



INTER-OFFICE MEMORANDUM

PRINCE GEORGE'S COUNTY, MARYLAND

January 24, 2019

TO: All Sworn, Civilian, and Volunteer Personnel **Memo #19-07**

FROM: Benjamin M. Barksdale
Fire Chief *DBR*

RE: Sharon Road Safety Investigation Report and Summary

The Sharon Road Safety Investigation Report, publicly released today, identifies 12 specific recommendations to improve the Prince George's County Fire/Emergency Medical Services (EMS) Department's preparedness, operations, and response. As it was always my intention to be transparent about contributing factors and all recommendations, the SIT summary I requested is also being released today for full disclosure. The report released by the National Institute of Occupational Safety and Health (NIOSH) on November 27, 2018, identified eight (8) recommendations, most of which overlap with the internal agency report recommendations.

Please join me in thanking the agency Safety Investigation Team (SIT) for their focus and hard work required to produce a thorough report:

Matthew Miller, Battalion Chief, Chair
Denny Chatel, Assistant Fire Chief
William Corrigan, Volunteer Chief
Robert Bilko, Captain
Christopher Blackistone, Captain
Kevin Dunn, Captain
Daniel Frost, Captain
Amy Gunn, Captain

James Jiron, Captain
Rafael Wells, Captain
Amos Scott, Firefighter
Teresa Meunier, Risk Management
Xiomara Lozano-Chevez, ESC
Kristofer DeMatta, IAFF Local 1619
Michael Adams, IAFF Local 1619
J. Robert Breen, Fire Commission
Thomas Ray, PGCVFRA

As was shared last month in All Sworn, Civilian, and Volunteer Personnel Memo #18-60, the Sharon Road Safety Investigation Team Recommendation Implementation Task Force (SIT-RI-TF) has now been established and is comprised of career and volunteer members, to identify and analyze solutions for each recommendation. The first meeting is scheduled for next week, and the Task Force will provide me their initial response within 120 days thereafter. This is a priority that requires the commitment of each of us to ensure a safer organization for all.

A video announcing the release of the SIT report and summary may also be viewed on YouTube at: <https://youtu.be/Gd4e-Xm0NOc>

BMB/DNB/mjw



PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT

5007 SHARON ROAD

April 15, 2016

Incident # 1604150000361



Safety Investigation Team

SUMMARY REPORT



Prince George's County Fire/EMS Department

5007 Sharon Road Safety Investigation Team Report

Background

On April 15, 2016, firefighters and paramedics from the Prince George's County Fire/Emergency Medical Services (EMS) Department were alerted to respond to 5007 Sharon Road in Temple Hills, Maryland, for a call to check the welfare of a citizen. Shortly after their arrival, crews attempted to force entry into the residence and two members of the Department were struck by gunfire originating from the interior of the home. Thirty-seven-year-old Firefighter/Paramedic John Ulmschneider; a 13-year member of the Department, died as a result of his gunshot injuries. Volunteer Firefighter Kevin Swain; an 9-month member of the Morningside Volunteer Fire Department, was shot and critically injured and required aeromedical evacuation to a regional level one trauma center. Volunteer Firefighter Swain's injuries were extensive and resulted in a prolonged recovery period. The brother of the homeowner was also struck by gunfire when he attempted to enter the home with firefighters and paramedics. Two additional Firefighter/EMT's (Volunteer Firefighter Riley and Volunteer Firefighter Livingston) sustained injuries when they attempted to flee the immediate area after the gunfire erupted from inside the residence.

At 19:33 hours on Friday, April 15, 2016, Prince George's County Public Safety Communications (PSC) received a 911 call from the shooter's brother and indicated that he was unable to contact his diabetic brother (shooter), who was feeling ill earlier in the day. Based on the information received in the 911 call, PSC dispatched Rescue Engine 827 from Fire/EMS Station 827 located in Suitland, Maryland, and Paramedic Ambulance 823 from Fire/EMS Station 823 located in Forestville, Maryland. Rescue Engine 827 was first to arrive on the scene at 19:46 hours. Shortly thereafter, Paramedic Ambulance 823 arrived at 19:48 hours. Personnel from Rescue Engine 827 contacted the shooter's brother who stated that he felt his brother was experiencing a medical emergency and that he was inside the house. Five personnel from Rescue Engine 827 approached the front door, knocked and announced "fire department". Personnel from Rescue Engine 827 began the process of forcing entry into the home after multiple attempts to contact the resident were unsuccessful.

While personnel from Rescue Engine 827 were in the process of forcing entry, two members from Paramedic Ambulance 823 approached from the front sidewalk just below the landing at the front entrance of the home. Seconds prior to the front door being breached by Rescue Engine 827, a total of eight people, including the shooter's brother, were standing on the front porch. After the front door was forced open, personnel immediately encountered gunfire from the interior of the home. At 19:50 Rescue Engine 827 notified PSC that shots had been fired at that location. Volunteer Firefighter Kevin Swain, assigned to Rescue Engine 827, was shot once in the abdomen while standing in the threshold of the front door and twice in the lower back while retreating from the front porch.

Firefighter/Paramedic John Ulmschneider, assigned to Paramedic Ambulance 823, was shot once in the chest as he turned and attempted to retreat from the area. The shooter's brother was shot in the facial area while entering the home and was witnessed identifying himself to the shooter. Two additional personnel from Rescue Engine 827 sustained minor injuries as they exited the front porch.



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Firefighter/Paramedic John Ulmschneider was transported to Southern Maryland Hospital Center. After exhaustive efforts by Fire/EMS personnel and hospital staff, he succumbed to his injury. Volunteer Firefighter Kevin Swain was flown to University of Maryland Shock Trauma by Maryland State Police Trooper 2, where he underwent surgery as a result of his injuries. The two members of Rescue Engine 827 that sustained minor injuries, and the shooter's brother were transported to Prince George's Hospital Center for treatment.

The tragic events that occurred on April 15, 2016, left one career firefighter dead, one volunteer firefighter critically injured and sent two other volunteer firefighters to the hospital. The Prince George's County Fire/EMS Department tasked the Operational Safety office to assemble a formal Safety Investigation Team (SIT); referred to in this report as the "Team", to conduct an internal investigation of the incident. The investigation was initially delayed due to the ongoing criminal case. The criminal nature of the incident created challenges by limiting the Team's timely access to vital information typically utilized to conduct an internal investigation of this nature.

On December 1, 2016, Fire Chief Marc Bashoor authorized the Operational Safety office to begin assembling the Team in anticipation of the conclusion of the criminal investigation. The Operational Safety office solicited member participation from various stakeholder groups within the organization. Chief Bashoor reached out to the National Institute for Occupational Safety and Health (NIOSH), and requested an external review of the incident in addition to the Department's internal investigation. Members from NIOSH's Fire Fighter Fatality Investigation and Prevention Program worked alongside the Prince George's County Fire/EMS Department's Safety Investigation Team to conduct a parallel investigation.

The Safety Investigation Team submitted a Final Report report to the Prince George's County Fire Chief. The following account is a summary of events that occurred on April 15, 2016.



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INTER-OFFICE MEMORANDUM

PRINCE GEORGE'S COUNTY, MARYLAND

November 21, 2016

TO: All Sworn, Civilian, and Volunteer Personnel **Memo #16-52**

FROM: Marc S. Bashoor
Fire Chief 

RE: Sharon Road Safety Investigation Team (SIT)

The horrific events of April 15, 2016, will remain forever etched in all of our minds. The internal healing processes continue, and our thoughts and prayers are with everyone involved.

The legal process has been difficult and will continue to extend for some time. Immediate investigative steps were taken, and some long term options have been discussed. However, the formal Safety Investigation Team (SIT) was delayed while the legal process continued to unfold.

The Safety Office will lead the SIT effort and will be contacting organizational members to participate, consistent with the Work Group/Task Force process. I have directed the Safety Office to make final selections for the SIT by December 1, 2016.

It is incumbent upon each organizational area contacted to ensure there is appropriate and engaged representation for the SIT process to be successful. It is part of our mission to ensure that no stone is left unturned through this process.

I appreciate everyone's patience and cooperation as the SIT begins their work.

MSB/msb

2016.11.21 ASCVP Memo #16-52-Sharon Road Safety Investigation Team



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Incident Summary

Members of Rescue Engine 827 were available on the air/radio in the greater Morningside area, when they were alerted for a “check the welfare” call at 5007 Sharon Road. They responded from the basketball court with six volunteer members. Rescue Engine 827 responded to the call with emergency lights and sirens and arrived on the scene at 19:46:08 hours. Rescue Engine 827 was the first unit to arrive on the scene. They pulled past the reported address and positioned on the Alpha -Delta corner of 5007 Sharon Road, facing Nile Place, and away from Old Branch Avenue.

Paramedic Ambulance 823 was in quarters at the time of dispatch at 19:34 hours. Paramedic Ambulance 823 responded with emergency lights and sirens and arrived at 5007 Sharon Road at 19:48:56 hours. Paramedic Ambulance 823 positioned in front of Rescue Engine 827 facing Nile Place, in front of 5005 Sharon Road. They were the second and last Fire/EMS Department unit to arrive on the scene.

Recommendation

The Department will review and consider changes in dispatch procedures.

- *Fire/EMS units should not be dispatched on “check the welfare” call types that involve acts of violence or reports of weapons without a verified response from law enforcement. Once Public Safety Communications receives confirmation that a police officer is responding, units may be dispatched on the call and provided with an estimated time of arrival.*
- *Ensure that Public Safety Communications asks if weapons are present from civilians at every request for a 911 response. Fire/EMS personnel should be made aware of this information verbally by dispatchers prior to arriving on scene.*
- *Currently, Public Safety Communications assumes every caller has access to a weapon. The Fire/EMS Department should work with PSC to refine this process, specifically when the potential to force entry into an occupancy exists.*

Rescue Engine 827 arrived on the scene at 19:46:08 hours. Six members were onboard; the Officer In Charge (OIC) Fitch, Firefighter Riley (Driver), Firefighter Swain, Firefighter Ward, Firefighter O'Brien, and Firefighter Livingston. Five members exited the apparatus while Firefighter Riley remained on the Rescue Engine in the driver’s seat. The five members of Rescue Engine 827 immediately approached the Alpha side (front) of the house and came in contact with Mr. Keith Williams (calling party) in the driveway of 5007 Sharon Road. Mr. Williams told the Rescue Engine crew that he believed that his brother (Mr. Darrell Lumpkin) was having a medical emergency and that he needed immediate medical assistance. Mr. Williams told the crew that he attempted to call his brother (Mr. Lumpkin) several times throughout the day, but was unsuccessful.



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Mr. Williams advised the crew from Rescue Engine 827 that his brother had recently been experiencing a variety of medical issues. Additionally, his brother had been sent home from work the day prior, due to health concerns. Unable to reach Mr. Lumpkin by phone, Mr. Williams became increasingly worried and drove to his brother's house where he found Mr. Lumpkin's car in the driveway. All the doors were locked from the interior indicating that Mr. Lumpkin was home and was physically unable to answer the door. Mr. Williams was very insistent that his brother was inside and needed immediate medical attention.

Several members from Rescue Engine 827 knocked on the front door and front windows in an attempt to illicit a response from Mr. Lumpkin. According to County Police records, all members from Rescue Engine 827 recall announcing their presence at the scene and yelling "Fire Department" multiple times while knocking on the front door and front windows. Firefighter Ward was witnessed looking down the Delta side of the house for an alternative entry point. No evidence was presented that a complete 360 degree walk around of the house was ever completed. The decision to force entry through the front door of the residence was made by crew members from Rescue Engine 827. Initial attempts to gain entry through the outside storm door were unsuccessful.

Witness statements indicated that five members of Rescue Engine 827 were on the porch and that the storm door was more difficult to force than they anticipated. It took a considerable amount of time to force the outward swinging metal storm door and their forcible entry actions were notably loud. The iron tools (halligan bar and flat head ax), were used as the primary forcible entry method. Crew members struck the halligan bar with the axe multiple times making several loud noises. While the members from Rescue Engine 827 were attempting to gain entry, Mr. Williams became increasingly insistent that Mr. Lumpkin was inside and incapacitated due to a medical emergency.

The crew from Paramedic Ambulance 823 arrived on scene at 19:48:56 hours and proceeded to meet with the crew from Rescue Engine 827 on side Alpha (front) of the residence on the front porch landing. Firefighter Van Schoonhoven stated that he and Firefighter/Paramedic Ulmschneider arrived at the front porch after the outside storm door was forced and before the wooden front door was forced open. Firefighters Van Schoonhoven and Firefighter/Paramedic Ulmschneider both actively participated in knocking on the front windows, announcing the Department's presence. The five members from Rescue Engine 827 and the two members from Paramedic Ambulance 823 that were on the front porch landing were all actively engaged with announcing the Department's presence and making a considerable amount of noise while forcing the doors.

After successfully gaining access through the front storm door, Firefighters Swain, Fitch, and O'Brien began forcing the inner wooden door. While those members were attempting to force the inner door, Mr. Lumpkin's brother became increasingly impatient, voicing his concerns regarding his brother's wellbeing towards the crew of Rescue Engine 827 and Paramedic Ambulance 823. A decision was made to "shock" the door with several forceful blows from the forcible entry tools to break the inner wooden door's locks and enter the house faster. The last attempt at "shocking" the door resulted in the lower right wooden panel of



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the door being broken and the panel falling into the residence. Firefighter Swain, whom was striking the door, knelt on one knee and reached through the broken door panel and unlocked the inner dead bolt.

Witness statements indicated that while forcible entry efforts were occurring, all members that were located on the front porch of the house from Rescue Engine 827 and Paramedic Ambulance 823 were announcing "fire department". According to County Police reports, Firefighter Swain stated that as he reached inside of the broken panel door to unlock the dead bolt, he announced "fire department" several times while he was completing the task. Firefighter Swain was successful with unlocking the door through the broken panel.

Recommendation

Revise General Order 06-19 so that it clearly outlines the appropriate steps to managing an incident requiring forcible entry into an occupancy.

- A revision of the current Forcible Entry General Order (06-19) should include the requirement for personnel to complete a 360 degree size up (if possible) of the residence or building. This shall also include but is not limited to knocking, banging, and verbal announcements prior to forcing entry. Every attempt to notify the potential occupant of the Fire/EMS Department's presence should be made prior to entering the occupancy.
- Develop parameters that identify when forcible entry is required.
- Consideration should be given to restricting the number of personnel standing near the entryway while attempting to force entry. Most of the personnel that responded to the initial incident were standing directly in front of the doorway while the door was being forced and then opened.

After unlocking the door, Firefighters Swain, Fitch, and O'Brien were all positioned directly in front of the door, standing side by side. Firefighter Livingston, Firefighter Ward, and Mr. Williams were part of a group staggered on the front porch. Firefighter/Paramedic Ulmschneider and Firefighter Van Schoonhoven were last, standing on the front steps of the residence.

As the door swung open, Mr. Williams forced his way through and entered the structure with Firefighter Swain. As they entered, the remaining personnel were still standing on the porch. Almost immediately after the door was opened, and before Mr. Williams and Firefighter Swain were able to take more than a few steps, five shots were fired from a small caliber handgun in succession from approximately 8-10 feet away. Firefighter Swain was struck in the abdomen and as he turned to exit he was struck a second and third time in the buttocks and lower back while running down the steps. After the third shot, Firefighter Swain was incapacitated on the front landing of the house. Almost simultaneously, Mr. Williams was shot in the lower jaw and collapsed into the house. As gunshots were being fired, Firefighter/Paramedic Ulmschneider turned to flee and was struck in the chest. Firefighter/Paramedic Ulmschneider ran toward Paramedic Ambulance 823



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seeking refuge. Firefighter Fitch exited the front porch over the hand rail and retreated to Paramedic Ambulance 823. Firefighter Ward exited the porch, down the steps, and sprinted to a parked car on Sharon Road to seek shelter. Firefighter O'Brien fled from the front porch to the far side of Paramedic Ambulance 823 and took refuge inside the unit.

Recommendation

The Department should revise General Order 10-01 referencing personnel uniforms and equipment.

- Personnel should wear a standard Fire/EMS Department or Volunteer Fire/EMS Station uniform. All attire should be easily identifiable as Fire/EMS Department personnel and not confused with County Police Department personnel.
- When forcing entry into an occupancy, the forcible entry team should wear some form of high visibility apparel with FIRE/EMS clearly printed on the front and rear.

Recommendation

Enhance existing annual training requirements to include forcible entry tactics, identifying and managing risk, self-defense and de-escalation techniques.

- Training to promote situational awareness, de-escalation techniques and self-defense training should begin in recruit school/VRS and can be provided annually to employees/members on Target Solutions.

Mandate that all members and employees receive training to include proper personnel positioning for safety (off to side of the door being forced, not directly in front of the doorway) while performing forcible entry. As mentioned in the previous recommendation, responding personnel were positioned directly in the line of fire when the door was being forced and then opened. By limiting the number of personnel forcing entry and by proper positioning, the risk to employees/members will be reduced.

Firefighter Livingston was knocked down by crew members on the front porch and suffered injuries to her jaw and neck. Firefighter Livingston was able to self-extricate off the front porch and sought refuge at a house across the street with Mr. Williams. Firefighter Van Schoonhoven safely retreated to the passenger side of Paramedic Ambulance 823. After the five shots were fired, Firefighter Swain was the only member left on the property. At 19:50 hours, several members radioed shots fired with members down.

Firefighter/Paramedic Ulmschneider was able to make it to the far side of Paramedic Ambulance 823 and asked Firefighter O'Brien and Firefighter Van Schoonhoven if he was shot and then collapsed onto the side of Paramedic Ambulance 823. Firefighters Fitch, O'Brien and Van Schoonhoven assisted with loading Firefighter/Paramedic Ulmschneider into Paramedic Ambulance 823 through the side door. Firefighter/Paramedic Ulmschneider was conscious but not alert. At 19:54 hours, Firefighters



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Van Schoonhoven and O'Brien rendered aid to Firefighter/Paramedic Ulmschneider while responding to Southern Maryland Hospital Center while Firefighter Fitch drove Paramedic Ambulance 823.

Recommendation

Create a pilot program to evaluate the use of Ballistic Vests.

- *The Department should conduct a feasibility study to determine if ballistic vests will provide a clear benefit to personnel placed in elevated risk environments.*
- *The SIT recommends an optional wear policy that clearly outlines the use of ballistic vests for certain call types.*
- *If a ballistic vest program is adopted, vests should be properly fitted to personnel.*
- *A ballistic vest will not eliminate all risk to Fire/EMS Department personnel. A ballistic vest provides significant protection from small caliber gunfire directed at the upper torso.*

Note: The Prince George's County Fire/EMS Department was in the process evaluating the purchase and use of ballistic vests at the time this report was being drafted.

Additional resources were requested to the scene by Paramedic Ambulance 823 and Rescue Engine 827. Public Safety Communications dispatched Medic 829, Paramedic Ambulance 806, Ambulance 825, and Battalion Chief 883 at 19:55 hours. Ambulance 825 and Medic 829 were in their own stations at the time of the dispatch. Battalion Chief 883, Southern EMS and Paramedic Ambulance 806 were all available on the radio.



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Recommendation

Improve command and control of incidents, particularly those that require a multi-agency response.

- Provide aides to Battalion Chiefs to help manage communications, information, and accountability. (Chief Aides are also included in Recommendation #14 as part of the 57th Avenue SIT Report. This recommendation has not been implemented.)
- Restrict non-essential personnel from approaching the command post.
- Prohibit the frequent practice of trying to reach the Incident Commander by cell phone when he/she is actively managing an incident.
- Conduct inter-agency training to develop a better working relationship with other agencies. The inability to establish a functional unified command with the County Police highlights the need for improved inter-agency cooperation. The Department should develop and train on joint response guidelines for violent incidents. This training must include joint training exercises with local law enforcement. A clear vision of agency duties, responsibilities and information sharing, guided by the ICS framework, should be the focus for improved inter-operability between the County Fire/EMS Department and the County Police Department.
- Evaluate the type and amount of information that is relayed through the Watch Office.
- Pre-designate call back procedures for essential personnel at all ranks.

As Paramedic Ambulance 823 responded to Southern Maryland Hospital Center (SMHC) with Firefighter/Paramedic Ulmschneider, the decision was made to attempt to rendezvous with an Advanced Life Support (ALS) unit. Paramedic Ambulance 806 was the closest available ALS unit and attempted to meet with Paramedic Ambulance 823 on Branch Avenue, in the area of Allentown Road. Paramedic Ambulance 806 was at Suitland Road and Silver Hill Road, approximately 10 minutes away, which prompted Paramedic Ambulance 823's decision to continue directly to SMHC without an ALS resource on board. While waiting on Branch Avenue for Paramedic Ambulance 806 to arrive, Firefighter Fitch changed positions with Firefighter O'Brien. Firefighters Fitch and Van Schoonhoven began to initiate advanced BLS care using the LIFEPAK 12 monitor that was on board Paramedic Ambulance 823.

While en route to SMHC, Firefighter Van Schoonhoven and Firefighter Fitch attached Firefighter/Paramedic Ulmschneider to the LIFEPAK 12 monitor, Automated External Defibrillator (AED) pads, 3 lead heart monitor, pulse oximeter, attempted to insert an Oropharyngeal Airway (OPA) to begin bag valve mask respirations, and started to suction his airway. Firefighter/Paramedic Ulmschneider was delivered to SMHC at approximately 20:07 hours.

