15. Water Supply Shuttle / Tank Operations

For non-hydrant areas:

- tenders (if present) shall supply engines via portable tanks
- engines draft from tanks when static water sources are not available
- water usage shall be communicated to command frequently

Priority is to maintain uninterrupted water during interior fire attack.

16. Hand Tools (Axes, Halligan, Pike, etc.)

Tools shall be:

- deployed as assigned
- staged after use in designated area
- inspected for damage
- cleaned and returned to storage

Sharp edges shall be protected during apparatus storage.

SOG 7 — SPECIAL OPERATIONS SUPPORT

1. Purpose

To establish guidelines for APSTVFD support operations involving aviation-based medical transport, joint operations with state agencies, and disaster/weather-related incident response within department capabilities.

2. Operational Scope

APSTVFD provides **support-only operations** in these categories and shall not exceed departmental training or capability.

Primary functions include:

- hazard mitigation (non-rescue)
- scene support
- communications/coordination
- EMR care after patient removal
- post-incident assessment & reporting

3. Landing Zone Setup for Air Medical

When air medical transport is requested, APSTVFD may be assigned Landing Zone (LZ) operations.

LZ Site Selection:

Preferred:

- 100' x 100' minimum
- firm, level ground
- free of debris, wires, poles, trees, signs, and loose objects

Marking & Lighting:

- mark corners with vehicles, cones, or lights
- avoid shining lights upward toward aircraft
- secure loose objects prior to landing

Response & Communications:

- designate an LZ Officer
- coordinate on assigned aviation frequency (if provided)
- keep all personnel outside rotor arc
- do not approach aircraft unless directed by flight crew

Safety Considerations:

- helmets, eye protection, and vests recommended
- no smoking or open flames
- control bystanders
- shut down apparatus warning lights if instructed by flight crew

4. Joint Operations with State Agencies

The district frequently overlaps operations with:

- FWC
- Florida Park Service
- Florida DEP
- USCG
- Sheriff's Office
- county emergency management

APSTVFD shall:

- operate within ICS structure
- utilize unified command where appropriate
- defer enforcement authority to law enforcement and state agencies
- assist with medical, logistics, and scene control as requested

Personnel shall not enforce wildlife, environmental, vessel, or park law.

5. Hurricane / Severe Weather Response

APSTVFD shall not staff stations, respond, or deploy resources once winds reach or exceed the department's operational safety threshold (defined elsewhere in existing SOP as **40 mph sustained**). Members shall comply with evacuation orders.

Prior to storm arrival, APSTVFD responsibilities may include:

- equipment prep
- station securing

- apparatus relocation (if required)
- internal accountability check-ins

During storm impact:

- no field deployment will occur once operations are suspended
- communications shall be maintained via internal channels as able

After storm passage:

- operations resume once cleared by command and conditions are safe

6. Evacuation Support Operations

When local authorities issue evacuation orders, APSTVFD may support by:

- providing information to residents
- coordinating with Emergency Management
- assisting with traffic direction (if requested)
- staging resources for post-storm operations

APSTVFD does **not** perform mandatory removal or physical evacuation of residents.

7. Storm/Damage Assessment Response

After severe weather or hurricane events, APSTVFD may:

- conduct windshield-level assessments
- report blocked roadways, power lines, hazards, and flooding
- identify inaccessible areas
- relay findings to Emergency Management and utilities

Assessments are for safety and situational awareness; they are **not** building inspection or insurance assessment.

8. Flooding / Storm Surge Non-Rescue Operations

APSTVFD does **not** perform:

- water entry
- boat-based rescue
- floodwater/swiftwater rescue

- vehicle-in-water rescue
- evacuations from flooded structures

Permitted actions include:

- securing scene & perimeter
- requesting appropriate rescue resources
- aiding EMS after victim removal from hazard zone
- hazard identification and reporting
- public information relay (if requested)

Rescue assets may include:

- FWC
- USCG
- Sheriff's Marine Units
- Florida Park Service
- specialized technical rescue teams

9. Command & ICS Integration

For all listed incident types, APSTVFD shall:

- establish Incident Command until relieved
- integrate with unified command when multiple agencies are present
- maintain accountability for personnel
- ensure communications discipline

10. Demobilization & Documentation

After operations:

- apparatus restored to service
- communications logged (if required)
- hazards reported through proper channels
- any injuries/exposures documented per safety policy

Medical Response (EMR-Level, Non-Transport)

Introduction:

Responders provide EMR-level, basic life support assistance on dispatched medical calls within the APSTVFD response area until Franklin County EMS arrives and assumes patient care. Responders deliver supportive care within their training level, do not transport patients, and do not assist with or administer medications. Responders avoid making medical diagnoses and document objective observations only.

1. Dispatched Medical Calls

- Responders respond to medical calls when dispatched by FCSO.
- The nearest practical resource responds. This may be an apparatus or other staffed unit capable of providing EMR-level care.
- Additional responders may respond as needed but should avoid unnecessary congestion at the scene.
- Responders position apparatus for scene protection, access, and lighting when appropriate.
- Responders communicate relevant scene information to dispatch such as hazards, access issues, or needs for law enforcement or additional EMS.

2. Infection Control (On Scene)

- Responders wear gloves for all patient contact and change them if torn or heavily soiled.
- Eye and face protection is used for bleeding, coughing, or vomiting patients.
- Responders avoid touching radios, phones, writing tools, and cab interiors with contaminated gloves.
- Gloves are removed before re-entering the apparatus.
- If a responder is exposed to blood or body fluids, the exposure is reported after the incident and an exposure report completed.

