



**Outreach Course/Regional Delivery SCBA/ Work Evolutions Safety  
Officer Checklist**

***To be implemented during any OFPC Outreach/Regional course  
delivery when deemed necessary by the program manager.***

**Course:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Course #:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Lead Instructor:** \_\_\_\_\_ **#:** \_\_\_\_\_

**Safety Officer:** \_\_\_\_\_ **#:** \_\_\_\_\_

If participant suffers injury during State Fire Instructor led course, contact 518-474-6746

Submit this completed form to [OFPC.Training@dhSES.ny.gov](mailto:OFPC.Training@dhSES.ny.gov)

**1. Learning Environment Preparations**

- \_\_\_\_\_ High heat/ extreme cold weather condition preparations in place in accordance with OFPC Severe Weather/ Heat Stress Policy
- \_\_\_\_\_ Instructor and EMS/ Rehab staff communications plan reviewed. If radios used, confirm proper operating channel with operational radio check
- \_\_\_\_\_ Training sites, prop(s), equipment, and PPE inspected for safety hazards, hazards eliminated and monitoring plan in place
- \_\_\_\_\_ Any safety device installed on any prop shall be tested for proper operation prior to use.
- \_\_\_\_\_ Props should be configured so that a participant will be fully accessible by an instructor in a quick and efficient manner and able to get to EMS care immediately.
- \_\_\_\_\_ Entanglement/ reduced profile obstacle sections shall be directly observed by instructors at any time it is occupied



\_\_\_\_\_ Incapacitated Participant removal plan shall be developed and reviewed with all instructors and EMS personnel on site by the safety officer

**2. Rehabilitation Station(s) established and staffed when required by the Rehabilitation and Medical Evaluation Procedure or local policy that meets or exceeds OFPC's policies.**

\_\_\_\_\_ EMS/ Rehab personnel have been briefed on the Rehabilitation and Medical Evaluation Procedures by Safety Officer and understand their assigned tasks

\_\_\_\_\_ All participants have had baseline medical screening completed prior to performing evolutions (Questions of allowing student participation shall be referred to the EMT's medical director)

\_\_\_\_\_ Rehabilitation Station established in accordance with Rehabilitation and Medical Evaluation Procedures

\_\_\_\_\_ Appropriate amount of drinking water is available for the number of participants according to the OFPC Live Fire Policy

\_\_\_\_\_ Plan for participant health status monitoring and documentation according to the Rehabilitation and Medical Evaluation Procedures is reviewed and respective equipment is available on site.

\_\_\_\_\_ Electrolyte drinks and food/ nutrient replacement supplies available at the Rehabilitation Station if evolutions will proceed longer than 3 hours. (Provided by students when training facility does not have it available)

**3. If SCBA is used for skill, Air Management / Cylinder use log (monitored by IC or lead instructor)**

\_\_\_\_\_ Participants are coached to report air gauge readings/ participant status with PAR at change of assignment or completion of task

\_\_\_\_\_ Air Management/ cylinder use recorded by IC or IC aide (OFPC provided SCBA cylinder use log)



#### 4. Participant Safety Briefing

\_\_\_\_\_ The Safety Officer shall Brief evolution participants to report any of the following health cues to the closest instructor/ staff member during the evolutions. The Safety Officer will read the following and clarify the points with all participants:

***Performance of this evolution's activities includes the potential of wearing of full firefighter protective clothing and/or SCBA. Performing these tasks in the protective envelope can be physically demanding, mentally stressful and make you feel uncomfortable. While an objective of this evolution is to develop your comfort level working in this protective envelope you will notify your team leader and/ or an instructor/ staff member if you or your fellow team members experience any of the following health signs or symptoms:***

***Health evaluation cues that may include:***

- i. Chest pain***
- ii. Dizziness/ near syncopal episode***
- iii. Shortness of breath or difficulty breathing***
- iv. Weakness***
- v. Nausea or vomiting***
- vi. Headache***
- vii. Cramps***
- viii. Symptoms of heat or cold related stress***
- ix. Changes in gait, speech, or behavior (difficulty in securing PPE/ SCBA, extreme Loss of fine motor skills functions)***
- x. Altered mental status (inability to communicate and understand directions)***
- xi. Skin color and temperature extremes/ changes***
- xii. Changes to the Student's general feeling of wellness***

***You will communicate "Mayday, Mayday, Mayday" verbally or by radio, if so equipped, or activate your PASS Alarm if you experience any of the above health cues. An instructor or EMS staff member will immediately assist you and take the appropriate action.***

***Are there any questions about these signs and symptoms or the means to communicate them during the evolution?***

\_\_\_\_\_ Brief Participants that if they experience any Unplanned activation of a PASS device or EOSTI (low air alarm) that it will be treated as an actual emergency and the alert will be evaluated by the closest instructor using the **NO-GO, Pause-GO, GO quick assessment**



\_\_\_\_\_ Instructors and EMS staff have been briefed on the participant **NO-GO, PAUSE-GO, GO quick assessment** as described below:

**The participant NO-GO, PAUSE-GO, GO quick assessment:**

- Is participant not alert or unconscious? **Then NO-GO**
  - Is participant's breathing rate so heavy and frequent that they cannot speak a complete sentence without a break after each word? **Then NO-GO**
  - Is their skin color extremely pale or extremely red and sweating profusely? **Then NO-GO**
- If the instructor identifies that the participant reports any potential **health evaluation cues** as mentioned during the safety briefing, the participant will be an **immediate NO-GO** and EMS will be summoned to attend to the participant.
  - Is participant NOT looking at you when you are speaking to them? **Then PAUSE-GO**
  - The participant CANNOT unbuckle and buckle their SCBA waist strap or perform any other fine motor skill? **Then PAUSE-GO**
  - If the participant CANNOT correctly answer a simple one-word answer question from the course curriculum, such as "Name a part of the fire triangle." **Then PAUSE-GO**
- If instructor deems that the participant is a **PAUSE-GO** by missing any one of the above criteria, the instructor will **stop** the participant and **coach** them to control their breathing by Box Breathing or breathing in the nose and out the mouth until the participant can correct the problem
  - If after trying to control their breathing the participant still cannot perform all 3 **PAUSE-GO** questions, they are a **NO-GO** and EMS should be called to the participant or should be escorted to EMS/ Rehab for evaluation.
- If no problem is identified with the PASS or EOSTI alarm activation, then participant is a **GO**

**5. Unusual Occurrences (document any participant maydays, NO-GO assessments, injuries or illnesses)**

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**6. Any recommendations or corrective measures needed to be relayed back to the program manager by the Safety Officer or instructors?**

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