Firefighter/Paramedic John Ulmschneider suffered one gunshot wound to the upper right torso. The .380 caliber bullet entered at the mid-axillary line, above the right nipple traveling diagonally into the cardiac cavity and into his left bicep. Firefighter/Paramedic Ulmschneider was pronounced dead at Southern Maryland Hospital Center at 20:38 hours after an exhaustive attempt to revive him was unsuccessful by hospital staff.



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Firefighters Van Schoonhoven, Fitch, and O'Brien were all taken from SMHC by the Prince George's County Police Department (PGPD) to their headquarters on Barlowe Road for questioning and statements. The three members were then transported by the County Police back to 5007 Sharon Road to provide details to investigators. They were all released to return home after PGPD obtained their initial statements.

After Paramedic Ambulance 823 departed from 5007 Sharon Road, Firefighter Swain self-extricated off the landing by rolling down the driveway where he was aided by Firefighter Ward. Firefighter Swain's injuries included gunshot wounds to the right lower abdomen, back and right buttocks.

Firefighters Ward, Livingston and Riley assisted Firefighter Swain into the rear crew compartment of Rescue Engine 827 and left the scene headed toward Nile Place. All three firefighters were onboard Rescue Engine 827 and requested a medevac for Firefighter Swain. Firefighters Ward and Livingston rendered aid to Firefighter Swain in the crew cab of Rescue Engine 827 as Firefighter Riley drove away from the scene and toward the landing zone located at 4904 Brinkley Road, Thurgood Marshall High School.

Upon arrival at the landing zone, Rescue Engine 827 was met by Ambulance 825. Ambulance 825 and Medic 829 were directed to the landing zone by command (Battalion Chief Reith) to assist with Firefighter Swain's injuries. Ambulance 825 was staffed by Firefighter/Paramedic Jake Brown and Firefighter Steve Simms. Firefighters Brown and Simms took immediate actions to assist with the injuries. Medic 829 staffed by Firefighter/Paramedic Rapheal Holt and Firefighter/Paramedic Cameron Brown, arrived at the landing zone and assisted Ambulance 825 with immobilizing Firefighter Swain, identified and stopped all uncontrolled bleeding, administered oxygen and obtained a baseline set of vitals. At approximately 20:05 hours, Maryland State Police Trooper 2 (medevac helicopter) arrived at the landing zone and assumed care of Firefighter Swain. At 20:17 hours, Trooper 2 transported Firefighter Swain to the R Adams Cowley Shock Trauma Center in Baltimore, Maryland with Firefighter Ward (Rescue Engine 827), on board to assist with patient care.

After Trooper 2 departed the scene with Firefighter Swain, medical attention was provided to Firefighter Riley (Rescue Engine 827) and Firefighter Livingston (Rescue Engine 827) by Ambulance 825 for minor injuries. Firefighter Riley suffered a knee injury while dismounting Rescue Engine 827 at 5007 Sharon Road and Firefighter Livingston sustained jaw and neck injuries after being knocked over on the front porch. Both members were transported to Prince George's Hospital Center by Ambulance 825. Ambulance 825 remained with the injured crew members of Rescue Engine 827 until relieved by the Southern EMS Duty Officer, Lieutenant Michael Hayter. Lieutenant Hayter, arrived at Prince George's Hospital Center approximately 90 minutes into the incident. Ambulance 825 returned to Fire/EMS Station 825 (Clinton) and remained out of service for unit decontamination. Upon their return to the station, they were met by volunteer members from Station 825 who relieved them from duty. Station 825 was scheduled to take part in Volunteer Staffing Utilization (VSU) that evening. Firefighter/Paramedic Brown and Firefighter Simms went home without being offered or directed to participate in Critical Incident Stress Management (CISM) or any form of counseling.



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Recommendation

Improved personnel accountability tracking system.

- *Provide a better accountability process for the Incident Commander to utilize. Incident Commanders should have immediate access to the name and riding position of every employee and member operating on an incident. This improvement may not have changed the outcome of the incident but it would have provided the Incident Commander with the tools necessary to account for all personnel involved in the shooting on Sharon Road.*
- *Command Officers have no accurate way of knowing the names and certification level of personnel riding on apparatus staffed by volunteer members.*

After Trooper 2 departed, the crew from Medic 829 were redirected by Battalion Chief Reith to the command post, located at 6104 Old Branch Avenue to assist with Mr. Keith Williams' injuries. Mr. Williams, Darrell Lumpkin's brother, was driven by a County Sheriff to the command post on Old Branch Avenue. Medic 829 arrived at the command post and began to render aid to Mr. Williams. Shortly thereafter, Mr. Williams was transported to Prince George's Hospital Center by Medic 829 with a single gunshot wound to the chin that travelled into his shoulder. Once Mr. Williams was transferred to the care of awaiting emergency room staff, Medic 829 returned to Fire/EMS 829 (Silver Hill) and remained out of service. They were relieved from duty for the remainder of the shift and sent home. Their station supervisor offered contact information for the Employee and Volunteer Assistance Program (EAP/VAP). No other CISM resources were offered or received by the crew from Medic 829.



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Recommendation

Improve assistance and counseling services available to Fire/EMS Department employees/members.

- Create a fully funded and functioning CISM Team (or equivalent) with qualified personnel (internally and externally). The lack of investment in this program directly resulted in a considerable number of personnel of all ranks, not being provided with adequate support. Recommendation #22 of the 57th Avenue SIT Report addresses the need for the Department to adequately staff this program. The CISM Team remains underfunded and inadequately staffed.
- Create a check sheet to guide Incident Commanders when dealing with death or significant injury to both civilians and employees/members of the Fire/EMS Department. Incident Commanders and supervisors should be aware of the resources available to employees/members and how to activate these resources. Refer to previous similar recommendations in the 57th Avenue SIT Report. Recommendation #21 addresses similar deficiencies noted in 2012.
- Ensure that the Watch Office has a clear CISM notification procedure.
- Re-evaluate the current EAP/VAP system and address the inadequacies that have been noted in the past. Employees/members expressed concerns with the perceived lack of access to timely counseling and support services.
- Create a policy that ensures personnel involved in these types of traumatic incidents are immediately relieved from duty, offered counseling services, and given the appropriate amount of time off to recover from the incident.



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Additional Recommendations

Recommendation

Update the Fire/EMS Department's Line of Duty Death General Order

- *Develop a thorough guide to assist in all aspects of a Line of Duty Death.*
- *Provide an accurate list of internal and external resources available to the Fire/EMS Department. This list should be kept up to date and accessible to members of the Command Staff tasked with coordinating post-incident recovery efforts.*

Recommendation

Develop and periodically update a database to accurately track all employee/member training and certifications.

- *The Department should utilize readily available programs, such as Target Solutions to implement this recommendation. The Safety Investigation Team encountered numerous obstacles while attempting to access certifications for personnel involved in this incident. The SIT found that records maintained at the station level were inaccessible and/or incomplete. Recommendation #35 found in the 57th Avenue Safety Investigation Team's Report, emphasizes the need to maintain a formal database consisting of both career and volunteer personnel's' training records. The Fire/EMS Department has not implemented this recommendation since it was made in 2012.*



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Recommendation

The Department should revise General Order 03-13 and mandate the carry and use of portable radios by all personnel actively engaged in an incident.

- *The Prince George's County Fire/EMS Department has made significant strides toward improving the safety of Fire/EMS Department personnel by issuing portable radios for each riding position on board apparatus. The Safety Investigation Team identified multiple employees/members that were not carrying portable radios after they dismounted their apparatus resulting in multiple personnel not being able to request emergency assistance. This issue is also referenced in the Rosed Court SIT Report (page 97, Section O, Recommendations 2&3). NFPA 1221, Standard for the Installation, Maintenance, and Use of Emergency Services Communications Systems states that all units shall be equipped with a two-way mobile and portable radio that is capable of communications with the communications center. The Prince George's County Fire/EMS Department has met the burden of this standard, yet responders failed to carry the assigned portable radios with them when they approached the house. The portable radios themselves did not have a direct impact on the shooting but should be considered a lifeline between Fire/EMS personnel and Public Safety Communications when the need to relay urgent information is critical.*

Recommendation

The Department should train personnel on the use of MDC/MDT's and ensure they are working properly.

- All personnel should be trained on the proper utilization of the MDC/MDT's.
- The Fire/EMS Department should develop and distribute procedures for requesting repairs and replacements for damaged or missing MDC/MDT's.
- Invest in periodic upgrades to MDC/MDT's to improve the performance and reliability of each unit.



**PRINCE GEORGE'S COUNTY
FIRE/EMS DEPARTMENT**

5007 SHARON ROAD

April 15, 2016

Incident # 1604150000361



Safety Investigation Team

FINAL REPORT



Prince George's County Fire/EMS Department

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INTER-OFFICE MEMORANDUM

PRINCE GEORGE'S COUNTY, MARYLAND

November 21, 2016

TO: All Sworn, Civilian, and Volunteer Personnel **Memo #16-52**

FROM: Marc S. Bashoor
Fire Chief 

RE: Sharon Road Safety Investigation Team (SIT)

The horrific events of April 15, 2016, will remain forever etched in all of our minds. The internal healing processes continue, and our thoughts and prayers are with everyone involved.

The legal process has been difficult and will continue to extend for some time. Immediate investigative steps were taken, and some long term options have been discussed. However, the formal Safety Investigation Team (SIT) was delayed while the legal process continued to unfold.

The Safety Office will lead the SIT effort and will be contacting organizational members to participate, consistent with the Work Group/Task Force process. I have directed the Safety Office to make final selections for the SIT by December 1, 2016.

It is incumbent upon each organizational area contacted to ensure there is appropriate and engaged representation for the SIT process to be successful. It is part of our mission to ensure that no stone is left unturned through this process.

I appreciate everyone's patience and cooperation as the SIT begins their work.

MSB/msb

2016.11.21 ASCVP Memo #16-52-Sharon Road Safety Investigation Team



Prince George's County Fire/EMS Department

5007 Sharon Road Safety Investigation Team Report

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Prince George's County Police Department

Prince George's County Public Safety Communications

National Institute for Occupational Safety and Health

IAFF Local 1619 Peer Support Team

Prince George's County Fire/EMS Department Safety Investigation Team

Safety Investigation Team Members:

Battalion Chief Matthew T. Miller – Chair

Assistant Fire Chief Alan Doubleday – Office of the Fire Chief Representative

Assistant Fire Chief Denny Chatel – Emergency Services Command

Volunteer Chief William Corrigan – Volunteer Services Command

Captain Robert Bilko – Emergency Services Command – Report Drafting, Interview, and Investigation Lead

Captain Christopher Blackistone – Emergency Services Command – Police Liaison, Incident Transcripts Lead

Captain Daniel Frost – Support Services Command – General Order Review, Training and Certifications Lead

Captain Kevin Dunn – Support Services Command – Training and Leadership Academy

Captain Amy Gunn – Support Services Command

Captain James Jiron – Emergency Services Command – Operational Safety

Captain Rafael Wells – Office of the Fire Marshal – Fire Investigations

Firefighter Amos Scott – Emergency Services Command – Report Design and Graphics Layout

Teresa Meunier – Administrative Services Command – Risk Management



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Safety Investigation Team Members continued:

Xiomara Lozano-Chevez – Emergency Services Command – Report Editing and Review

Russell Lancaster – Public Safety Communications

Kristofer DeMattia – IAFF Local 1619 Representative

Michael Adams – IAFF Local 1619 Representative

J. Robert Breen – Prince George's County Fire Commission Representative

Thomas Ray – Prince George's County Volunteer Fire & Rescue Association Representative



Prince George's County Fire/EMS Department

5007 Sharon Road Safety Investigation Team Report

Executive Summary

On April 15, 2016, firefighters and paramedics from the Prince George's County Fire/Emergency Medical Services (EMS) Department were alerted to respond to 5007 Sharon Road in Temple Hills, Maryland, for a call to check the welfare of a citizen. Shortly after their arrival, crews attempted to force entry into the residence and two members of the Department were struck by gunfire originating from the interior of the home. Thirty-seven-year-old Firefighter/Paramedic John Ulmschneider; a 13-year member of the Department, died as a result of his gunshot injuries. Volunteer Firefighter Kevin Swain; an 9-month member of the Morningside Volunteer Fire Department, was shot and critically injured and required aeromedical evacuation to a regional level one trauma center. Volunteer Firefighter Swain's injuries were extensive and resulted in a prolonged recovery period. The brother of the homeowner was also struck by gunfire when he attempted to enter the home with firefighters and paramedics. Two additional Firefighter/EMT's (Volunteer Firefighter Riley and Volunteer Firefighter Livingston) sustained injuries when they attempted to flee the immediate area after the gunfire erupted from inside the residence.

At 19:33 hours on Friday, April 15, 2016, Prince George's County Public Safety Communications (PSC) received a 911 call from the shooter's brother and indicated that he was unable to contact his diabetic brother (shooter), who was feeling ill earlier in the day. Based on the information received in the 911 call, PSC dispatched Rescue Engine 827 from Fire/EMS Station 827 located in Suitland, Maryland, and Paramedic Ambulance 823 from Fire/EMS Station 823 located in Forestville, Maryland. Rescue Engine 827 was first to arrive on the scene at 19:46 hours. Shortly thereafter, Paramedic Ambulance 823 arrived at 19:48 hours. Personnel from Rescue Engine 827 contacted the shooter's brother who stated that he felt his brother was experiencing a medical emergency and that he was inside the house. Five personnel from Rescue Engine 827 approached the front door, knocked and announced "fire department". Personnel from Rescue Engine 827 began the process of forcing entry into the home after multiple attempts to contact the resident were unsuccessful.

While personnel from Rescue Engine 827 were in the process of forcing entry, two members from Paramedic Ambulance 823 approached from the front sidewalk just below the landing at the front entrance of the home. Seconds prior to the front door being breached by Rescue Engine 827, a total of eight people, including the shooter's brother, were standing on the front porch. After the front door was forced open, personnel immediately encountered gunfire from the interior of the home. At 19:50 Rescue Engine 827 notified PSC that shots had been fired at that location. Volunteer Firefighter Kevin Swain, assigned to Rescue Engine 827, was shot once in the abdomen while standing in the threshold of the front door and twice in the lower back while retreating from the front porch.



Prince George's County Fire/EMS Department

5007 Sharon Road Safety Investigation Team Report

Executive Summary continued...

Firefighter/Paramedic John Ulmschneider, assigned to Paramedic Ambulance 823, was shot once in the chest as he turned and attempted to retreat from the area. The shooter's brother was shot in the facial area while entering the home and was witnessed identifying himself to the shooter. Two additional personnel from Rescue Engine 827 sustained minor injuries as they exited the front porch.

Firefighter/Paramedic John Ulmschneider was transported to Southern Maryland Hospital Center. After exhaustive efforts by Fire/EMS personnel and hospital staff, he succumbed to his injury. Volunteer Firefighter Kevin Swain was flown to University of Maryland Shock Trauma by Maryland State Police Trooper 2, where he underwent surgery as a result of his injuries. The two members of Rescue Engine 827 that sustained minor injuries, and the shooter's brother were transported to Prince George's Hospital Center for treatment.



Prince George's County Fire/EMS Department

5007 Sharon Road Safety Investigation Team Report

Introduction

The tragic events that occurred on April 15, 2016, left one career firefighter dead, one volunteer firefighter critically injured and sent two other volunteer firefighters to the hospital. The Prince George's County Fire/EMS Department tasked the Operational Safety office to assemble a formal Safety Investigation Team (SIT); referred to in this report as the "Team", to conduct an internal investigation of the incident. The investigation was initially delayed due to the ongoing criminal case. The criminal nature of the incident created challenges by limiting the Team's timely access to vital information typically utilized to conduct an internal investigation of this nature.

On December 1, 2016, the Fire Chief authorized the Operational Safety office to begin assembling the Team in anticipation of the conclusion of the criminal investigation. The Operational Safety office solicited member participation from various stakeholder groups within the organization. The Fire Chief reached out to the National Institute for Occupational Safety and Health (NIOSH), and requested an external review of the incident in addition to the Department's internal investigation. Members from NIOSH's Fire Fighter Fatality Investigation and Prevention Program worked alongside the Prince George's County Fire/EMS Department's Safety Investigation Team to conduct a parallel investigation.

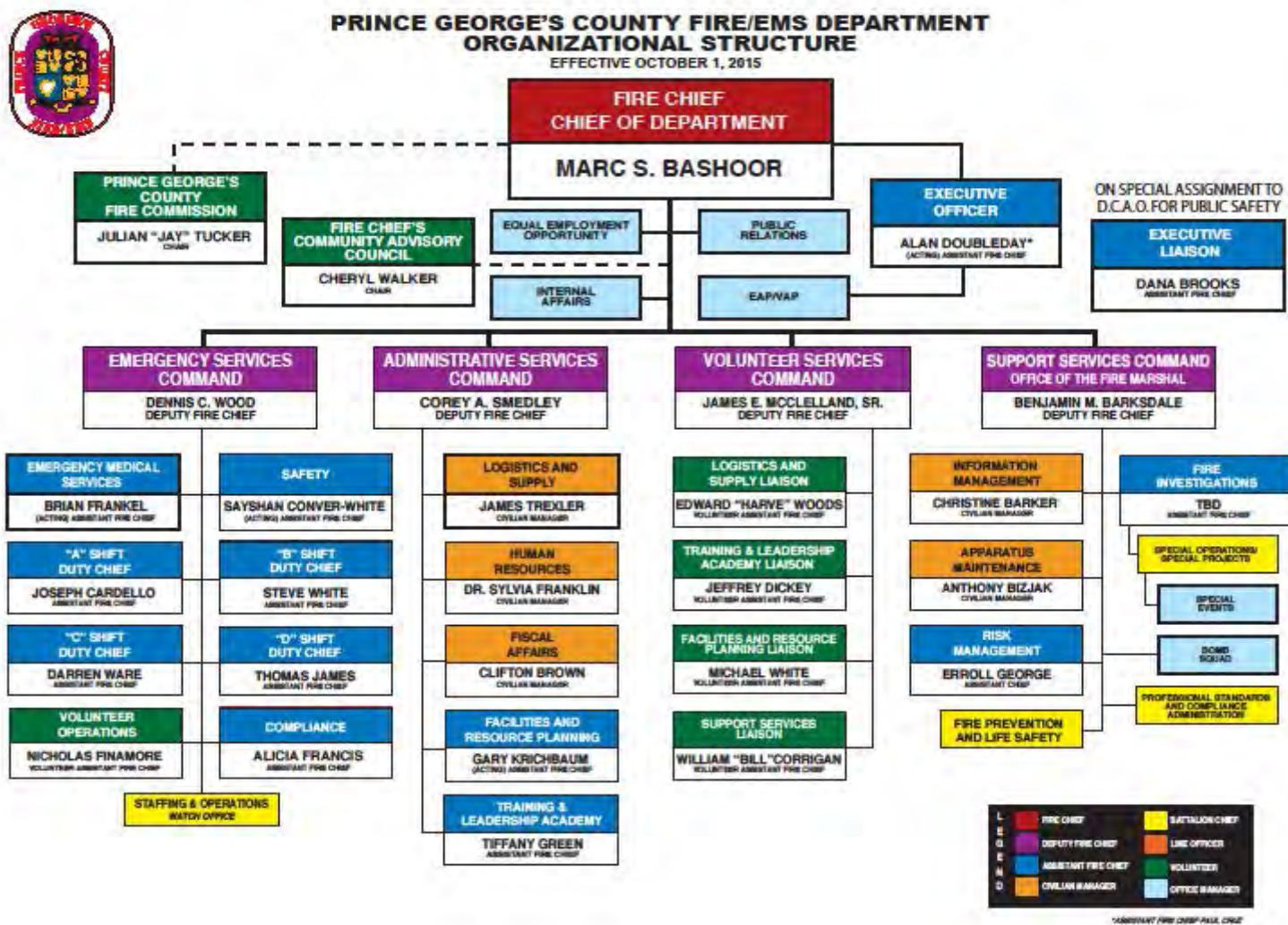


Prince George's County Fire/EMS Department

5007 Sharon Road Safety Investigation Team Report

Prince George's County Fire/EMS Department Overview

The Prince George's County Fire/Emergency Medical Services (EMS) Department provides all-hazard emergency response to approximately 900,000 citizens, encompassing 485 square miles. Located just east of the Nation's Capital, the Prince George's County Fire/EMS Department is the largest combination Department in the United States. The Department operates from 46 community based Fire/EMS stations and responds to roughly 140,000 calls for service annually. Emergency Medical calls account for 79% of the Department's call volume. The Department employs 860 firefighters and paramedics, 79 civilian staff members, and has 1,100 active volunteer members. The Department's operating budget for Fiscal Year 2016 was \$165,947,300.00. The Department operates under the direction of one County Fire Chief.



Note: The chart referenced above represents the Department's organizational structure. Personnel assigned to positions in the chart may have been different at the time of the incident.