3. Scene Size-Up & Hazard Assessment

- Responders assess scene safety, number of patients, and the nature of the illness or injury upon arrival.
- Common hazards include traffic, animals, bystanders, weapons, unstable surfaces, and environmental factors.
- If hazards are present that cannot be controlled, responders stage in a safe area until FCSO or appropriate resources secure the scene.

- Responders identify patient access points and communicate information to incoming EMS if needed.

4. Primary Assessment

- Responders form an initial impression, check responsiveness, airway, breathing, circulation, and identify life threats.
- Responders provide EMR-level interventions such as CPR, AED use, bleeding control, and airway positioning as indicated.
- Responders avoid delays in addressing immediate life-threatening conditions.

5. Secondary Assessment

- If time and patient condition allow, responders gather additional information including SAMPLE history, OPQRST for pain, and vital signs if equipment is available.
- Secondary assessment does not delay EMS transport decisions once EMS is on scene.
- Findings are documented objectively after the incident.

6. Cardiac Arrest

- Responders begin CPR immediately if cardiac arrest is suspected.
- An AED is applied as soon as available and responders follow device prompts.
- If staffing allows, responders rotate compressors approximately every two minutes.
- Responders communicate witnessed events and relevant times to EMS.

7. Airway & Breathing Support

- Responders use airway positioning techniques such as head tilt–chin lift or jaw thrust.
- Barrier devices may be used for ventilations if trained and comfortable.
- Supplemental oxygen may be used if permitted by the Franklin County EMS Director and available.
- Responders do not use airway adjuncts or medication-based breathing treatments beyond EMR training.

8. Bleeding Control & Tourniquet Use

- Responders use direct pressure and pressure dressings for bleeding control.
- If bleeding is not controlled, responders apply a tourniquet above the injury.
- Wound packing may be used if responders are trained and supplies are available.
- Tourniquet application times are noted and relayed to EMS.

9. Trauma Care & Spinal Precautions

- Responders avoid unnecessary movement of trauma patients and consider spinal motion restriction when indicated by mechanism or patient complaint.
- Responders may move a patient due to environmental hazards or at EMS direction.
- Considerations are communicated to EMS upon arrival.

10. Mass Casualty Incidents & Triage (START/SALT)

- Responders perform quick triage on multi-patient incidents using START or SALT methods until EMS arrives.
- Patients who can walk may be directed to move to a safe location.
- Responders provide minimal life-saving interventions during triage.
- EMS assumes triage and transport decision-making once on scene.

11. Common Medical Emergencies (Alphabetical)

Allergic Reaction

- Responders remove patients from allergen sources if possible.
- Responders monitor for airway or breathing changes.
- EMS handles medication use; responders do not assist with auto-injectors.

Asthma / COPD / Wheezing

- Responders assist with positioning and reducing triggers.
- Responders may allow patients to use their own inhaler independently.
- Oxygen may be used if permitted.

Behavioral / Psychiatric

- Responders maintain a calm scene and avoid escalation.

- Responders request law enforcement if safety becomes uncertain.
- EMS handles medical clearance concerns.

Chest Pain

- Responders reduce exertion and stress.
- AED is kept available.
- Responders do not administer aspirin, nitro, or other medications.

Diabetic / Altered Mental Status

- Responders observe for confusion, sweating, or unconsciousness.
- Responders do not administer food, drink, or oral glucose.
- Responders check for medical alert bracelets and relay findings to EMS.

Environmental — Cold

- Responders use passive rewarming and remove wet clothing if feasible.
- Excessive rubbing of extremities is avoided.

Environmental — Heat

- Responders move patients to shade or cooler areas.
- Responders apply cooling measures such as airflow or cool compresses.

Gastrointestinal / Nausea / Vomiting

- Responders protect the airway and provide an emesis container if available.
- Responders do not give food or drink.

Overdose / Poisoning

- Responders protect the airway and place in recovery position if unresponsive with breathing.
- Responders do not induce vomiting or administer substances.
- Relevant information about substances is relayed to EMS.

OB / Pregnancy Complaints

- Responders maintain privacy and reassurance.
- Responders do not conduct invasive examinations.
- Rapid EMS involvement is prioritized.

Seizure

- Responders prevent injury by clearing surroundings.
- Responders do not restrain the patient.
- After seizure, responders monitor airway and breathing.
- Seizure times are relayed to EMS if known.

Shortness of Breath / Respiratory Distress

- Responders position patients for comfort (often upright).
- Reassurance is provided and exertion minimized.
- Oxygen may be used if permitted.

Stroke (FAST)

- Responders use FAST screening to identify possible stroke.
- Last known well time is gathered if known.
- Responders do not provide food or drink.
- Findings are relayed to EMS promptly.

Syncope / Fainting

- Responders check for injuries from fall.
- Supine positioning and leg elevation may be used if no trauma is suspected.
- Responders monitor for recurrence and report findings to EMS.

12. Lift Assist & Patient Movement

- Responders assist with lifting and repositioning when requested and when safe.
- Stair assists and sheet drags may be used depending on the environment.
- Responders do not transport patients in fire department vehicles or personal vehicles.

13. Refusal Prior to EMS Arrival

- If a patient declines care before EMS arrival, responders do not force treatment.
- Responders remain available until EMS arrives if the scene remains safe.
- EMS handles formal refusal documentation and decision-making.

14. Transfer of Care to EMS

- When EMS arrives, responders provide a brief and objective verbal report including observations, care given, and notable times.
- EMS assumes patient care authority upon arrival.
- Responders remain available to assist EMS if requested.

15. Documentation

- Responders complete the APSTVFD EMR Report after medical responses.
- Documented entries are objective and include times, care performed, and transfer of care details are included.

16. Post-Incident Actions

- Responders restock equipment and supplies and clean/disinfect as needed.
- Exposure incidents are reported.
- Documentation is turned in so the call can be logged.