Prince George's County Fire/EMS Department

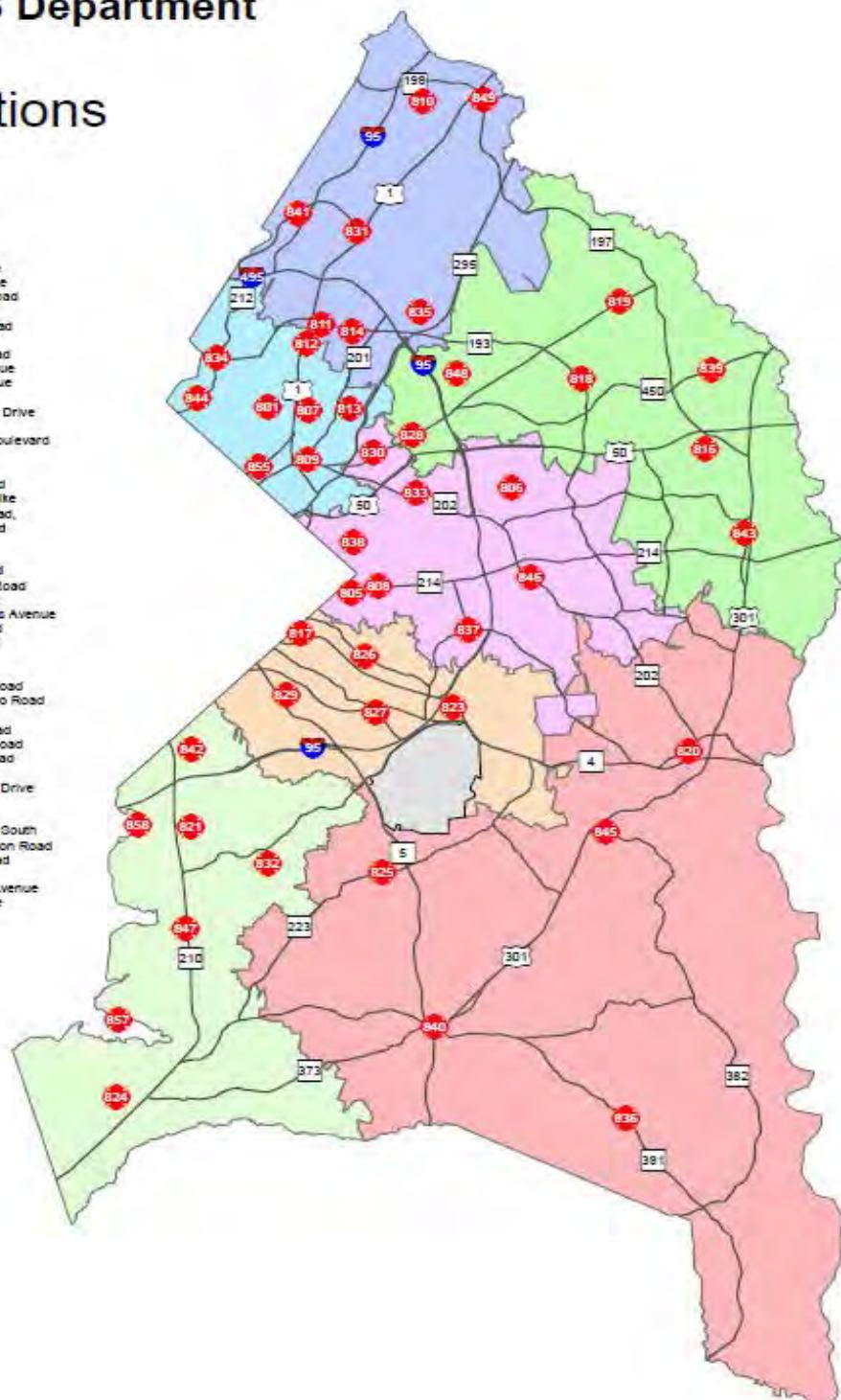
5007 Sharon Road Safety Investigation Team Report



Prince George's County Fire-EMS Department

Fire-EMS Stations

Station	Location	Address
801	Hyattsville	6200 Belcrest Road
805	Capitol Heights	6061 Central Avenue
806	St. Joseph's	2901 St. Joseph Drive
807	Riverdale	4714 Queensbury Road
808	Seab Pleasant	6305 Addison Road
809	Bladensburg	4213 Edmonson Road
810	Laurel	7411 Cherry Lane
811	Branchville	4905 Branchville Road
812	College Park	8115 Baltimore Avenue
813	Riverdale Heights	6101 Roanoke Avenue
814	Berwyn Heights	8811 60th Avenue
815	Northview	14901 Health Center Drive
817	Boulevard Heights	4101 Alton Street
818	Glenn Dale	11900 Glenn Dale Boulevard
819	Bowie	13008 Ninth Street
820	Marlboro	14815 Pratt Street
821	Oxon Hill	7600 Livingston Road
823	Forestville	8321 Old Marlboro Pike
824	Accokeek	16111 Livingston Road
825	Clinton	9025 Woodyard Road
826	District Heights	5900 Marlboro Pike
827	Morningside	6200 Sultand Road
828	West Lanham Hills	7609 Annapolis Road
829	Silver Hill	3900 Old Silver Hill Road
830	Landover Hills	6801 Webster Street
831	Bethesda	4911 Prince George's Avenue
832	Adelton Road	8709 Adelton Road
833	Kentland	7701 Landover Road
834	Chillum-Adelphi	7833 Ruggs Road
835	Greenbelt	125 Crescent Road
836	Baden	16608 Brandywine Road
837	Ritche	1415 Ritche-Marlboro Road
838	Chapel Oaks	5544 Sheriff Road
839	Bowie	15454 Annapolis Road
840	Brandywine	13805 Brandywine Road
841	Bethesda	3939 Powder Mill Road
842	Oxon Hill	1100 Marcy Avenue
843	Bowie	16406 Pointer Ridge Drive
844	Chillum Fire	6330 Ruggs Road
845	Marlboro	7710 Croom Road
846	Kentland	10400 Campus Way South
847	Adelton Road	10900 Fort Washington Road
848	West Lanham Hills	8801 Good Luck Road
849	Laurel Rescue Squad	14910 Bowie Road
850	Bunker Hill	3716 Rhode Island Avenue
858	National Harbor	251 Mariner Passage





Prince George's County Fire/EMS Department

5007 Sharon Road Safety Investigation Team Report

5007 Sharon Road

Neighborhood Overview

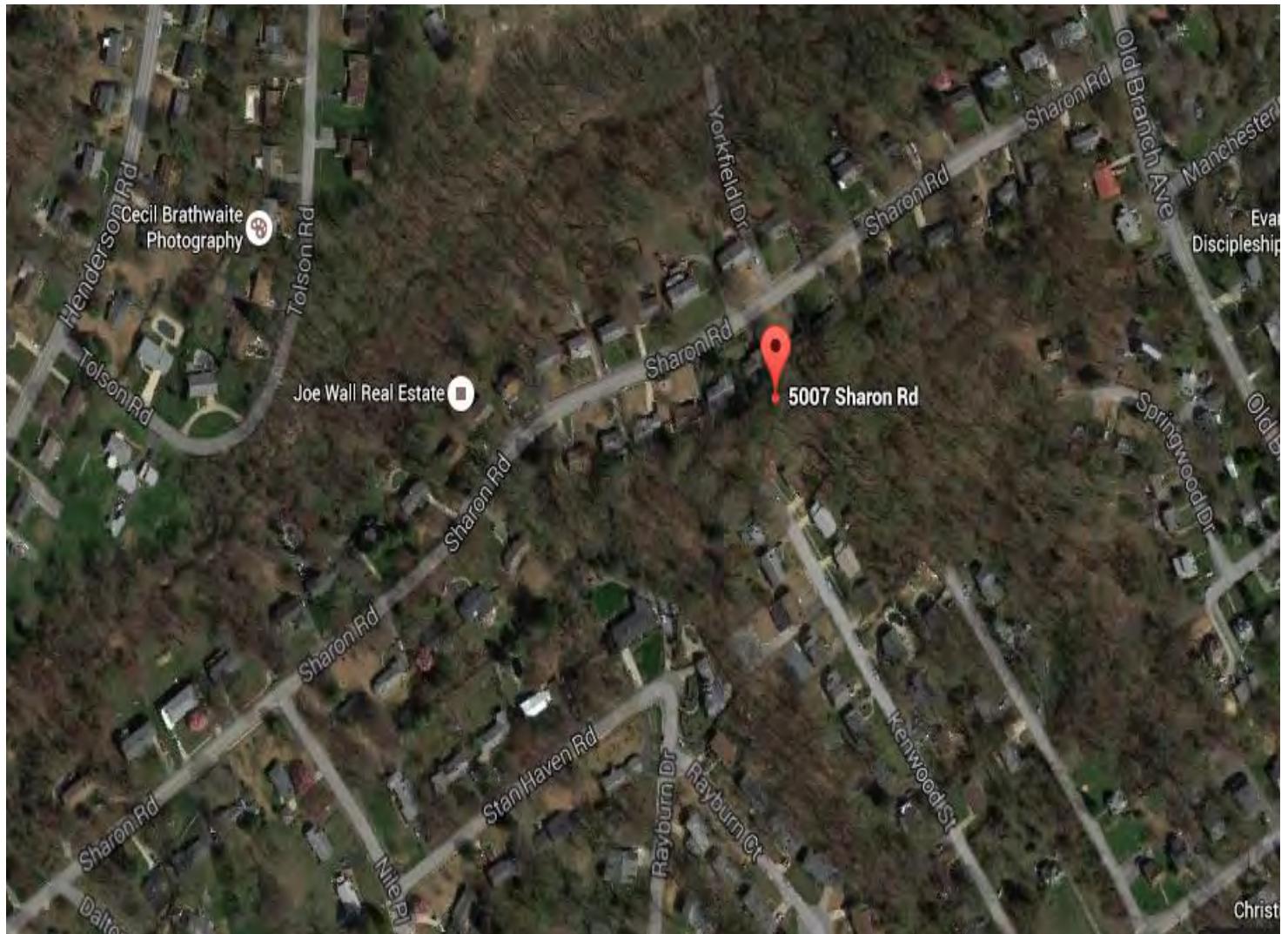




Prince George's County Fire/EMS Department

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5007 Sharon Road Neighborhood Overview (Earth View)





Prince George's County Fire/EMS Department

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Weather and Lighting Conditions

3:52 pm		62 °F	Passing clouds.	No wind	↑	31%	30.39 "Hg	10 mi
4:52 pm		63 °F	Passing clouds.	5 mph	↑	30%	30.39 "Hg	10 mi
5:52 pm		62 °F	Passing clouds.	8 mph	↑	35%	30.38 "Hg	10 mi
6:52 pm		61 °F	Passing clouds.	8 mph	↑	35%	30.38 "Hg	10 mi
7:52 pm		58 °F	Passing clouds.	8 mph	↑	39%	30.39 "Hg	10 mi
8:52 pm		56 °F	Clear.	6 mph	↑	46%	30.41 "Hg	10 mi
9:52 pm		54 °F	Clear.	7 mph	↑	49%	30.42 "Hg	10 mi
10:52 pm		52 °F	Clear.	8 mph	↑	53%	30.42 "Hg	10 mi
11:52 pm		50 °F	Clear.	8 mph	↑	59%	30.42 "Hg	10 mi



Prince George's County Fire/EMS Department

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Emergency Medical Service Operations Overview

The Prince George's County Fire/EMS Department responds to approximately 140,000 calls for service annually. The Department's General Orders establish procedures that govern the operation of all emergency medical service units operated under the authority of the Emergency Medical Services Operational program managed by the Prince George's County Fire/EMS Department.

The general provisions of General Order 05-01 outline specific phases of each response. Each phase describes the organization's expectations of EMS providers. An excerpt of the first five phases is described in better detail below.

Phase 1 - Preparedness

The Prince George's County Fire/EMS Department establishes minimum staffing requirements for each type of apparatus. An emergency medical service unit is required to have a minimum staffing level of two providers. EMS units are designated as either Basic Life Support (BLS) or Advanced Life Support (ALS) units. Personnel providing patient care on a BLS unit must maintain affiliation with the Department or one of its volunteer organizations with certification as an EMT-Basic or higher certification/license. Personnel providing patient care as ALS providers must maintain the same affiliation as BLS providers and must be County certified as a Cardiac Rescue Technician 99 or higher certification/license. Personnel are expected to maintain the operational readiness of all vehicles and equipment.

Phase 2 – System Access

Prince George's County Public Safety Communications (PSC) is responsible for managing system access through an enhanced 911 system. All 911 calls are received, triaged, and dispatched by PSC.

Phase 3- Prioritization

Prince George's County Public Safety Communications utilized a Medical Priority Dispatch System (MPDS). The MPDS assists PSC with ensuring the most appropriate Fire/EMS unit is dispatched to each call type based on the information received by 911 call takers. The MPDS utilizes three factors to create a determinant code prior to dispatching Fire/EMS personnel. These factors include the chief complaint, severity of complaint, and the incident description. These factors allow EMS providers to understand the nature of the incident they are responding to.



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Phase 4- Response Configuration

EMS Resources are assigned to each determinant code by the EMS System Manager, Jurisdictional Medical Director, and PSC.

Phase 5- Response Deployment

EMS providers are alerted to incidents by PSC via radio, station alerting system, and CAD printer. Once alerted to an incident, personnel are required to status en route to the call within 60 seconds.



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911 Call Intake and Triage Process

The following section was developed to provide non-public safety employee readers an overview of how a call for service is received, triaged, and then dispatched.

- Presently, the only way to submit a request for public safety assistance is by making a voice phone call to 911. Text to 911 is in the implementation stage and Nextgen911 will allow a citizen to send photos or videos as a request for public safety assistance.
- When a citizen needs public safety assistance, a phone call is made by dialing 911 or the non-emergency telephone number.
- The phone call is received at the 911 Center (Public Safety Answering Point) by an Automated Call Distribution (ACD) system that routes it to one of five different queues: 911 Landline, 911 Cellphone, Medical Alarms, Property Alarms or Non-Emergency.
- Each on-duty Emergency Call Taker (ECT) is assigned to receive phone calls from one or all of the queues.
- The ACD presents the phone call to the next available call taker that is logged into the system and in a “ready status”.
- When the phone call is presented to the available ECT, the caller (citizen) hears a pre-recorded message and is asked for the location of the emergency (for 911 and alarms) or the location of the incident (for non-emergency).
- The caller is then asked to repeat the address and for the city of the location.
- The ECT then asks for the caller’s phone number.
- The ECT then asks for the caller’s name.
- The ECT then asks the caller to describe the situation being reported, “Ok tell me exactly what happened”.
- Based on the caller’s statement, the ECT will enter the request for service into a Computer Aided Dispatch (CAD), using one or more of the three certified protocols; Emergency Fire Dispatch (EFD), Emergency Medical Dispatch (EMD), or Emergency Police Dispatch (EPD). These protocols contain several different “chief complaints” which contain scripted questions and instructions relating to caller and responder safety.
- The ECT remains on the phone with the caller asking questions (or triaging the situation) that will provide pertinent information for the responders and ensure that the correct public safety responders are dispatched.
- The ECT works in the 911 Section. There are dispatchers working in a separate Fire/EMS dispatch section and a separate Law Enforcement dispatch section.



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- Depending on the chief complaint or the call type, the ECT may still be on the phone with the caller while the dispatcher is using the information already taken by the ECT in CAD, to get responders dispatched to the incident.
- Each chief complaint has a pre-determined dispatch point when the protocol (triage process) advises the ECT to send the request to the dispatcher via CAD. Responders are then dispatched to the incident.
- If needed, the ECT will continue to ask the caller the necessary questions and provide any instructions, remain on the telephone or disconnect with the caller using an “Exit” script.
- Once the triage has been completed, any remaining information is relayed to Fire/EMS dispatch, Law Enforcement dispatch or both based on the information received from the calling party.

Dispatch Process

Fire/EMS Dispatch

- The Fire/EMS Dispatch Supervisor who is responsible for reviewing all incoming incidents will review the incident, ensure that the appropriate units are recommended for the call type based on the standards provided by the Fire/EMS Department, and approve the incident for dispatch.
- Fire/EMS related requests for service will be displayed on each of the Fire/EMS section’s CAD terminals; however, the dispatch supervisor has the primary responsibility for review and approval.
- The Fire/EMS dispatcher will announce the call over the Talk Group (TG). This is the talk group that is monitored county-wide within the stations and by units that are in-service out of the station.

Law Enforcement Dispatch

- The Law dispatcher assigned to the sector in which the emergency was reported, will receive an indication that a new request for service has been entered into CAD.
- The law dispatcher will review, approve, and dispatch law enforcement officers to the location of the incident based on availability and a pre-determined dispatch priority. The number of officers assigned depends on the chief complaint and the pertinent information resulting in a call type pre-determined by the police department.



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Response Process

Fire/EMS Incidents

- Units that have been alerted to respond on an incident will switch to the appropriate talk group and place their unit as responding by utilizing their radio.
 - Once all units have acknowledged their assigned incident by placing themselves as responding, the dispatcher will announce the call detailing any pertinent and/or vital information for responder and citizen safety.
 - Units will utilize their radio functions to place themselves on the scene.
 - Generally, a unit will contact the dispatcher with patient information should they deem it necessary to transport, require a call back to the complainant for additional information, and/or request additional resources (such as more units and/or law enforcement if not already on the incident, and/or utility companies, hospital status, etc.).
 - Units will remain on the assigned talk group until they have cleared the incident and are ready for service.

Law Enforcement Incidents

- The officers assigned to the incident will advise the dispatcher when they are en route and arrive to the scene via their radio.
 - Officers may contact the dispatcher should they need additional back-up, more information, case numbers, and/or if they are transporting a citizen or a prisoner, etc.
 - Officers will advise the dispatcher when they "clear" the incident and provide a clearance code for the incident.



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Incident Radio Traffic

Throughout the course of the investigation, the Team members utilized radio traffic to assist in piecing together the chain of events as they occurred on the evening of April 15, 2016. Unit specific radio traffic has been transcribed and included in this report. The following transcribed radio traffic accounts for the time from the initial 911 call, until command was terminated at the Incident Command post.

5007 Sharon Road – Box 27-01

Public Safety Communications - Computer Aided Dispatch Timeline (Condensed)

Note: All times were recorded from the NICE Recording System which records transmissions from units and PSC.

19:33:55 – A combined check the welfare call (CKWELC) was entered for 5007 Sharon for a male having diabetic issues and now is not answering the door.

19:35:40 – “Ambulance local, 5007 Sharon Road check on the welfare, box 27-01. Rescue Engine 827 and Paramedic 823 respond on talk group 8 Charlie 2.” (TG1)

19:37:07 – “Rescue Engine 827 and Paramedic Ambulance 823 status en route.” (TG1)

19:37:39 – Rescue Engine 827 statused en route.

19:38:08 – Paramedic Ambulance 823 statused en route.

19:38:18 – “Ambulance local, 5007 Sharon Road the check on the welfare of one that was not feeling well earlier and now not answering the door, box area 27-01. Rescue Engine 827 and Paramedic ambulance 823 is responding.” (TG2)

19:46:08 – Rescue Engine 827 statused on the scene.

19:48:56 – Paramedic Ambulance 823 statused on the scene

19:50:02 – “Uh Engine 827 need the medics and police here, we have shots fired at this location.” (Rescue Engine 827)

19:50:26 – “Rescue Engine 827 what's your location?” (TG2)



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19:50:29 – “The location we were dispatched to.” (Rescue Engine 827)

19:50:33 – “All units on talk group 2 standby unless you have emergency traffic. Rescue Engine 827 repeat your message.” (TG2)

19:50:38 – “I have shots fired at this address on Sharon Road. Uh, further shots fired.” (Rescue Engine 827)

19:50:44 – “All units on talk group 2 standby.” (TG2)

19:50:44 – “Expedite.” –unknown unit

19:50:47 – “Rescue Engine 827.” – (TG2)

19:50:55 – “Rescue Engine 827 you say at this time?” (TG2)

19:50:56 – “Rescue Engine 827 shots fired at this location. Have at least two suspects down, sorry, uh, two people down.” (Rescue Engine 827)

19:51:03 – “Copy, we’re putting that call in now. Are you safe?” (TG2)

19:51:08 – “I think we have two of our people shot. I’m safe but cannot advise on others.” (Rescue Engine 827)

19:51:16 – “Are you advising FFs are shot?” (TG2)

19:51:19 – “That’s correct FFs are shot. One is still in harm’s way up near the house and I cannot get to him.” (Rescue Engine 827)

19:51:26 – “Ok, we are putting it in right now.” (TG2)

19:51:29 – “Medic 826 to communications.”

19:51:32 – “All units standby unless you have emergency traffic.” (TG2)

19:51:34 – “All units on talk group 2, all units on talk group 2 standby.” (TG2)

19:51:45 – “Paramedic Ambulance 823 to communications, we have one crew member shot, we are going priority 2, priority 1 to Southern Maryland.” “Copy?” (PA823)

19:51:57 – “I copy. What’s your ETA?” (TG2)

19:52:00 – “I have a 10 minute ETA. Advise my Rescue Engine that their officer and another crew member are going to Southern Maryland.”



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19:52:05 – “Attention all stations and units on the air, attention all stations and units on the air Prince George’s Communications is now on Level II, Level II. Time now is 1952.” (TG1)

19:52:09 – “Communications to Rescue Engine 827, Paramedic Ambulance is going priority 1. All units on talk group 2, communications operating under Level II of the Limited EMS Resources Plan and Condition 2. LERP 2 and Condition 2. All traffic is suspended unless it is emergency traffic.”

19:52:30 – “Rescue Engine 827 driver to communications.” (Rescue Engine 827)

19:52:30 – “Once again, all units on talk group 1 and stations/units on the air be advised that Prince George’s Communications is now on Condition 2 at 1952.” (TG1)

19:52:35 – “Rescue Engine 827?” (TG2)

19:52:35 – “Be advised we also have a third patient, uh, civilian is also shot in the shoulder. We still got one FF down near the house and we cannot get to him. We need police and two medic units.” (Rescue Engine 827)

19:52:50 – “We got two medic units and the police are on the way now.” (TG2)

19:53:19 – “Rescue Engine 827, like I said police are en route and you have Medic 829 and Paramedic Ambulance 806 alerted. Do you need any additional resources?” (TG2)

19:53:30 – “Medic local, 5007 Sharon Road for the injured person. Paramedic ambulance 806, Medic 829, the Southern EMS Duty Officer, and the Duty Chief respond on talk group 8C2.” (TG1)

19:53:35 – “At this time the suspect is still in the house, the civilian is down across the street, our FF is down in the front yard, and we also have another FF with an injured knee.” (Rescue Engine 827)

19:53:47 – “Ok and what is your exact location?” (TG2)

19:53:54 – “We are on the delta side of the house inside of the Rescue Engine, we don’t want to leave out of eyesight of our member.” (Rescue Engine 827)

19:54:02 – “Copy that.” (TG2)

19:54:29 – “Paramedic ambulance 823 to Communications.” (PA823)

19:54:32 – “Paramedic ambulance 823?” (TG2)

19:54:35 – “Can you please advise Southern Maryland we have a priority 1 patient with a gunshot wound to the chest and he is also unconscious.” (PA823)

19:54:45 – “Ok, they are being advised now.” (TG2)



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19:54:51 – “Southern EMS to Communications, what does 27 have?” (SEMSDO)

19:54:55 – “They are on side delta of the house with one of the FFs down in the front yard, uh they have sight of him at this time.” (Mosley)

19:55:05 – “Ok, add me to assist my MDC, I’m uh clear 47’s area.” (SEMSDO)

19:55:12 – “Communications to Rescue Engine 827, uh is there a safe line of approach or do you see County Police on the scene?” (TGC2)

19:55:19 – “PG County Police is not on the scene yet. They’ll be coming in from Old Branch to Sharon. Um, our one member is crawling away from the house trying to get away. Start another basic for a knee injury.” (Rescue Engine 827)

19:55:33 – “I started one additional basic.” (TGC2)

19:55:40 – “Paramedic ambulance 806 to Communications, would 23 like us to rendezvous with them for a second medic, we are at Suitland Road headed towards Branch Avenue?” (PA806)

19:55:47 – “Communications to Paramedic ambulance 823.” (TGC2)

19:55:49 – “That’s correct have them rendezvous with me at Allentown and Branch, on Branch at Allentown. Copy?” (PA823)

19:56:00 – “Paramedic Ambulance 806 are you direct?” (TGC2)

19:56:02 – “We’re direct, Allentown and Branch on Branch Avenue.” (PA806)

19:56:11 – “Ambulance 829 to Communications priority.” (A829)

19:56:15 – “Go ahead.” (TG2)

19:56:18 – “I’m behind my medic unit, would you like me to go assist with the shooting?” (A829)

19:56:29 – “That’s negative; we have the ALS units en route at this time. Just continue on your call.” (TG2)

19:56:35 – “Ok, I’m direct sir.” (A829)

19:56:40 – “Battalion Chief 883 to Communications, can you put this on a different talk group?” (BO883)

19:56:49 – “That’s correct we were getting ready to do that. All units on Sharon Road switch over Charlie 3, talk group 8 Charlie 3.” (TG2)



Prince George's County Fire/EMS Department

5007 Sharon Road Safety Investigation Team Report

19:57:09 – “Southern EMS hold me on this channel.” (SEMSDO)

19:57:42 – “Medic 829 to communications.” (MD829)

*Operations for the incident have now been switched to an alternate talk group (TGC3)

19:57:46 – “Rescue Squad 827 to communications.” (SQ827)

19:57:47 – “Rescue Squad 827 go ahead.” (TGC3)

19:57:47 – “I missed the alternate channel, can I get the alternate channel again please?” (MD829)

19:57:48 – “Rescue Engine 827 to communications.” (Rescue Engine 827)

19:57:52 – “Rescue Engine 827 go ahead.” (TGC3)

19:57:55 – “Be advised we now have our FF on the fire truck and we've pulled a few houses up. There is still a victim down across the street. They are accessing him now.” (Rescue Engine 827)

19:58:05 – “I copy the FF is safe on the fire truck and there is still a victim down across the street.” (TGC3)

19:58:11 – “That's correct.” (Rescue Engine 827)

19:58:31 – “Rescue Engine 827 to communications have the medic unit come around the block to Sharon, just past Sharon.” (Rescue Engine 827)

19:58:40 – “Medic 829 did you copy, go around the block?” (TGC3)

19:58:48 – “Medic 829 copy's.” (MD829)

19:58:56 – “Yea.” (Rescue Engine 827)

19:59:10 – “Rescue Engine 827 what's your location?” (TG2)

19:59:21 – “We are 2, 3 houses down from the address. County police are on the scene.” (Rescue Engine 827)

19:59:28 – “I copy 3 houses up. Is that back towards Branch or back towards Brinkley?” (TGC3)

19:59:45 – “PA806 can I get the location of PA823?” (PA806)

19:59:51 – “PA823 your location?” (TGC3)



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19:59:57 – “Rescue Engine 827 to communications, I’m going to take the Rescue Engine out to Old Branch to meet the medic unit.” (Rescue Engine 827)

20:00:06 – “I copy your taking the Rescue Engine out to Old Branch. Are you going down Dalton Street to Middleton to Old Branch?” (TGC3)

20:00:16 – “That’s correct.” (Rescue Engine 827)

20:00:18 – “I copy. Dalton to Middleton to Old Branch. Medic 829 what’s your location?” (TGC3)

20:00:26 – “Medic 829, Linda Lane and Branch Avenue.” (MD829)

20:00:44 – “Communications to Rescue Engine 827 are you going to need a Trooper for a fly-out?” (TGC3)

20:00:51 – “Go ahead and start them, he’s a priority 1.” (Rescue Engine 827)

20:00:54 – “Is that the FF that’s a priority 1?” (TGC3)

20:00:59 – “That’s correct.” (Rescue Engine 827)

20:01:07 – “Copy that. Trooper 2 should be over head; do you have a landing site?” (TGC3)

20:01:15 – “Not at this time. Give me one minute and I will find a spot.” (Rescue Engine 827)

20:01:59 – “Battalion Chief 883 to Rescue Engine 827 your route of travel?” (BO883)

20:02:04 – “We are going to be out on Old Branch momentarily. Battalion Chief 883 if you can find a landing site.” (Rescue Engine 827)

20:02:18 – “That’s correct. Battalion Chief 883 to communications I’ll have the Sharon Road command at this time.” (BO883)

20:02:29 – “Copy Sharon Road Command. I’ve started Engine 837 for the landing site when you find it.” (TGC3)

20:02:34 – “I copy. It appears we have ample police on the scene. If we need to, we will shut down Old Branch at Linda.” (BO883)

20:02:40 – “Copy.” (TGC3)

20:02:45 – “Rescue Engine 827 what road are you coming out to Old Branch on?” (BO883)

20:02:54 – “Battalion Chief 883 the Trooper should be overhead ready to land whenever you can.” (TGC3)



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- 20:03:00 – “I’m ok, Rescue Engine 827 what’s your route of travel to Old Branch?” (BO883)
- 20:03:06 – “That’s correct; I’m at Middleton and Brinkley.” (Rescue Engine 827)
- 20:03:13 – “I copy. 829, Medic 829 copy?” (BO883)
- 20:03:28 – “Ambulance 825 to command, where do you guys need us?” (A825)
- 20:03:33 – “Battalion Chief 883, I’m at the middle school on Brinkley if you want to send them there.” (Rescue Engine 827)
- 20:03:41 – “Communications did you copy?” (BO883)
- 20:03:44 – “I copy the elementary school on Brinkley.” (TGC3)
- 20:03:48 – “I’m looking at the field for the Trooper now. Wide open.” (Rescue Engine 827)
- 20:03:58 – “Is that the Thurgood Marshall?” (TGC3)
- 20:04:01 – “That’s correct.” (Rescue Engine 827)
- 20:04:15 – “Ambulance 825 to command, where do you guys need us?” (A825)
- 20:04:22 – “Start towards the elementary school ambulance 825.” (BO883)
- 20:04:26 – “Copy. On Brinkley Road?” (A825)
- 20:04:30 – “That’s correct.” (BO883)
- 20:04:36 – “Command, Trooper 2 is going to land at Thurgood Marshall, 4909 Brinkley – at the corner of Brinkley and Middleton.” (TGC3)
- 20:04:50 – “I’m aware, advise them that they will most likely be the first arriving ALS unit.” (BO883)
- 20:04:55 – “I copy.” (TGC3)
- 20:04:57 – “Rescue Engine 827 to the incoming medic unit, be advised he was shot once in the abdomen and once in the rear side.” (Rescue Engine 827)
- 20:05:32 – “Southern EMS to Battalion Chief 3 or Sharon Road Command, I’m pulling up where do you need me?” (SEMSDO)
- 20:06:03 – “Battalion Chief 3 from Southern EMS, where do you need me?” (SEMSDO)
-



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20:06:14 – “Command to Medic 829.” (BO883)

20:06:21 – “Medic 829.” (MD829)

20:06:40 – “Communications to command.” (TGC3)

20:06:55 – “Command to Medic 829.” (BO883)

20:06:59 – “Medic 829.” (MD829)

20:07:05 – “Did you copy Brinkley and Middletown at the elementary school?” (BO883)

20:07:07 – “We copy. We got stopped by the county police, but we copy though.” (MD829)

20:07:23 – “Communications to command.” (TGC3)

20:07:25 – “Command.” (BO883)

20:07:27 – “You already have the Park Police Eagle en route.” (TGC3)

20:07:34 – “Ok, do we have Paramedic ambulance 823 on this talk group?” (BO883)

20:07:38 – “Paramedic ambulance 823?” (TGC3)

20:07:41 – “Paramedic ambulance 806 to communications, paramedic ambulance 823 is in the ER at Southern Maryland.” (PA806)

20:07:55 – “I copy.” (BO883)

20:08:05 – “Southern EMS to command, I'm just getting on Old Branch do you need me in there?” (SEMSDO)

20:09:07 – “Paramedic ambulance 806 to command.” (PA806)

20:09:14 – “PA806 go ahead.” – (BO883)

20:09:17 – “Yes sir, do you still need us on this call we are on North Bound Branch just past Surratts?” (PA806)

20:09:24 – “That's correct. Come in and stage at Old Branch/Linda. Command to Communications.” (BO883)

20:09:31 – “Can you contact the county police on the actual incident scene, Rescue Engine 827's is advising of one more civilian patient with a gunshot to the shoulder?” (BO883)



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20:09:46 – “That’s correct, I just checked, and it looks like they have one coming out of the house. Scene is still not secure.” (TGC3)

20:09:55 – “Ok, can you give me a rundown of the units I have?” (BO883)

20:09:59 – “Medic 829, Paramedic ambulance 806, Ambulance 825 for your transport units. Paramedic ambulance 823 is already at Southern Maryland. Engine 837C was started for the landing zone.” (TGC3)

20:10:22 – “We will not need Engine 837C for the landing site. Have them stage with Paramedic ambulance 806 at Old Branch and Linda.” (BO883)

20:10:26 – “Copy Old Branch and Linda. Old Branch and Linda, Paramedic Ambulance 806.” (TGC3)

20:10:29 – “We’re direct.” (PA806)

The next several minutes were conversations between the Executive Officer and Command. Command advised at 20:17:00 that Trooper 2 was airborne and en route to R Adams Cowley Shock Trauma in Baltimore.

At 20:21 Eagle 1 was sent to Southern Maryland Hospital for an inter-facility transport of the FF that was initially taken there.

20:22 - Battalion Chief 883 (Command) is now en route to the Police command post at Kaiser.

20:23 – The Support Services Deputy (SD) confirmed that there was a patient at Kaiser with a gunshot wound to the shoulder.

20:26 – Ambulance 825 transported two patients from Rescue Engine 827 to Prince George's Hospital.

21:13 Command post advised that the incident was stabilized, and they would be releasing the fire department units.

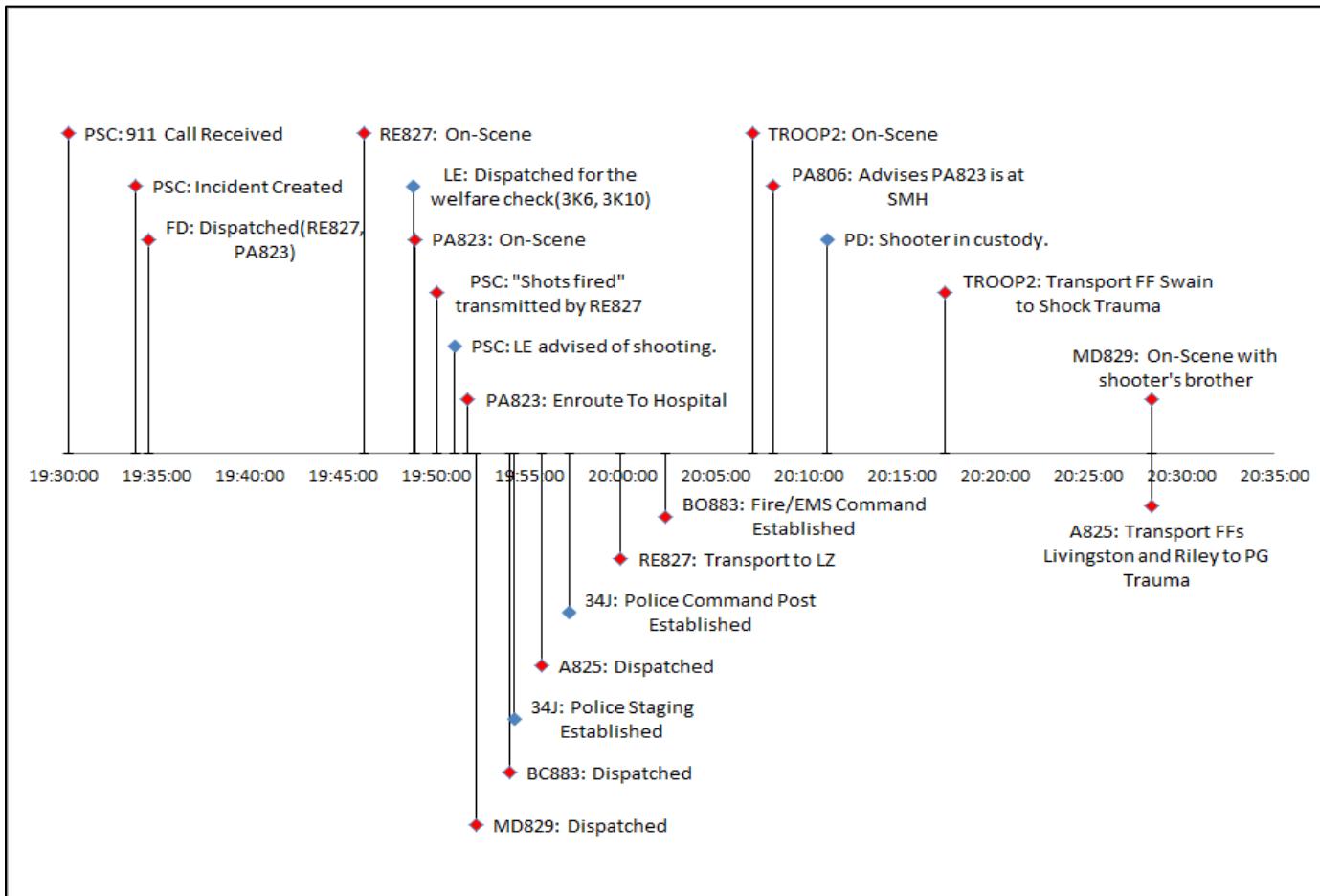
21:45 Command post advised that they will be terminating the command post.



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Incident Timeline



Incident Investigation and Interview Process

The following written accounts of each unit's activities were derived from the witness statements provided by all personnel operating on the incident, except those from Fire/EMS Station 827 (Morningside). Volunteers from Fire/EMS Station 827 declined to participate in the Safety Investigation Team's interview process. In lieu of their participation in the Department's investigation, Team members utilized the Prince George's County Police Department's interview statements and investigatory notes.

Exhaustive efforts were made to corroborate both the entire unit's activities and the individual crew member's actions by analyzing available incident records, CAD data, radio system recordings, etc. The unit's accounts are listed in order of arrival to the scene. The information in this report is factual and was validated by multiple sources prior to its inclusion in this document. If it was not verifiable, it was not included.



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Rescue Engine 827

RIDING ASSIGNMENT	CREW MEMBER'S NAME
DRIVER/OPERATOR	DAVID RILEY
OFFICER IN CHARGE	BRANDON FITCH
FIREFIGHTER	KEVIN SWAIN
FIREFIGHTER	MATTHEW WARD
FIREFIGHTER	MICHAEL O'BRIEN
FIREFIGHTER	SHAQUITA LIVINGSTON

Paramedic Ambulance 823

RIDING ASSIGNMENT	CREW MEMBER'S NAME
DRIVER/OPERATOR	AARON VAN SCHOONHOVEN
OFFICER IN CHARGE	JOHN ULM SCHNEIDER

Personnel and Training

Overview

The personnel that responded to Sharon Road varied greatly in age, experience, and training. Training is provided to personnel by the Prince George's County Fire/EMS Department's Training and Leadership Academy or through Maryland Fire and Rescue Institute (MFRI), and depends on whether the member is a career employee or a volunteer member. MFRI is the state of Maryland's fire and emergency service training institute. The Institute has more than 80 years of experience in providing training to first responders serving the state of Maryland. Emergency Medical Services (EMS) certifications are classified as either Basic Life Support (BLS) or Advanced Life Support (ALS). Both certifications are maintained through the Maryland Institute for Emergency Medical Services Systems (MIEMSS). The training information included in this report is what was provided to the Team. It is important to note that not all the requested training records were made available for the Team to review.

Career Employees

Career employees of the Prince Georges County Fire/EMS Department receive their initial training over the course of approximately 15-30 weeks at the Training and Leadership Academy, depending on their current EMT status. During recruit school they will receive, at a minimum, certifications for Fire Fighter I, Fire Fighter II, Hazmat Operations, Emergency Vehicle Operator, Emergency Medical Technician and Firefighter Survival and Rescue.



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Volunteer Members

All volunteer members must complete Volunteer Recruit School (VRS) to be considered operational members. Within 12 months of joining their respective department, the member must have enrolled in a Maryland Emergency Medical Technician course or a Fire Fighter I course. After joining the Department, the member has 30 months to complete both Firefighter I and the Maryland Emergency Medical Technician course.

Personnel on Apparatus

Rescue Engine 827

Riding Position	Name	Age	Certification Level	Experience	Affiliation	Assignment at the time of the incident
Officer	Brandon Fitch	20	EMT-B	9 months	Morningside Volunteer Fire Department	Fire/EMS Station 827
Driver	David Riley	33	EMT-B	14 years 6 months	Morningside Volunteer Fire Department	Fire/EMS Station 827
FF Position	Kevin Swain	19	EMT-B	9 months	Morningside Volunteer Fire Department	Fire/EMS Station 827
FF Position	Matthew Ward	25	EMT-B	2 years 2 months	Morningside Volunteer Fire Department	Fire/EMS Station 827
FF Position	Michael O'Brien	29	EMT-B	2 years 8 months	Morningside Volunteer Fire Department	Fire/EMS Station 827
FF Position	Shaquita Livingston	20	EMT-B	3 years	Morningside Volunteer Fire Department	Fire/EMS Station 827



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Paramedic Ambulance 823

Riding Position	Name	Age	Certification Level	Experience	Affiliation	Assignment at the time of the incident
Driver	Aaron Van Schoonhoven	26	EMT-B	2 years 2 months	Prince George's County Fire/EMS Department	Fire/EMS Station 823
Officer	John Ulmschneider	37	Paramedic	13 years 1 month	Prince George's County Fire/EMS Department	Fire/EMS Station 823

Medic 829

Riding Position	Name	Age	Certification Level	Experience	Affiliation	Assignment at the time of the incident
Driver	Cameron Brown	31	Paramedic	3 years 11 months	Prince George's County Fire/EMS Department	Fire/EMS Station 829
Officer	Rapheal Holt	28	Paramedic	3 years 11 months	Prince George's County Fire/EMS Department	Fire/EMS Station 829



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Ambulance 825

Riding Position	Name	Age	Certification Level	Experience	Affiliation	Assignment at the time of the incident
Driver	Steven Simms	25	EMT-B	2 years 6 months	Prince George's County Fire/EMS Department	Fire/EMS Station 825
Officer	Jacob Brown	32	Paramedic	9 years 11 months	Prince George's County Fire/EMS Department	Fire/EMS Station 825

Battalion Chief 883

Name	Age	Certification Level	Experience	Affiliation	Assignment at the time of the incident
Eric Reith	43	Paramedic	17 years 1 month	Prince George's County Fire/EMS Department	Battalion Chief 883

Duty Chief 800

Name	Age	Certification Level	Experience	Affiliation	Assignment at the time of the incident
Joseph Cardello	48	EMT-I	26 years 6 months	Prince George's County Fire/EMS Department	Duty Chief 800



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Safety 800

Name	Age	Certification Level	Experience	Affiliation	Assignment at the time of the incident
Eric Hurt	53	EMT-B	23 years 9 month	Prince George's County Fire/EMS Department	Safety Officer 800

Southern EMS Duty Officer

Name	Age	Certification Level	Experience	Affiliation	Assignment at the time of the incident
Michael Hayter	37	Paramedic	15 years 5 month	Prince George's County Fire/EMS Department	Southern EMS Duty Officer



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Risk Management Statistics (As of 7/1/06 to 7/1/2017)

There were a total 42 reported injuries from the Risk Management database that were classified as “assault type injuries”. Some examples include punches, kicks, scratches, bites, and gunshots. It is not specified what role the Fire/EMS provider was in at the time of the injuries (i.e. FF or EMT). It is believed that actual assaults on employees/members are under-reported.

Bitten	7
Scratched	3
Punched/Kicked	10
Gunshot wound	2
Assaulted	20

Incident Summary

Members of Rescue Engine 827 were playing basketball on an outside court in the greater Morningside area, when they were alerted for a “check the welfare” call at 5007 Sharon Road. They responded from the basketball court with six volunteer members. Rescue Engine 827 responded to the call with emergency lights and sirens and arrived on the scene at 19:46:08 hours. Rescue Engine 827 was the first unit to arrive on the scene. They pulled past the reported address and positioned on the Alpha -Delta corner of 5007 Sharon Road, facing Nile Place, and away from Old Branch Avenue.

Paramedic Ambulance 823 was in quarters at the time of dispatch at 19:34 hours. Paramedic Ambulance 823 responded with emergency lights and sirens and arrived at 5007 Sharon Road at 19:48:56 hours. Paramedic Ambulance 823 positioned in front of Rescue Engine 827 facing Nile Place, in front of 5005 Sharon Road. They were the second and last Fire/EMS Department unit to arrive on the scene.

Rescue Engine 827 arrived on the scene at 19:46:08 hours. Six members were onboard; the Officer In Charge (OIC) Fitch, Firefighter Riley (Driver), Firefighter Swain, Firefighter Ward, Firefighter O'Brien, and Firefighter Livingston. Five members exited the apparatus while Firefighter Riley remained on the Rescue Engine in the driver's seat. The five members of Rescue Engine 827 immediately approached the Alpha side (front) of the house and came in contact with Mr. Keith Williams (calling party) in the driveway of 5007 Sharon Road. Mr. Williams told the Rescue Engine crew that he believed that his brother (Mr. Darrell Lumpkin) was having a medical emergency and that he needed immediate medical assistance. Mr. Williams told the crew that he attempted to call his brother (Mr. Lumpkin) several times throughout the day, but was unsuccessful.



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Mr. Williams advised the crew from Rescue Engine 827 that his brother had recently been experiencing a variety of medical issues. Additionally, his brother had been sent home from work the day prior, due to health concerns. Unable to reach Mr. Lumpkin by phone, Mr. Williams became increasingly worried and drove to his brother's house where he found Mr. Lumpkin's car in the driveway. All the doors were locked from the interior indicating that Mr. Lumpkin was home and was physically unable to answer the door. Mr. Williams was very insistent that his brother was inside and needed immediate medical attention.

Several members from Rescue Engine 827 knocked on the front door and front windows in an attempt to illicit a response from Mr. Lumpkin. According to County Police records, all members from Rescue Engine 827 recall announcing their presence at the scene and yelling "Fire Department" multiple times while knocking on the front door and front windows. Firefighter Ward was witnessed looking down the Delta side of the house for an alternative entry point. No evidence was presented that a complete 360 degree walk around of the house was ever completed. The decision to force entry through the front door of the residence was made by crew members from Rescue Engine 827. Initial attempts to gain entry through the outside storm door were unsuccessful.

Witness statements indicated that five members of Rescue Engine 827 were on the porch and that the storm door was more difficult to force than they anticipated. It took a considerable amount of time to force the outward swinging metal storm door and their forcible entry actions were notably loud. The iron tools (halligan bar and flat head ax), were used as the primary forcible entry method. Crew members struck the halligan bar with the axe multiple times making several loud noises. While the members from Rescue Engine 827 were attempting to gain entry, Mr. Williams became increasingly insistent that Mr. Lumpkin was inside and incapacitated due to a medical emergency.

The crew from Paramedic Ambulance 823 arrived on scene at 19:48:56 hours and proceeded to meet with the crew from Rescue Engine 827 on side Alpha (front) of the residence on the front porch landing. Firefighter Van Schoonhoven stated that he and Firefighter/Paramedic Ulmschneider arrived at the front porch after the outside storm door was forced and before the wooden front door was forced open. Firefighters Van Schoonhoven and Firefighter/Paramedic Ulmschneider both actively participated in knocking on the front windows, announcing the Department's presence. The five members from Rescue Engine 827 and the two members from Paramedic Ambulance 823 that were on the front porch landing were all actively engaged with announcing the Department's presence and making a considerable amount of noise while forcing the doors.

After successfully gaining access through the front storm door, Firefighters Swain, Fitch, and O'Brien began forcing the inner wooden door. While those members were attempting to force the inner door, Mr. Lumpkin's brother became increasingly impatient, voicing his concerns regarding his brother's wellbeing towards the crew of Rescue Engine 827 and Paramedic Ambulance 823. A decision was made to "shock" the door with several forceful blows from the forcible entry tools to break the inner wooden door's locks and



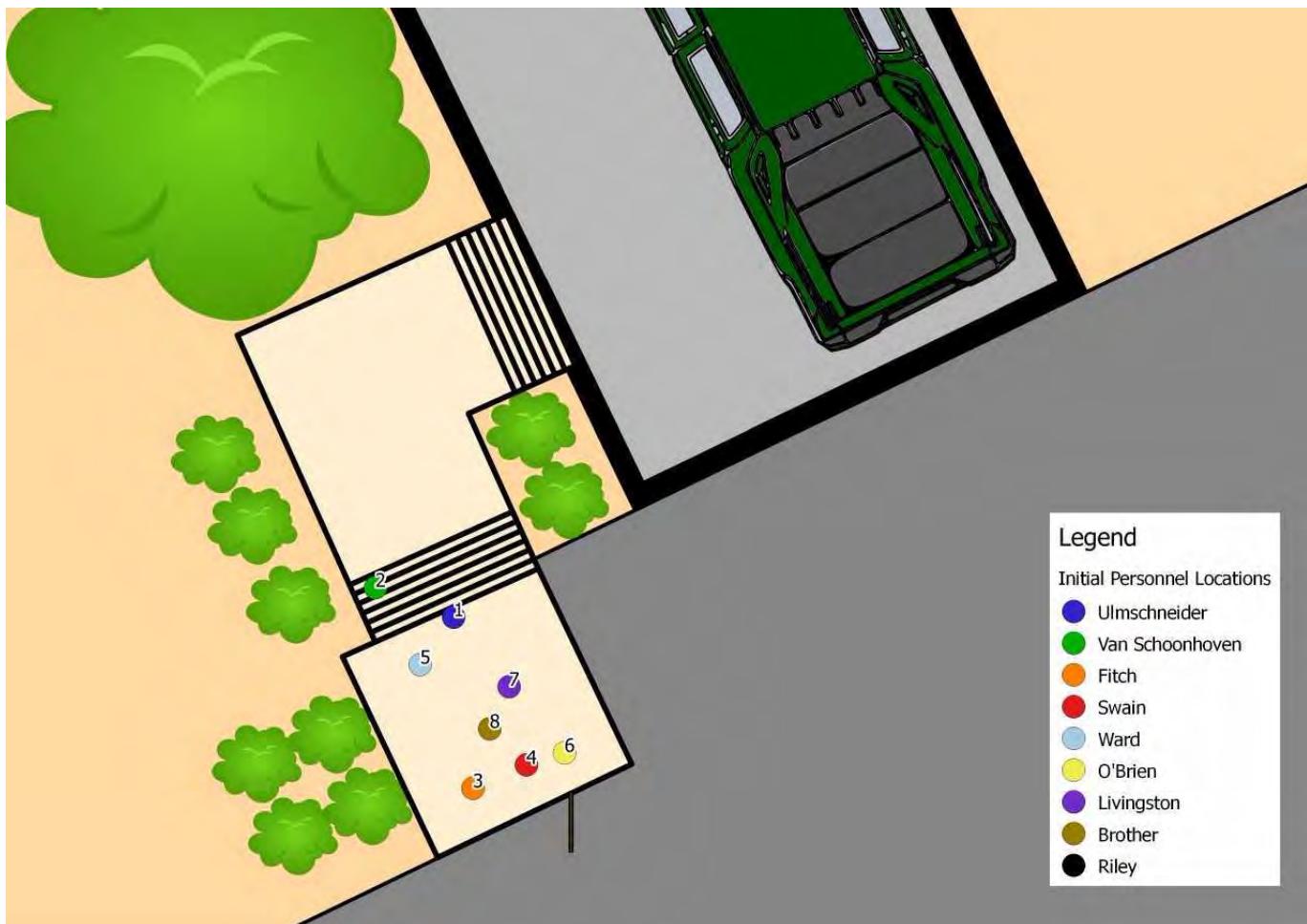
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enter the house faster. The last attempt at “shocking” the door resulted in the lower right wooden panel of the door being broken and the panel falling into the residence. Firefighter Swain, whom was striking the door, knelt on one knee and reached through the broken door panel and unlocked the inner dead bolt.

Witness statements indicated that while forcible entry efforts were occurring, all members that were located on the front porch of the house from Rescue Engine 827 and Paramedic Ambulance 823 were announcing “fire department”. According to County Police reports, Firefighter Swain stated that as he reached inside of the broken panel door to unlock the dead bolt, he announced “fire department” several times while he was completing the task. Firefighter Swain was successful with unlocking the door through the broken panel.

After unlocking the door, Firefighters Swain, Fitch, and O’Brien were all positioned directly in front of the door, standing side by side. Firefighter Livingston, Firefighter Ward, and Mr. Williams were part of a group staggered on the front porch. Firefighter/Paramedic Ulmschneider and Firefighter Van Schoonhoven were last, standing on the front steps of the residence.

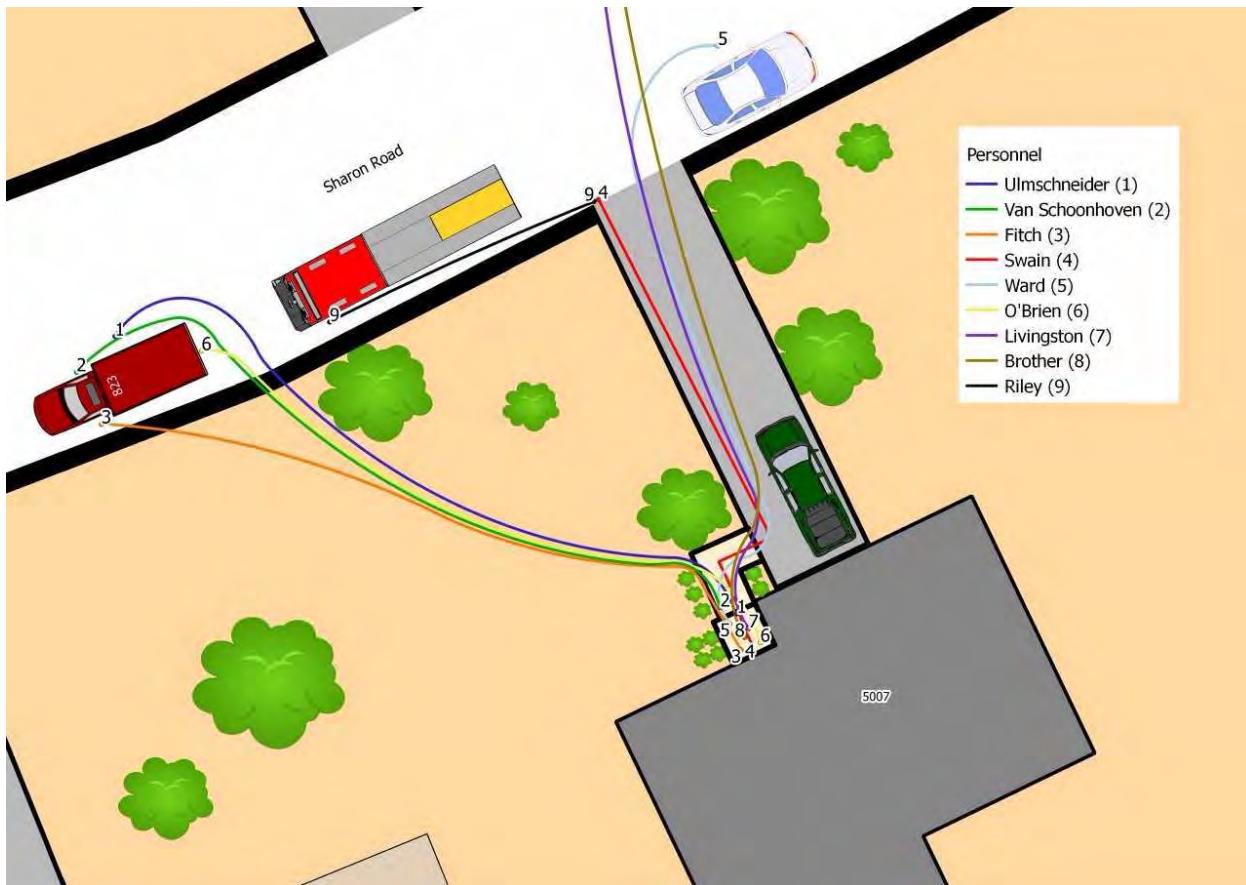




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As the door swung open, Mr. Williams forced his way through and entered the structure with Firefighter Swain. As they entered, the remaining personnel were still standing on the porch. Almost immediately after the door was opened, and before Mr. Williams and Firefighter Swain were able to take more than a few steps, five shots were fired from a small caliber handgun in succession from approximately 8-10 feet away. Firefighter Swain was struck in the abdomen and as he turned to exit he was struck a second and third time in the buttocks and lower back while running down the steps. After the third shot, Firefighter Swain was incapacitated on the front landing of the house. Almost simultaneously, Mr. Williams was shot in the lower jaw and collapsed into the house. As gunshots were being fired, Firefighter/Paramedic Ulmschneider turned to flee and was struck in the chest. Firefighter/Paramedic Ulmschneider ran toward Paramedic Ambulance 823 seeking refuge. Firefighter Fitch exited the front porch over the hand rail and retreated to Paramedic Ambulance 823. Firefighter Ward exited the porch, down the steps, and sprinted to a parked car on Sharon Road to seek shelter. Firefighter O'Brien fled from the front porch to the far side of Paramedic Ambulance 823 and took refuge inside the unit. Firefighter Livingston was knocked down by crew members on the front porch and suffered injuries to her jaw and neck. Firefighter Livingston was able to self-extricate off the front porch and sought refuge at a house across the street with Mr. Williams. Firefighter Van Schoonhoven safely retreated to the passenger side of Paramedic Ambulance 823.





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After the five shots were fired, Firefighter Swain was the only member left on the property. At 19:50 hours, several members radioed shots fired with members down. Firefighter/Paramedic Ulmschneider was able to make it to the far side of Paramedic Ambulance 823 and asked Firefighter O'Brien and Firefighter Van Schoonhoven if he was shot and then collapsed onto the side of Paramedic Ambulance 823. Firefighters Fitch, O'Brien and Van Schoonhoven assisted with loading Firefighter/Paramedic Ulmschneider into Paramedic Ambulance 823 through the side door. Firefighter/Paramedic Ulmschneider was conscious but not alert. At 19:54 hours, Firefighters Van Schoonhoven and O'Brien rendered aid to Firefighter/Paramedic Ulmschneider while responding to Southern Maryland Hospital Center while Firefighter Fitch drove Paramedic Ambulance 823.

Additional resources were requested to the scene by Paramedic Ambulance 823 and Rescue Engine 827. Public Safety Communications dispatched Medic 829, Paramedic Ambulance 806, Ambulance 825, and Battalion Chief 883 at 19:55 hours. Ambulance 825 and Medic 829 were in their own stations at the time of the dispatch. Battalion Chief 883, Southern EMS and Paramedic Ambulance 806 were all available on the radio.



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On-Scene Photographs

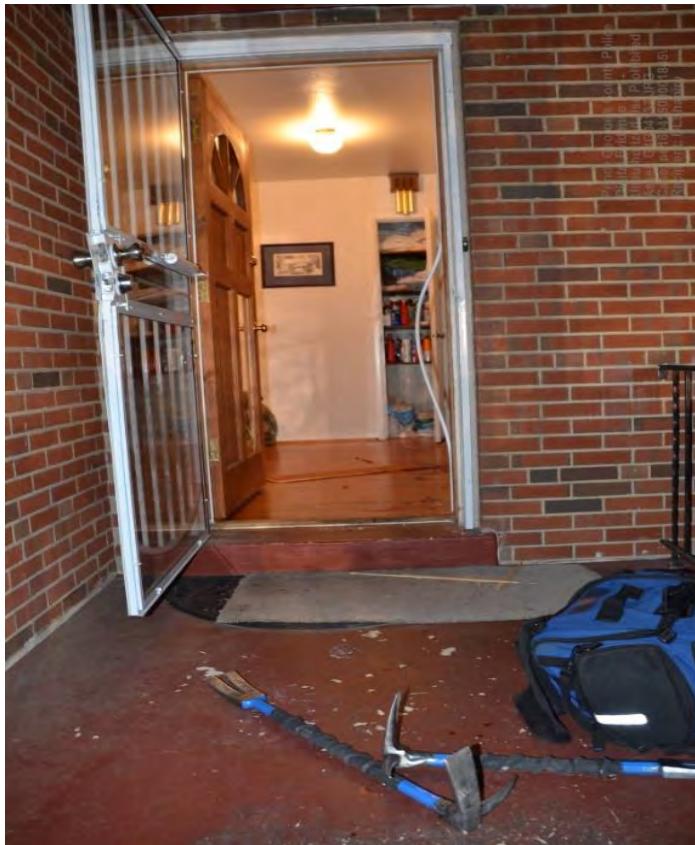


View: The picture above is a street side view of the front of the house. Personnel on scene attempted to gain entry through the front door. The forcible entry tools and an aid bag were left in place as personnel exited the area.



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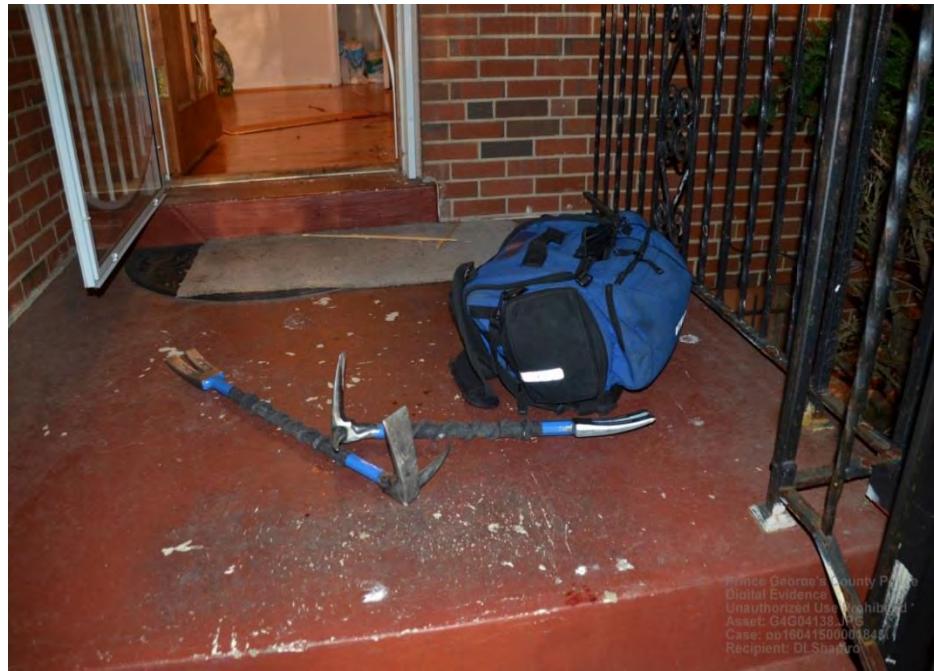
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View: Looking from the street toward the front door of the home.

Note: The pictures provide a view of the porch and front door of the house. The crew from Rescue Engine 827 forced the outer storm door before attempting to gain access to the wooden front door.

Forcible entry tools and an aid bag remained on the porch after personnel encountered gunfire originating from the interior of the home.



Prince George's County Police
Digital Evidence Photo
Unauthorized Use Prohibited
Asset: G4G04138-HG
Case: po1604158000018481
Recipient: DI Shaffro



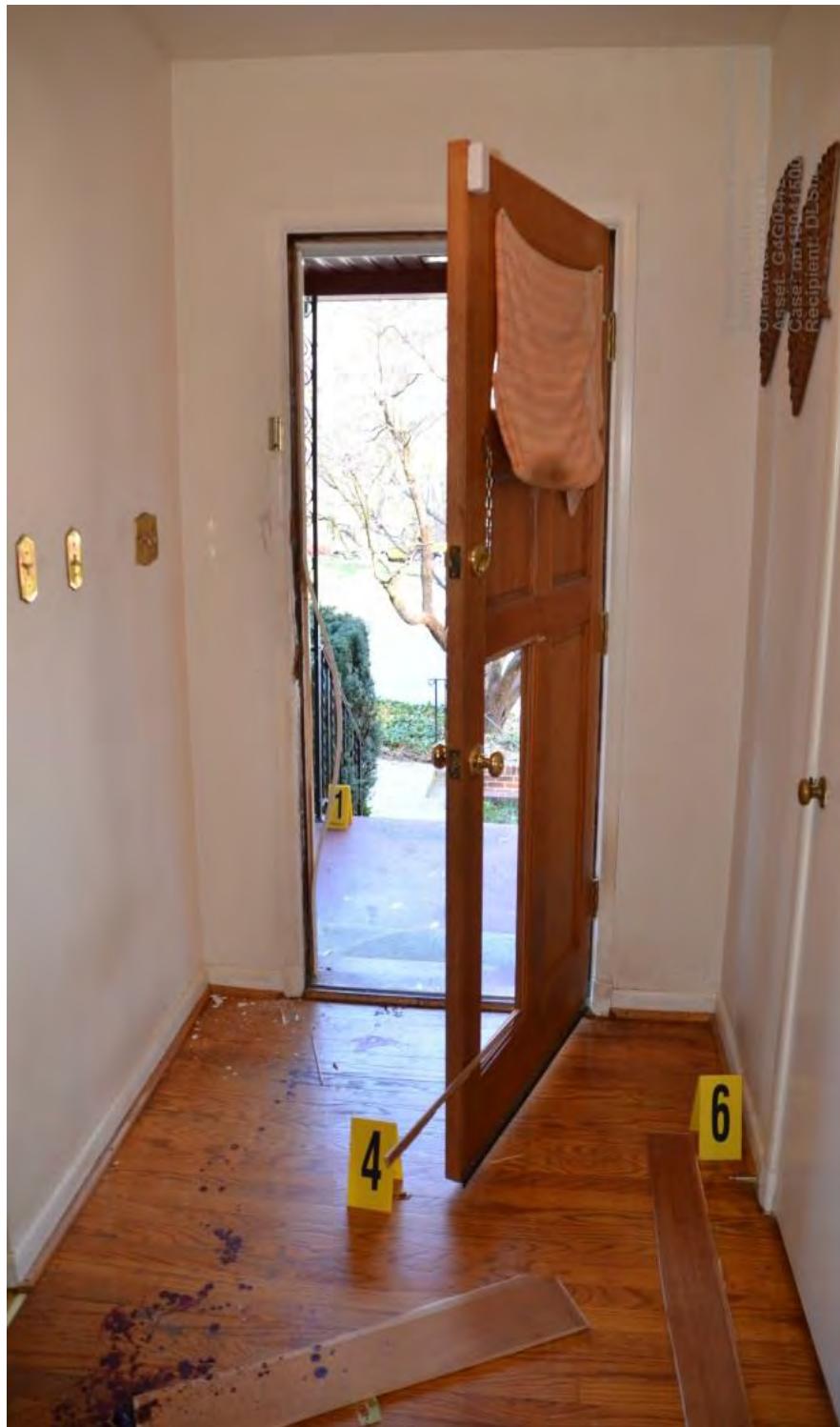
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View: The photo to the right is the view from the interior of the home looking outward toward the front porch where crews were standing when gunfire erupted.

As noted in the photo, the lower panel of the wooden door was removed by Rescue Engine 827 to gain access to the deadbolt.

Blood located just inside the front door was from the shooter's brother. The shooters brother entered the home with members from Company 827 once the door was unlocked.





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Treatment and Transport

As Paramedic Ambulance 823 responded to Southern Maryland Hospital Center (SMHC) with Firefighter/Paramedic Ulmschneider, the decision was made to attempt to rendezvous with an Advanced Life Support (ALS) unit. Paramedic Ambulance 806 was the closest available ALS unit and attempted to meet with Paramedic Ambulance 823 on Branch Avenue, in the area of Allentown Road. Paramedic Ambulance 806 was at Suitland Road and Silver Hill Road, approximately 10 minutes away, which prompted Paramedic Ambulance 823's decision to continue directly to SMHC without an ALS resource on board. While waiting on Branch Avenue for Paramedic Ambulance 806 to arrive, Firefighter Fitch changed positions with Firefighter O'Brien. Firefighters Fitch and Van Schoonhoven began to initiate advanced BLS care using the LIFEPAK 12 monitor that was on board Paramedic Ambulance 823. While en route to SMHC, Firefighter Van Schoonhoven and Firefighter Fitch attached Firefighter/Paramedic Ulmschneider to the LIFEPAK 12 monitor, Automated External Defibrillator (AED) pads, 3 lead heart monitor, pulse oximeter, attempted to insert an Oropharyngeal Airway (OPA) to begin bag valve mask respirations, and started to suction his airway. Firefighter/Paramedic Ulmschneider was delivered to SMHC at approximately 20:07 hours.

Firefighter/Paramedic John Ulmschneider suffered one gunshot wound to the upper right torso. The .380 caliber bullet entered at the mid-axillary line, above the right nipple traveling diagonally into the cardiac cavity and into his left bicep. Firefighter/Paramedic Ulmschneider was pronounced dead at Southern Maryland Hospital Center at 20:38 hours after an exhaustive attempt to revive him was unsuccessful by hospital staff.

Firefighters Van Schoonhoven, Fitch, and O'Brien were all taken from SMHC by the Prince George's County Police Department (PGPD) to their headquarters on Barlowe Road for questioning and statements. The three members were then transported by the County Police back to 5007 Sharon Road to provide details to investigators. They were all released to return home after PGPD obtained their initial statements.

After Paramedic Ambulance 823 departed from 5007 Sharon Road, Firefighter Swain self-extricated off the landing by rolling down the driveway where he was aided by Firefighter Ward. Firefighter Swain's injuries included gunshot wounds to the right lower abdomen, back and right buttocks.

Firefighters Ward, Livingston and Riley assisted Firefighter Swain into the rear crew compartment of Rescue Engine 827 and left the scene headed toward Nile Place. All three firefighters were onboard Rescue Engine 827 and requested a medevac for Firefighter Swain. Firefighters Ward and Livingston rendered aid to Firefighter Swain in the crew cab of Rescue Engine 827 as Firefighter Riley drove away from the scene and toward the landing zone located at 4904 Brinkley Road, Thurgood Marshall High School.



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Upon arrival at the landing zone, Rescue Engine 827 was met by Ambulance 825. Ambulance 825 and Medic 829 were directed to the landing zone by command (Battalion Chief Reith) to assist with Firefighter Swain's injuries. Ambulance 825 was staffed by Firefighter/Paramedic Jake Brown and Firefighter Steve Simms. Firefighters Brown and Simms took immediate actions to assist with the injuries. Medic 829 staffed by Firefighter/Paramedic Rapheal Holt and Firefighter/Paramedic Cameron Brown, arrived at the landing zone and assisted Ambulance 825 with immobilizing Firefighter Swain, identified and stopped all uncontrolled bleeding, administered oxygen and obtained a baseline set of vitals. At approximately 20:05 hours, Maryland State Police Trooper 2 (medevac helicopter) arrived at the landing zone and assumed care of Firefighter Swain. At 20:17 hours, Trooper 2 transported Firefighter Swain to the R Adams Cowley Shock Trauma Center in Baltimore, Maryland with Firefighter Ward (Rescue Engine 827), on board to assist with patient care.

After Trooper 2 departed the scene with Firefighter Swain, medical attention was provided to Firefighter Riley (Rescue Engine 827) and Firefighter Livingston (Rescue Engine 827) by Ambulance 825 for minor injuries. Firefighter Riley suffered a knee injury while dismounting Rescue Engine 827 at 5007 Sharon Road and Firefighter Livingston sustained jaw and neck injuries after being knocked over on the front porch. Both members were transported to Prince George's Hospital Center by Ambulance 825. Ambulance 825 remained with the injured crew members of Rescue Engine 827 until relieved by the Southern EMS Duty Officer, Lieutenant Michael Hayter. Lieutenant Hayter, arrived at Prince George's Hospital Center approximately 90 minutes into the incident. Ambulance 825 returned to Fire/EMS Station 825 (Clinton) and remained out of service for unit decontamination. Upon their return to the station, they were met by volunteer members from Station 825 who relieved them from duty. Station 825 was scheduled to take part in Volunteer Staffing Utilization (VSU) that evening. Firefighter/Paramedic Brown and Firefighter Simms went home without being offered or directed to participate in Critical Incident Stress Management (CISM) or any form of counseling.

After Trooper 2 departed, the crew from Medic 829 were redirected by Battalion Chief Reith to the command post, located at 6104 Old Branch Avenue to assist with Mr. Keith Williams' injuries. Mr. Williams, Darrell Lumpkin's brother, was driven by a County Sheriff to the command post on Old Branch Avenue. Medic 829 arrived at the command post and began to render aid to Mr. Williams. Shortly thereafter, Mr. Williams was transported to Prince George's Hospital Center by Medic 829 with a single gunshot wound to the chin that travelled into his shoulder. Once Mr. Williams was transferred to the care of awaiting emergency room staff, Medic 829 returned to Fire/EMS 829 (Silver Hill) and remained out of service. They were relieved from duty for the remainder of the shift and sent home. Their station supervisor offered contact information for the Employee and Volunteer Assistance Program (EAP/VAP). No other CISM resources were offered or received by the crew from Medic 829.



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Command and Control

Personal accounts of command and control activities, including critique points, are outlined below in the order in which personnel became engaged in the incident.

Battalion Chief 883: Battalion Chief Eric Reith (Incident Commander)

Battalion Chief Eric Reith was in service in the area of Pennsylvania Avenue and Silver Hill Road when he was notified of the incident on Sharon Road. Battalion Chief Reith received a cell phone call from the Public Safety Communications (PSC) supervisor and was informed that there was an active shooter incident on Sharon Road in the Temple Hills area involving Fire/EMS Department units. This notification occurred several minutes prior to PSC dispatching additional units to Sharon Road. While responding, Battalion Chief Reith requested an alternate channel from PSC to operate the incident. Radio transmissions were limited and information was not clear as to what had occurred or the events that were currently happening on the scene. Battalion Chief Reith made multiple attempts to read updated information off the Mobile Data Terminal (MDT) but was unable to properly process the information while he was responding to the scene and attempted to handle multiple incoming calls on his Departmental cell phone. Battalion Chief Reith was admittedly unsuccessful at multitasking while responding to the rapidly evolving incident.

When Battalion Chief Reith arrived in the area, he established command and designated a staging area at Old Branch Avenue and Linda Lane. By the time Battalion Chief Reith arrived in the vicinity of Sharon Road, all personnel from Rescue Engine 827 and Paramedic Ambulance 823 had left the scene. Paramedic Ambulance 823 was headed to Southern Maryland Hospital with Firefighter/Paramedic Ulmschneider and Rescue Engine 827 was en route to the landing zone with Firefighter Swain. Battalion Chief Reith relocated to Thurgood Marshall Middle School at 4909 Brinkley Road, to assist Rescue Engine 827 at the landing zone. Battalion Chief Reith arrived at the landing zone two minutes prior to Trooper 2 landing.

After a brief exchange with the members from Rescue Engine 827, Battalion Chief Reith responded to the Prince George's County Police Department's Command Post at the Kaiser Permanente parking lot located at 6104 Old Branch Avenue. While en route to the Command Post, he attempted to gain information from PSC regarding the status of the other members of Rescue Engine 827 and Paramedic Ambulance 823. Information was constantly changing and PSC was unable to give an accurate account of staffing, the location of all the members involved, and the extent of the injuries to the remaining members. Battalion Chief Reith was able to provide an update to Volunteer Chief 827 and various members of the Fire Department's Command Staff on his cell phone pertaining to the status of Firefighter Swain. Battalion Chief Reith arrived at the County Police Department's Command Post with the intent to establish a unified command. Upon his arrival, he encountered multiple obstacles while attempting to gain updated information from the County Police.



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This resulted in an unsuccessful attempt to establish a unified command post between both agencies (PGFD and PGPD).

During the incident, Battalion Chief Reith directed Ambulance 825 to assist with two injured members from Rescue Engine 827 at the landing zone. He then directed the Southern EMS Duty Officer, Lieutenant Hayter, to Southern Maryland Hospital Center to gather information about Firefighter/Paramedic Ulmschneider's condition. He ordered Medic 829 to assist with Mr. Williams' gunshot wound at the command post. Battalion Chief Reith also instructed Medic 826 and Paramedic Ambulance 806 to remain at the Kaiser Permanente staging area in the event any additional medical resources were needed.

As the incident progressed, additional Chief Officers began to arrive at the scene. Command Staff members that responded to the scene included Deputy Fire Chief Benjamin Barksdale, Deputy Fire Chief James McClelland, Sr., Assistant Fire Chief Tiffany Green, Assistant Fire Chief Joseph Cardello, and Assistant Fire Chief Alan Doubleday. Battalion Chief Reith provided pertinent information to PSC and Fire/EMS Department Command Staff members on scene, while continuously attempting to gain updated information regarding Firefighter/Paramedic Ulmschneider's condition.

Approximately 30 minutes into the incident, a personnel accountability check was completed by Battalion Chief Reith resulting in all members being accounted for. After completing the accountability check, he began to transition all available information to Deputy Fire Chief Barksdale for a news briefing. At the conclusion of the initial news briefing at the command post, Battalion Chief Reith, along with the remaining members of the Fire/EMS Department's Command Staff, reported to Southern Maryland Hospital Center.

Duty Chief 800: Assistant Fire Chief Joseph Cardello

Assistant Fire Chief Joseph Cardello was on duty at Fire/EMS Station 806 (St. Joseph's), when he was dispatched to the incident on Sharon Road. Assistant Chief Cardello immediately responded to the Temple Hills area with an approximate arrival time of 25 minutes. While responding, Assistant Fire Chief Cardello notified Assistant Fire Chief Alan Doubleday and Deputy Fire Chief Dennis Wood via cell phone. After notifications were made to the Command Staff, Assistant Fire Chief Cardello contacted PSC to gain additional information about the incident. He reported to the command post at Kaiser Permanente located at 6104 Old Branch Avenue and met with Deputy Fire Chief McClelland, Deputy Fire Chief Barksdale, Assistant Fire Chief Doubleday and Prince George's County Police Chief Henry P. Stawinski III, to gather additional information about the shooting.



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Assistant Fire Chief Cardello, operating as the Duty Chief for the shift, did not assume command of the incident from Battalion Chief Reith. During the initial stages of the incident, he was unsure about the accountability of the members from Rescue Engine 827 and Paramedic Ambulance 823. Furthermore, he indicated that there was a lack of any formal unified command post and that the County Police were unwilling to share information they obtained regarding the incident.

Assistant Fire Chief Cardello was among those who transitioned to Southern Maryland Hospital Center with Command Staff members after Deputy Fire Chief Barksdale's initial press conference at Kaiser Permanente. He also assisted with coordinating Firefighter/Paramedic Ulmscheinder's transfer to the Office of the Chief Medical Examiner's (OCME) in Baltimore.

Emergency Services Command Deputy Fire Chief: Deputy Fire Chief Dennis Wood

Deputy Fire Chief Dennis Wood was at home in Laurel, Maryland when he was notified of the incident by Assistant Fire Chief Cardello and Deputy Fire Chief Barksdale. Deputy Fire Chief Wood responded to Baltimore to act as the Department's liaison and assist with the needs of Firefighter Swain. He arrived in Baltimore at the R Adams Cowley Shock Trauma Center shortly after Trooper 2 arrived with Firefighter Swain. Deputy Fire Chief Wood coordinated efforts with hospital staff to facilitate the anticipated influx of Fire/EMS Department members. While he was there, Deputy Fire Chief Wood obtained Firefighter Swain's updated condition and treatment plan and was able to forward accurate information to the remainder of the Department's Command Staff and the Swain family. Deputy Fire Chief Wood was also able to coordinate with hospital staff and the Baltimore City Fire Department to facilitate CISM assistance for members that arrived at R Adams Cowley Shock Trauma Center. Lastly, Deputy Fire Chief Wood and Fire Chief Marc S. Bashoor, reported to the OCME to receive Firefighter/Paramedic Ulmschneider.

Executive Officer: Assistant Fire Chief Alan Doubleday

Assistant Fire Chief Alan Doubleday served as the Executive Officer for Fire Chief Marc S. Bashoor. Assistant Fire Chief Doubleday was at home when he was notified of the incident by Assistant Fire Chief Cardello. In addition to handling his assigned duties as Executive Officer, he was tasked with acting as the Public Information Officer (PIO) for the Department while the assigned PIO was out of town.

While responding to the command post, Assistant Fire Chief Doubleday was able to obtain limited information about the incident. He contacted Battalion Chief Reith for updated information, but was restricted due to Battalion Chief Reith being actively engaged as the Incident Commander.



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Assistant Fire Chief Doubleday reported to the command post and met with Command Staff members. He initially received conflicting information about the number of Fire/EMS Department members that were injured. There was no unified command post and the preliminary information that was obtained by the County Police was incorrect. Assistant Fire Chief Doubleday responded to Southern Maryland Hospital Center (SMHC) to obtain updated information about Firefighter/Paramedic Ulmschneider's condition. While en route to SMHC, he contacted Fire Chief Bashoor and Public Safety Director Mark Magaw and provided them with an update. Shortly after his arrival to the hospital, Assistant Fire Chief Doubleday met with Southern EMS Duty Officer Lieutenant Hayter, and was notified that Firefighter/Paramedic Ulmschneider had succumbed to his injuries.

Assistant Fire Chief Doubleday notified Fire Chief Bashoor and Andrew Pantelis, President of IAFF Local 1619 of Firefighter/Paramedic Ulmschneider's death. Fire Chief Bashoor and Mr. Pantelis were out of town at the time of the incident. Fire Chief Bashoor was able to return from Pennsylvania in time to meet Deputy Fire Chief Wood at the OCME. Prince George's County Executive Rushern Baker III, Deputy Chief Administrative Officer for Public Safety Mark Magaw and State's Attorney Angela Alsobrooks arrived at SMHC and were provided with an update. Assistant Fire Chief Doubleday contacted the Prince George's County Police and placed a request to have Firefighter/Paramedic Ulmschneider's wife escorted to the hospital. Assistant Fire Chief Doubleday then arranged for the Fire/EMS Department's Honor Guard to initiate Honor Guard Watch for Firefighter/Paramedic Ulmschneider and began making arrangements for transportation to the OCME in Baltimore. While acting as the PIO, Assistant Fire Chief Doubleday set up a press conference at SMHC.

Southern EMS Duty Officer: Lieutenant Michael Hayter

Lieutenant Michael Hayter was not regularly assigned to this position and was working overtime from 1500-2300 hours. As the incident unfolded, Lieutenant Hayter was on the scene of a working house fire in the Fort Washington area. The fire was brought under control and he was monitoring the radio when he heard units on Sharon Road calling for immediate assistance. Lieutenant Hayter responded from the Fort Washington area to the landing zone for Trooper 2. Radio traffic was confusing and he didn't know how many victims there were or the extent of any injuries. He arrived at landing zone and received a verbal report from Medic 829 about the extent of Firefighter Swain's injuries. Lieutenant Hayter then checked on the status of the remaining crew members of Rescue Engine 827, Firefighters Livingston and Riley. Lieutenant Hayter determined that they would both need medical attention and additional resources were requested. The injured crew members from Rescue Engine 827 were initially hesitant to receive medical care. Lieutenant Hayter was able to convince them to seek medical treatment at the hospital. While at the landing zone, he was unable to recall the establishment of a command post and noted that Battalion Chief Reith was not at a fixed location.



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After ensuring all members from Rescue Engine 827 received medical attention, Lieutenant Hayter responded to SMHC. He arrived almost simultaneously with the Northern EMS Duty Officer Captain Akintunde Ola. Lieutenant Hayter reported to the Emergency Room (ER) where he ascertained the status of the personnel from Paramedic Ambulance 823 and the crew members from Rescue Engine 827 that assisted with transporting Firefighter/Paramedic Ulmschneider to the hospital. Lieutenant Hayter was able to account for the remaining members and report their status to Battalion Chief Reith. Lieutenant Hayter was present in the ER trauma bay when efforts to resuscitate Firefighter/Paramedic Ulmschneider were terminated. After Firefighter/Paramedic Ulmschneider was pronounced deceased, Lieutenant Hayter informed Firefighter Van Schoonhoven and remained with him to provide support.

Lieutenant Hayter was ordered to leave SMHC and report to Prince George's Hospital Center (PGHC) to check on the status of the injured crew members from Rescue Engine 827. He was able to make contact with Firefighters Riley and Livingston and report their status back to Battalion Chief Reith. Lieutenant Hayter was the highest-ranking officer at PGHC where he remained for several hours. He was later ordered to report to Fire/EMS Station 855 (Bunker Hill) for a mandatory holdover ending at 07:00 hours the next day. After Lieutenant Hayter's shift ended, he went home without any CISM or counseling assistance. Lieutenant Hayter was never offered any CISM services.

Safety Officer 800: Captain Eric Hurt

Captain Eric Hurt was at Fire/EMS Station 816 (Northview) and was alerted to the Sharon Road incident via a social media post made by a member of the Department. Captain Hurt self-dispatched on the call and was added to the incident by PSC at approximately 20:13 hours. He reported to the command post and aided the command staff in a support role for the next several hours.

Captain Hurt attempted to download the camera mounted in Paramedic Ambulance 823 and noted that no events were captured. The crew from Paramedic Ambulance 823 were utilizing a reserve ambulance that was not equipped with an updated event data recorder (vehicle mounted camera), which may have allowed portions of the incident to be captured.



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Emergency Services Command: Assistant Fire Chief Steve White

Assistant Fire Chief Steve White was on “light duty” status at the time of the incident and was home when he was notified by Lieutenant Hayter. At the time, Assistant Fire Chief White was the coordinator of the Fire/EMS Department’s CISM Team. He attempted to contact multiple command staff members by cell phone and was unsuccessful. Assistant Fire Chief White reported to SMHC. While driving to the hospital, Assistant Fire Chief White called the Departmental Chaplain who told him that he was a volunteer member and that since Firefighter/Paramedic Ulmschneider was a career member, he was not going to be able to assist. Assistant Fire Chief White called the County Police Department’s CISM coordinator and was able to summon assistance from their designated CISM Team. Upon his arrival to SMHC, Assistant Fire Chief White contacted the other members of the Command Staff at the hospital. He encountered issues with members of the Command Staff who were reluctant to ask for CISM assistance from other agencies.

Assistant Fire Chief White contacted Fire/EMS Department Honor Guard members to establish a watch at SMHC. He reached out to the Employee Assistance Program (EAP) coordinator and was unable to obtain assistance. Assistant Fire Chief White made the analogy that “you don’t call upon yourself when your own house is on fire and that we needed mutual aid to assist with our needs”. It wasn’t until two days after the Sharon Road incident that a County-wide CISM program was established and provided to Fire/EMS Department members.

Support Services Command: Assistant Fire Chief Tiffany Green

Assistant Fire Chief Tiffany Green was at a gym when the Watch Office called her mistakenly looking for another Deputy Fire Chief. She responded to the command post at Kaiser Permanente and was the first Command Staff member on scene. When she arrived, she noticed Mr. Williams with a gunshot wound to the face and shoulder and rendered first aid. Deputy Fire Chief Barksdale and Prince George’s County Police Chief Stawinski arrived on the scene and assisted.

Assistant Fire Chief Green had no clear understanding of the number of personnel injured or accountability of the members. Furthermore, she was unsure about which talk group channel the incident was operating on. Assistant Fire Chief Green noted that no formal unified command structure was in place.

After 10 minutes at the command post, Assistant Fire Chief Green was ordered by Deputy Fire Chief Barksdale to report to the R Adams Cowley Shock Trauma Center in Baltimore to establish a command post. Once at the hospital, Assistant Fire Chief Green met with Deputy Fire Chief Wood and assisted with coordinating logistical needs for the volunteer members and their families.



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Volunteer Services Command: Deputy Fire Chief James McClelland, Sr.

Deputy Fire Chief James McClelland was at home in Bowie at the time of the incident when he heard the calls on the radio and responded. He was covering as the Fire Chief while Fire Chief Bashoor was out of town. While responding to the scene, Deputy Fire Chief McClelland called Fire Chief Bashoor and Assistant Fire Chief Doubleday to notify them of the incident. He reported to the command post at Kaiser Permanente and contacted Deputy Fire Chief Barksdale and Battalion Chief Reith for an update. Once on the scene, he noted that County Police were unsure about the number of victims or their location.

Deputy Fire Chief McClelland was at the command post for 10 minutes and later reported to SMHC to check on the condition of Firefighter/Paramedic Ulmschneider. While traveling to SMHC, Deputy Fire Chief McClelland contacted Deputy Fire Chief Wood for an update. When he arrived at SMHC, he was met by Assistant Fire Chief Doubleday and was advised of Firefighter/Paramedic Ulmschneider's death. Deputy Fire Chief McClelland contacted the Prince George's County Volunteer Fire Rescue Association (PGCVFRA) President William Cunningham and the Fire Department Chaplain and requested that they report to the hospital.

Operational Safety Chief: Acting Battalion Chief James Jiron

Acting Battalion Chief James Jiron was covering for the Operational Safety office at the time of the incident. He was off duty and at home when he received notification from the Watch Office about possible firefighters and medics injured due to gunfire. He called the on-duty Safety Officer, Captain Hurt, and was unsuccessful in contacting him. Acting Battalion Chief Jiron called Assistant Fire Chief Sayshan Conver-White and was ordered to report to Fire/EMS Station 826 (District Heights). While reporting back to work, informational updates from the Fire/EMS Department Watch Office ceased. Acting Battalion Chief Jiron was unable to obtain updates until he reported to the station.

When Acting Battalion Chief Jiron arrived at Station 826, he called Assistant Fire Chief Conver-White for instructions. He was directed to remain at Station 826 and assist with the CISM Team. He noted that no CISM Team support was ever established. There was a significant amount of confusion surrounding where and when counseling services would take place. The Prince George's County Police Department's CISM Team showed up at Station 826, but were not utilized because no employees/members from the Fire Department reported to Station 826 prior to Acting Battalion Chief Jiron leaving at 02:00 hours.



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Command Staff Incident Critique Points

- The lack of accountability of members from Rescue Engine 827 and Paramedic Ambulance 823.
- Members of the Command Staff were unable to access up-to-date information from the Computer Aided Dispatch (CAD) on the Mobile Data Terminals (MDT).
- The rapidly evolving nature of this high stress incident quickly overwhelmed the single Command Officer dispatched on this incident. In the early stages of the incident, no additional resources were available to assist with managing information and crew accountability.
 - The Department lacks tools to aid in the Incident Commander's situational awareness. Currently, incident commanders have no way of knowing the names/ranks of personnel riding on volunteer apparatus.
- The failure to adequately establish a “Unified Command Post” with the County Police Department resulted in a breakdown in communications between both public safety agencies.
- Critical Incident Stress Management resources were inadequate.
 - The limited CISM resources in place prior to the incident resulted in inadequate services for all employees impacted by the incident.
 - At the time of the incident, the CISM Team consisted of four members. Three of the four members on the CISM Team were impacted by the incident, rendering the Fire/EMS Department’s CISM Team out of service.
 - A lack of support for the CISM Team resulted in numerous personnel not receiving adequate services directly after the incident. Follow-up efforts to coordinate counseling for employees/members failed due to a lack of resources, support, and planning.
 - The Department was initially hesitant to request outside CISM and funeral planning resources from MIEMSS/NCR which resulted in further strain on members of the Fire/EMS Department.
 - The Department’s staffing office required one career employee to work overtime after being directly involved in the incident.
- No standard operating procedure was in place for Incident Commanders to utilize when managing an incident involving death or serious bodily injury to Fire/EMS Department employees/members.
- The nature and complexity of the incident was simply too much for one person to manage.
- Command Staff members became quickly overwhelmed when tasked with multiple complex duties during and after the incident.
- The command bus should have been requested to aid in planning and post incident coordination.



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- Fire/EMS Department personnel should not decontaminate apparatus when a traumatic incident involves an employee/member of their own Department.
 - A third-party vendor or contractor should have been tasked with the decontamination process. This would assist with minimizing post-traumatic stress to other employees/members.
- Safety 800 self-dispatched after being indirectly notified. An Incident Safety Officer should have been dispatched once it was determined that employees/members were seriously injured.
- Personnel dispatched on the initial (check the welfare) call on Sharon Road, were wearing varying degrees of work uniforms.

General Orders and Compliance

Members of the Safety Investigation Team evaluated the Department's General Orders throughout the course of the investigation. Excerpts from the General Orders pertinent to this incident are provided below. Each section highlights a specific General Order and includes areas of concern identified by the Safety Investigation Team. The General Orders are provided in its entirety in the appendix of this report.

General Order 03-13

Division - Communication and Information Management/Technology

Chapter - Emergency Identifier Activation Procedure: “Emergency identifier capability is a standard feature on Fire Department portable radio equipment. It is designed to provide a rapid means to transmit a silent call for help when personnel are in danger or in need of assistance”.

Note: While this may not have had any direct impact on the outcome of the call, it is important to note that most members on the scene did not have a radio with them and were unable to call for help.



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General Order 04-01

Division - Education and Training

Chapter - Required Training to Maintain Operational Status: “FIT Testing and SCBA Training” - The Fire/EMS Department tests each person once per fiscal year in each mask type they are required/may be required to wear in the performance of their duties. OSHA 29 CFR 1910.134 states this is an annual testing and training program that all operational members must maintain. Fire/EMS sworn and volunteer personnel must only maintain N-99 FIT Testing. Certain civilian employees and members must maintain their N-99, SCBA and other mask certifications”.

Note: There was a member involved in the incident found to be non-compliant with FIT testing during the investigation.

General Order 06-04

Division - Emergency Operations

Chapter - Mayday Procedure: Definitions - Mayday - term used to alert the Incident Commander or other persons that personnel are in an imminent life-threatening situation.

“When personnel operating on the scene of an emergency incident find themselves in a life-threatening situation and require immediate assistance, they shall instantly declare a MAYDAY”.

“Declaration of a MAYDAY shall be limited to only those situations which demand immediate action by on scene resources to come to the aid of a distressed member. Examples would include:

- Personnel trapped or entangled
- Personnel lost
- Personnel out of air
- Serious Medical Emergency

Note: While MAYDAYS are normally used during fire suppression related activities, they can potentially be used for medical situations. The inability to call for a MAYDAY (due to not having the provided portable radio with you) creates a significant safety risk.



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General Order 06-19

Division - Emergency Operations

Chapter - Forcible Entry into Buildings

I. General Guidelines

"Forcible entry into buildings under non-emergency situations shall be limited to the following conditions:

- Probable cause exists that a person or persons incapable of caring for themselves are inside and unable to open the entrance door"

"Public Safety Communications shall request police assistance on all calls for forced entry to which Fire/EMS Department units are dispatched. Fire service personnel shall await the arrival of the Police Department prior to gaining entry unless, in the judgment of the officer-in-charge, conditions warrant otherwise".

Note: The judgment of the officer-in-charge is very subjective. Once certain conditions have been met then a decision should be made by the OIC. Are personnel adequately trained to recognize inherent risk factors?

Consideration should be given by addressing the following factors:

- Where to stand,
- Structured training on forcible entry,
- Completion of a 360 prior to entry,
- Exhausting all other available means of alerting any possible occupant of the property, and
- Awaiting police arrival.



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General Order 08-03

Division – Health and Safety

Chapter – Critical Incident Stress Management Team

I. Program Operation/Components

A. The CISM Team members are selected by the Fire Chief or his designee. The Coordinator of the Employee and Volunteer Assistance Programs (EAP/VAP) will serve as the CISM Team Coordinator. The team shall consist of:

- Members of the EAP/VAP staff.
- Three representatives from the professional clinical community (i.e., social workers, psychologists, or nurse therapists).
- Three representatives from the Prince George's County Fire/EMS Department.

4. One member of the Prince George's County Fire/EMS Department Chaplain Corps.

B. Participation in annual in-service training, as well as quarterly meetings, is required to enhance team skills and knowledge.

III. Activating the CISM Team

C. Upon activation, the CISM Team Coordinator will gather information on the severity of stressors on the call and dispatch the Team as appropriate. If the magnitude of the incident is beyond the scope of the team to provide complete services, mutual aid response from another CISM Team will be recommended by the Prince George's County Fire/EMS Department CISM Team to the Fire Chief. Upon approval of the Fire Chief, mutual aid CISM Teams will be called.

Note: According to interviews, it took multiple days to request mutual aid CISM Teams due to multiple people on the team being affected. No mention is made of making sure personnel directly involved in the call were offered immediate assistance. The immediate resources available to employees/members were inadequate.



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General Order 08-13

Division – Health and Safety

Chapter – Personal Protective Equipment

“High visibility vests are required when personnel are engaged in non-firefighting operations on a roadway”.

“OIC may determine the appropriate level of protective clothing to be worn”

Note: This General Order almost strictly deals with PPE for fire/rescue related incidents. High visibility vests can readily identify an individual as a first responder, particularly in low light conditions or during forcible entry.

General Order 08-18

Division – Health and Safety

Chapter – Safety and Investigation Team

The SIT is comprised of:

- Departmental Safety Officer (Chairperson) or Designee
- Emergency Operations Command Major or Designee
- Emergency Medical Services (EMS) Supervisor (or on-duty EMS officer at the time of the incident investigation)
- Fire investigator
- Local 1619 Representative (company level officer)
- A Volunteer Safety Officer
- Other individuals assigned by the Fire Chief with special qualifications

Note: The Department did not follow membership guidelines.

“The SIT shall conduct preliminary interviews and take statements from all personnel involved in the incident. All personnel shall cooperate with the SIT during the investigation. Failure to cooperate or interference with the investigation will not be tolerated and will result in disciplinary action”.

Note: The Safety Investigation Team made multiple attempts to schedule interviews and access training records from employees/members involved in the incident. The Team was unable to conduct interviews with members from Fire/EMS Station 827 (Morningside) that were directly involved with the incident on Sharon Road. Contrary to the provisions of General Order 08-18 relating to compliance, no action was taken to compel the Morningside Volunteer Fire Department to participate in the investigation.



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General Order 08-23

Division – Health and Safety

Chapter – Death or Significant Injury/Illness Assistance Policy

Relieving affected stations from duty

Note: Personnel directly involved in the incident were sent to another station to relieve another member from duty.

General Order 10-01

Division – Logistics and Supply

Chapter – Career Uniforms

Work Uniform – Firefighters, Paramedics, Technicians, Firefighter/Paramedics, Lieutenants, and Captains

“Short-sleeved or long-sleeved navy uniform shirt, navy trouser, navy blue T-shirt or approved with approved markings, solid black socks, black Garrison belt and name tag. Captains and lieutenants will also wear the appropriate badge and collar insignia. Shoes and boots must be black leather. White socks may be substituted as outlined in Section II, Definitions. An approved sweater, sweatshirt, job shirt, jacket or optional uniform may be worn, providing it is in accordance with the standards set forth in this General Order”.

“Work uniform accessories and associated requirements shall include the “official” Department T-shirt, Polo Shirt, Sweatshirt, Job Shirt and Jacket. They shall be 5-11 Brand Tactical solid dark navy blue of Fire Navy in color, unless otherwise specified. The costs associated with the acquisition of the optional Department T-shirt, Polo Shirt, Sweatshirt, Job Shirt, Jacket, pants and shorts shall be borne by the individual member. Members shall have the regulation dark blue wash and wear work uniform shirt/blouse with the appropriate undershirt available to wear at all times, to include but not limited to details, office lineup, and/or inspections”.

Note: The Department’s General Order’s do not require volunteer members to wear a similar standardized work uniform as outlined in General Order 10-01.



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Safety Investigation Team Recommendations

The Safety Investigation Team developed a list of recommendations based on its finding during the course of the investigation. Recommendations are color coded based on priority. Recommendations highlighted in RED signify the highest priority and should be considered for immediate action. Recommendations highlighted in YELLOW are considered an intermediate priority and warrant thorough review after addressing the recommendations highlighted in red. The remaining recommendations are highlighted in GREEN and require review.

Recommendation #1

Revise General Order 06-19 so that it clearly outlines the appropriate steps to managing an incident requiring forcible entry into an occupancy.

- A revision of the current Forcible Entry General Order (06-19) should include the requirement for personnel to complete a 360 degree size up (if possible) of the residence or building. This shall also include but is not limited to knocking, banging, and verbal announcements prior to forcing entry. Every attempt to notify the potential occupant of the Fire/EMS Department's presence should be made prior to entering the occupancy.
- Develop parameters that identify when forcible entry is required.
- Consideration should be given to restricting the number of personnel standing near the entryway while attempting to force entry. Most of the personnel that responded to the initial incident were standing directly in front of the doorway while the door was being forced and then opened.

Recommendation #2

Enhance existing annual training requirements to include forcible entry tactics, identifying and managing risk, self-defense and de-escalation techniques.

- Training to promote situational awareness, de-escalation techniques and self-defense training should begin in recruit school/VRS and can be provided annually to employees/members on Target Solutions.
- Mandate that all members and employees receive training to include proper personnel positioning for safety (off to side of the door being forced, not directly in front of the doorway) while performing forcible entry. As mentioned in the previous recommendation, responding personnel were positioned directly in the line of fire when the door was being forced and then opened. By limiting the number of personnel forcing entry and by proper positioning, the risk to employees/members will be reduced.



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Recommendation #3

Create a pilot program to evaluate the use of Ballistic Vests.

- The Department should conduct a feasibility study to determine if ballistic vests will provide a clear benefit to personnel placed in elevated risk environments.
- The SIT recommends an optional wear policy that clearly outlines the use of ballistic vests for certain call types.
- If a ballistic vest program is adopted, vests should be properly fitted to personnel.
- A ballistic vest will not eliminate all risk to Fire/EMS Department personnel. A ballistic vest provides significant protection from small caliber gunfire directed at the upper torso.

Note: The Prince George's County Fire/EMS Department was in the process evaluating the purchase and use of ballistic vests at the time this report was being drafted.

Recommendation #4

Improve command and control of incidents, particularly those that require a multi-agency response.

- Provide aides to Battalion Chiefs to help manage communications, information, and accountability. (Chief Aides are also included in Recommendation #14 as part of the 57th Avenue SIT Report. This recommendation has not been implemented.)
- Restrict non-essential personnel from approaching the command post.
- Prohibit the frequent practice of trying to reach the Incident Commander by cell phone when he/she is actively managing an incident.
- Conduct inter-agency training to develop a better working relationship with other agencies. The inability to establish a functional unified command with the County Police highlights the need for improved inter-agency cooperation. The Department should develop and train on joint response guidelines for violent incidents. This training must include joint training exercises with local law enforcement. A clear vision of agency duties, responsibilities and information sharing, guided by the ICS framework, should be the focus for improved inter-operability between the County Fire/EMS Department and the County Police Department.
- Evaluate the type and amount of information that is relayed through the Watch Office.
- Pre-designate call back procedures for essential personnel at all ranks.



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Recommendation #5

Improve assistance and counseling services available to Fire/EMS Department employees/members.

- Create a fully funded and functioning CISM Team (or equivalent) with qualified personnel (internally and externally). The lack of investment in this program directly resulted in a considerable number of personnel of all ranks, not being provided with adequate support. Recommendation #22 of the 57th Avenue SIT Report addresses the need for the Department to adequately staff this program. The CISM Team remains underfunded and inadequately staffed.
- Create a check sheet to guide Incident Commanders when dealing with death or significant injury to both civilians and employees/members of the Fire/EMS Department. Incident Commanders and supervisors should be aware of the resources available to employees/members and how to activate these resources. Refer to previous similar recommendations in the 57th Avenue SIT Report. Recommendation #21 addresses similar deficiencies noted in 2012.
- Ensure that the Watch Office has a clear CISM notification procedure.
- Re-evaluate the current EAP/VAP system and address the inadequacies that have been noted in the past. Employees/members expressed concerns with the perceived lack of access to timely counseling and support services.
- Create a policy that ensures personnel involved in these types of traumatic incidents are immediately relieved from duty, offered counseling services, and given the appropriate amount of time off to recover from the incident.

Recommendation #6

Improved personnel accountability tracking system.

- Provide a better accountability process for the Incident Commander to utilize. Incident Commanders should have immediate access to the name and riding position of every employee and member operating on an incident. This improvement may not have changed the outcome of the incident but it would have provided the Incident Commander with the tools necessary to account for all personnel involved in the shooting on Sharon Road.
- Command Officers have no accurate way of knowing the names and certification level of personnel riding on apparatus staffed by volunteer members.



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Recommendation #7

Update the Fire/EMS Department's Line of Duty Death General Order

- Develop a thorough guide to assist in all aspects of a Line of Duty Death.
- Provide an accurate list of internal and external resources available to the Fire/EMS Department. This list should be kept up to date and accessible to members of the Command Staff tasked with coordinating post-incident recovery efforts.

Recommendation #8

The Department will review and consider changes in dispatch procedures.

- Fire/EMS units should not be dispatched on “check the welfare” call types that involve acts of violence or reports of weapons without a verified response from law enforcement. Once Public Safety Communications receives confirmation that a police officer is responding, units may be dispatched on the call and provided with an estimated time of arrival.
- Ensure that Public Safety Communications asks if weapons are present from civilians at every request for a 911 response. Fire/EMS personnel should be made aware of this information verbally by dispatchers prior to arriving on scene.
- Currently, Public Safety Communications assumes every caller has access to a weapon. The Fire/EMS Department should work with PSC to refine this process, specifically when the potential to force entry into an occupancy exists.

Recommendation #9

Develop and periodically update a database to accurately track all employee/member training and certifications.

- The Department should utilize readily available programs, such as Target Solutions to implement this recommendation. The Safety Investigation Team encountered numerous obstacles while attempting to access certifications for personnel involved in this incident. The SIT found that records maintained at the station level were inaccessible and/or incomplete. Recommendation #35 found in the 57th Avenue Safety Investigation Team's Report, emphasizes the need to maintain a formal database consisting of both career and volunteer personnel's' training records. The Fire/EMS Department has not implemented this recommendation since it was made in 2012.



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Recommendation # 10

The Department should revise General Order 03-13 and mandate the carry and use of portable radios by all personnel actively engaged in an incident.

- The Prince George's County Fire/EMS Department has made significant strides toward improving the safety of Fire/EMS Department personnel by issuing portable radios for each riding position on board apparatus. The Safety Investigation Team identified multiple employees/members that were not carrying portable radios after they dismounted their apparatus resulting in multiple personnel not being able to request emergency assistance. This issue is also referenced in the Roseld Court SIT Report (page 97, Section O, Recommendations 2&3). NFPA 1221, Standard for the Installation, Maintenance, and Use of Emergency Services Communications Systems states that all units shall be equipped with a two-way mobile and portable radio that is capable of communications with the communications center. The Prince George's County Fire/EMS Department has met the burden of this standard, yet responders failed to carry the assigned portable radios with them when they approached the house. The portable radios themselves did not have a direct impact on the shooting but should be considered a lifeline between Fire/EMS personnel and Public Safety Communications when the need to relay urgent information is critical.

Recommendation #11

The Department should revise General Order 10-01 referencing personnel uniforms and equipment.

- Personnel should wear a standard Fire/EMS Department or Volunteer Fire/EMS Station uniform. All attire should be easily identifiable as Fire/EMS Department personnel and not confused with County Police Department personnel.
- When forcing entry into an occupancy, the forcible entry team should wear some form of high visibility apparel with FIRE/EMS clearly printed on the front and rear.

Recommendation #12

The Department should train personnel on the use of MDC/MDT's and ensure they are working properly.

- All personnel should be trained on the proper utilization of the MDC/MDT's.
- The Fire/EMS Department should develop and distribute procedures for requesting repairs and replacements for damaged or missing MDC/MDT's.
- Invest in periodic upgrades to MDC/MDT's to improve the performance and reliability of each unit.



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References

NFPA [2016] 1221, Standard for the Installation, Maintenance, and use of Emergency Services Communications Systems. (Dispatching Systems ch.9 Section 9.3.6.1

Prince George's County Fire/EMS Department General Orders Divisions 3, 4, 6, 8 and 10.

NIOSH Fatality Assessment and Control Evaluation: Investigative Report #F2004-11

Prince Georges County Fire/EMS Department Final Report, 5014 Rosed Court, Incident # 04-053-0192, February 22, 2004

Prince George's County Fire/EMS Department Safety Investigation Team Final Report, 6404 57th Avenue, February 24, 2012

Firefighter Line-of-Duty Death or Injury Investigation Manual developed by the IAFF Division of Occupational Health, Safety and Medicine with the assistance of the IAFF Gene Faughnan Standing Committee on Occupational Safety and Health and the IAFC Safety, Health, and Survival Section.



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Appendix



Portable Radios

Motorola APX 6000XE Portable Radio is issued with Motorola PMMN4065 Remote Speaker Microphone

The Prince George's County Fire/EMS Department utilizes the Motorola APX 6000XE portable radio. They are 3-watt radios, capable of multiple programming set up options. They are software programmable digital radios that meet Federal Communications Commission (FCC) requirements for narrowband (12.5 kHz) frequency utilization.

When Prince George's County transitioned to the Motorola APX 6000XE Portable Radio, the Department issued one radio for each riding position on Fire/EMS apparatus.



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General Order Number: 03-13	Effective Date: October 2011
Division: Communication and Information Management/Technology	
Chapter: Emergency Identifier Activation Procedure	
By Order of the Fire Chief: Marc S. Bashoor	Revision Date: N/A

POLICY

This General Order shall establish procedures for the prompt and appropriate handling of "distress calls" via the Emergency Identifier.

DEFINITIONS

Hot Mic – A 10 second in duration open microphone on the fire department radio after the activation of the Emergency Identifier.

PROCEDURES / RESPONSIBILITIES

1. Background

Emergency Identifier capability is a standard feature on Fire Department portable radio equipment. It is designed to provide a rapid means to transmit a silent call for help when personnel are in danger or in need of assistance.

In many cases, when such a situation exists, the sender is unable to include a verbal radio transmission due to danger from adversaries, injury, or other limiting factors.

In spite of adverse factors, it is imperative that all "distress calls" via the Emergency Identifier be handled promptly and appropriately. To accomplish this, the following procedures will be strictly adhered to by all fire service personnel.

The Emergency Identifier is a very effective means to transmit a distress signal to Public Safety Communications (PSC). It is, however, only effective when the location of the sender is known. On emergency incidents, this information is normally available.

Portable radios are equipped with Global Positioning System (GPS) capability. This capability, however, is only present when the radio is able to connect with a satellite. The radio does have the ability to retain the last known GPS location prior to losing connection with the satellite.

In other situations, such as a stop to assist disable motorists or in cases that may involve a level of risk, it is advisable for personnel who handle such matters to inform PSC of their location and purpose.



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If such procedures are followed, PSC personnel can quickly send help to personnel in trouble when the Emergency Identifier signal is activated and the signal is confirmed.

2. Emergency Identifier Activation

When personnel are in a situation that poses danger to themselves or others, they shall activate the Emergency Identifier by depressing the orange emergency button for 1 second. Upon receipt of the trouble signal, PSC personnel shall immediately broadcast the following coded confirmation transmission to verify the validity of the signal:

"Unit/individual radio ID number, verify EI status"

Example: "Engine 855, verify EI status"

NOTE: When PSC transmits the verification check, all other personnel will refrain from noncritical radio transmissions or telephone contacts until the distress signal is confirmed or canceled.

If within five (5) seconds no response is received from the individual or who activated the alarm, PSC will repeat the message:

"Unit/individual radio ID number, verify EI status"

If within five (5) seconds there is no response to the second call, PSC will make the following transmission, which indicates to the sender and to all Departmental personnel monitoring the radio that the distress signal has been verified and help is being sent:

"Unit/individual radio ID number EI signal confirmed"

- REPEAT MESSAGE -

At this time, PSC will immediately notify the appropriate police agency to respond to the location of the unit that activated the distress signal.

NOTE: At any time during the process, the unit/individual that transmitted the distress call may cancel by doing so with a vocal radio transmission explaining the circumstances.

In the event of cancellation, PSC shall announce the following:

"Unit/individual radio ID number EI signal canceled"

- REPEAT MESSAGE IMMEDIATELY -



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3. Personnel in the Vicinity of a Confirmed Distress Signal

Departmental personnel within the vicinity of, or responding to, the same call as the unit/individual that activated the Emergency Identifier should attempt to assess the situation from a safe position. If the situation requires assistance that they can safely provide, such as a vehicle accident, they should:

- Proceed to the location.
- Provide aid.
- Notify PSC.

If the situation poses unusual danger to other personnel, they should:

- Remain at a safe distance.
- Update PSC via telephone or radio that cannot be monitored by others who may be endangering the personnel who activated the Emergency Identifier.

4. Notification

Upon confirmation of a distress call, PSC will immediately make emergency notifications. Departmental notifications shall be handled according to normal procedures after emergency notifications have been completed.

5. Resetting the Emergency Identifier

On the current mobile (Motorola APX7500) and portable radios (Motorola APX6000/7000 Series) depress and hold the orange emergency button for 2 seconds until a tone is heard. Release the button and the radio will be in a normal operational mode.



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General Order Number: 04-01	Effective Date: January 2010
Division: Education and Training	
Chapter: Required Training to Maintain Operational Status	
By Order of the Fire Chief: Marc S. Bashoor	Revision Date: N/A

POLICY

This General Order shall outline the training that the Prince George's County Fire/EMS Department requires in order to maintain operational status.

DEFINITIONS

Annual/Refresher Training –to include CPR/AED, EMT-Refresher, and Hazardous Materials Operations, SCBA Fit test, etc. required at regular intervals. These intervals vary depending on the respective certification. These training sessions can be used for re-certification purposes and are mandatory to maintain operational status.

Course Completion– accomplished when the employee/member has successfully completed the course requirements for a specific course of instruction.

Professional Certification in the Fire Service – professional qualification standards define the career paths available to fire service personnel and the professional requirement for both career and volunteer members at each level clearly and concisely. Certification will be obtained with the Maryland Fire Service Personnel Qualifications Board (MFSPQB) and/or the National Board on Fire Service Professional Qualifications System (NBFSPQS), and/or the International Fire Service Accreditation Congress (IFSAC).

Company/Station Drill – drills conducted by personnel at the station level for skills enhancement and/or additional knowledge. These drills are typically not used for certification purposes.

Fire/EMS Training Academy (FETA) –the official training facility for the Prince Georges County Fire/EMS Department.

Maryland Fire & Rescue Institute (MFRI) – the State's comprehensive training and education system for emergency services.

Maryland Institute for Emergency Medical Services Systems (MIEMSS) - oversees and coordinates all components of the statewide EMS system in accordance with Maryland statute and regulation. This includes planning, operations, evaluation, and research.

Office of Human Resources Management (OHRM) Training & Career Development– provides Prince George's County employee/members with a training program that will be competency-based and professionally-focused. Civilian, sworn, and volunteer personnel are eligible to attend these courses.



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Training Standards – guides all training sessions and define what the content/objectives of a course will entail.

PROCEDURES / RESPONSIBILITIES

1. Required Training

Listed below are the continuing education and/or training hours to maintain operational status within the Fire/EMS Prince George's County Department.

CPR for the Healthcare Professional / Professional Rescuer with AED Training – An operational member of the Fire/EMS Department must maintain a valid Professional level CPR with AED certification.

- **Emergency Medical Technician (EMT) – Basic** – A 24-hour refresher class must be completed every 3 years to maintain the EMT-Basic certification. The EMT-Basic must also maintain a Healthcare Professional level CPR with AED certification.
- **First Responder** (personnel that have been members prior to September 20, 1994 and have completed First Responder), Must complete A 15 hour refresher class every 3 years to maintain the First Responder certification. The First Responder must also maintain a Healthcare Professional level CPR with AED certification.
- **FIT Testing & SCBA Training** – The Fire/EMS Department tests each person once per fiscal year in each mask type they are required /maybe required to wear in the performance of their duties. OSHA 29 CFR 1910.134 states this is an annual testing and training program that all operational members must maintain. Fire/EMS sworn and volunteer personnel must maintain both SCBA & N-99 FIT Testing. Volunteer EMS only personnel must only maintain N-99 FIT Testing. Certain civilian employee/member/members must maintain their N-99, SCBA and other mask certifications.
- **Emergency Medical Technician (EMT) – Intermediate/Paramedic** – Must maintain the certification for National Registry Paramedic. To recertify as a National Registry Paramedic, the EMT-Paramedic must complete/recertify a National Standard EMT Paramedic Refresher Course, a Professional level CPR with AED certification, an ACLS certification, an additional 24 hours of EMS related continuing education and an EMT-Paramedic Skill Competency.
- **Infection Control / Blood borne Pathogens Program** – OSHA 29 CFR 1910.1030 states this course has an annual refresher requirement that must be completed by all operational personnel.
- **Bomb Squad Members** – required to complete 16 hours of monthly training, 40 hours of additional annual training and a recertification class every three years
- **Emergency Vehicles Operators Course (EVOC)**- This class has an annual 4 hour refresher.
- **Fire Investigator** – required to qualify with their firearm annually and must maintain their Criminal Justice Information Certification (two year certification).
- **Hazardous Materials Awareness** – OSHA 29 CFR 1910.120 states this course has an annual refresher (4 hours) that must be completed by all operational personnel at the awareness level.



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- **Hazardous Materials Operations** – OSHA 29 CFR 1910.120 states this course has an annual refresher (8 hours) that must be completed by all operational personnel at the operations level.
- **Hazardous Materials Technician** – OSHA 29 CFR 1910.120 states this course has an annual refresher (12 hours) that must be completed by all operational personnel at the technician level.
- **Hazardous Materials On-Scene Incident Commander** – OSHA 29 CFR 1910.120 states this course has an annual refresher that must be completed by all operational personnel trained at the Hazardous Materials incident command level.

2. Responsibilities

Personnel

It is the responsibility of the individual member (civilian, sworn, and volunteer) in the Prince George's County Fire/EMS Department to maintain all of their mandatory certifications/training. Failure to maintain all mandatory certifications/training may result in operational suspension.

Fire/EMS Training Academy

The Fire/EMS Training Academy will post training/recertification courses that are available to all members of the Fire/EMS Department at regular intervals throughout the year.



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General Order Number: 05-01	Effective Date: November 17, 2017
Division: Emergency Medical	
Chapter: Emergency Medical Service Operations	
By Order of the Fire Chief: Benjamin M. Barksdale	Issue Date: November 17, 2017

POLICY

This General Order establishes procedures and rules governing the operation of all emergency medical service units operated under the authority of the Emergency Medical Services Operational program managed by the Prince George's County Fire/Emergency Medical Services (EMS) Department.

DEFINITIONS

Appropriate Facility – A healthcare facility that receives patients to deliver emergency medical or specialty medical care (i.e., trauma facilities, labor and delivery, burn facility, etc.).

Emergency Medical Service Crew – Personnel that administer patient care and are trained as a certified/licensed emergency medical services provider by MIEMSS.

Emergency Medical Service Unit – Any apparatus authorized to respond to an emergency medical incident.

EMS Operational Program Manager – Appointed by the Fire Chief to manage the Emergency Medical Services system within Prince Georges County. The appointee is typically an Assistant Fire Chief and serves in the role of EMS Commander.

Priority 1 – A person that is critically ill or injured, requiring immediate attention; an unstable patient with life-threatening injury or illness. As outlined in the Maryland Medical Protocols for EMS Providers.

Priority 2 – A person with a less serious condition, yet potentially life threatening injury or illness, requiring emergency medical attention, but not immediately endangering the patient's life. As outlined in the Maryland Medical Protocols for EMS Providers.

Priority 3 – A person with a non-emergent condition, requiring medical attention, but not on an emergency basis. As outlined in the Maryland Medical Protocols for EMS Providers.

Priority 4 – A person that does not require medical attention. As outlined in the Maryland Medical Protocols for EMS Providers.

CRT-99 – Maryland's equivalent to a National Registry EMT-I.



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PROCEDURES / RESPONSIBILITIES

I. General Provisions

- A. The goal of all Fire/EMS Department emergency medical service providers is to provide the best possible pre-hospital medical care to any person that requires it by expressed or implied request. All care provided will always be in the best interest of the patient.
- B. Each EMS response consists of several phases:
 1. Preparedness
 2. System Access
 3. Incident Prioritization
 4. Response Configuration
 5. Response Deployment
 6. Pre-Arrival
 7. On-Scene Care
 8. Disposition
 9. Notification/Consultation
 10. Transportation
 11. Transfer of Care
 12. Documentation/Data Collection
 13. Return to Service

II. Phase 1 - Preparedness

A. Staffing

1. An emergency medical service unit has a minimum staffing of two (2) providers.
2. Basic Life Support:
 - a) The primary provider attending to a patient must be a County certified BLS provider as approved by the jurisdictional medical director and maintain affiliation with Prince George's County Fire/EMS Department or any of its volunteer organizations.
 - b) The driver on the unit must be currently County certified as an Emergency Medical Responder or a higher certification/license.
 - c) Any support providers must be County certified as an EMT-Basic (EMT-B), or be a student of an approved BLS training program.
3. Advanced Life Support:
 - a) The primary provider attending to a patient must be a County certified ALS provider as approved by the jurisdictional medical director and maintain affiliation with Prince George's County Fire/EMS Department or any of its volunteer organizations.



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- b) The driver must be County certified as an EMT-Basic (EMT-B), preferably with the ALS Assist Program training, be a student of an approved ALS training program, or maintain an ALS certification/license.
 - c) Any support providers must be County certified as an EMT-Basic (EMT-B), or be a student of an approved ALS or BLS training program.
4. Any operational providers must:
- a) Maintain all current EMS Provider certifications or licensures:
 - (1) MITEMSS continuing education.
 - (2) American Heart Association (AHA) cardiopulmonary resuscitation (CPR) training for healthcare providers.
 - (3) Automated external defibrillator (AED) training.
 - b) Stay current with requirements to maintain their affiliation with the Prince George's County EMS Operational Program.
5. EMS students may participate only if they are current volunteer members or are enrolled in an approved emergency medical training program.
6. Observers are subject to the requirements of *General Order 13-02, Ride-Along Observer Program*.

B. Equipment:

- 1. Supervisors are responsible for ensuring operational readiness of the vehicle and all equipment is present and accounted for by crews at the beginning of each "tour of duty." Equipment requirements are described in *General Order 05-06, EMS Equipment Standardization*.
 - a) If any equipment is missing, the crew member must notify the immediate supervisor, complete a Loss Damage Report, and contact and EMSDO for replacement.

C. Vehicle:

- 1. Supervisors are responsible for ensuring that the vehicle and all of its systems are functional and properly maintained at all times by crews at the beginning of each "tour of duty."

III. Phase 2 – System Access

- A. System access is managed by Prince George's County Public Safety Communications (PSC) using an Enhanced 911 System.



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IV. Phase 3 – Prioritization

- A. PSC uses a Medical Priority Dispatch System (MPDS). This uses a nationally recognized model to query 911 callers for the most appropriate information necessary to make proper resource assignments and provide pre-arrival instructions.
- B. Three factors in combination create the determinant code identified by the MPDS system. The following three factors are identified by the MPDS system:
 1. Chief Complaint
 2. Severity of Complaint
 3. Incident Description
- C. The resulting determinant code will be formatted as outlined in General Order 05-20, EMS Performance Measurement – Disposition Codes.
- D. This information is used by EMS providers to understand the nature of the incident they are responding to.

V. Phase 4 – Response Configuration

- A. EMS resources are assigned to each MPDS determinant by the EMS Operational Program Manager or designee, Jurisdictional Medical Director, and PSC. The goal of these resource assignments is to maximize system effectiveness and efficiency.
- B. Provider concerns or comments regarding response configurations should be referred to the EMS Operational Program Manager through the chain-of-command.

VI. Phase 5 – Response Deployment

- A. Units are deployed to incidents by PSC via radio, alerting system, pager, and CAD printer. Once a unit is notified of an incident, there shall be no hesitancy in providing prompt response. EMS units shall notify PSC when they are en route to the dispatched location no later than sixty (60) seconds from the initial notification.
 1. Select “STS” on radio.
 2. Select “RESPONDING” on radio.

VII. Phase 6 – Pre Arrival Considerations

- A. EMS units must consider all of the following when responding to and approaching the scene of an incident:
 1. Safety – Provider and patient safety are of paramount importance. This must be considered prior to any action.



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2. Situation – Use all information available to formulate a plan of action prior to arrival. Contingency plans must also be considered.
3. Staging – Consider staging at a safe distance for any reports of violence and query law enforcement officials for clearance to approach the scene.
4. Staging Location – An Officer or senior EMS provider will identify a staging location. The staging location will be within a quarter (0.25) mile of the incident unless it is determined to be unsafe by the unit officer. Staging in the station will only occur if the incident is within a quarter (0.25) mile radius of the station.
5. Standard Precautions – Comply with all components of infection control practices and standard precautions.
6. Size – Determine the number of patients. Initiate multiple casualty (triage) procedures, if necessary.
7. Staffing – Request additional resources, if necessary. Providers must anticipate the evolution of an incident to determine resource needs.
8. System – Consider establishing the Incident Command System for escalating incidents or coordinating multiple resources.

VIII. Phase 7 – On Scene Care

- A. When an EMS unit arrives on scene or to staging, the following notification is made:

1. Select “STS” on radio.
2. Select “ON SCENE.”

- B. Patient/Provider Relationship

1. Providers must determine which persons they encounter are indeed patients and give anyone they encounter the opportunity to obtain emergency medical care. Providers must always consider these factors:
 - a) Provider Safety – A patient/provider relationship cannot exist if there is a threat to the provider.
 - b) Request for Care
 - (1) Expressed
 - (2) Implied



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c) Legal Mandates

- (1) Legal Capacity – When a person is a non-emancipated minor, unconscious, intoxicated/impaired, or their judgment or ability to respond is compromised, the concept of implied consent applies.
- (2) Mental Capacity – Patients that are oriented to person, place, and time cannot be forced to accept treatment or transportation.
- (3) Patient must be fully informed of treatment options and the anticipated risks of non-treatment.

C. Patient Refusals

1. Patients may refuse medical care and treatment only after informed of the foreseeable risks associated with that decision. Patients must be awake, alert, and capable to understand the risks associated with making an informed refusal of care.
2. Those patients that refuse medical care and treatment after requesting services from the Fire/EMS Department must have a completed physical exam and vital signs documented on an electronic patient care report (ePCR).
3. The patient or patient's legal guardian must sign the pertinent section of the Patient Refusal documentation.
4. Providers are not permitted to initiate a refusal of service for any person that has requested medical care.

D. Patient Care

1. EMS providers shall perform treatment of injuries and conditions consistent with their level of certification. The "standard of care" is described in the current edition of the Maryland Medical Protocols for EMS Providers.

E. ALS/BLS Interface

1. The EMS system functions using both BLS and ALS units to provide care and transportation of patients. The interface between these levels of providers is critical to delivering the best possible care.
2. In all cases, these providers must collaborate professionally to ensure the best possible care is provided to the patient.
3. Providers must consider the need for ALS resources once they have completed their initial assessment and completed a set of vital signs.



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IX. Phase 8 – Disposition

A. Patient Transportation Destination

1. Providers shall base transportation destination decisions using the following factors:
 - a) First Factor – Patient’s Clinical Needs – as described by Maryland Medical Protocols for EMS Providers
 - (1) Patient priority
 - (2) Capability of local healthcare facilities
 - (3) Referral to specialty center
 - b) Second Factor – System Requirements
 - (1) Facility Diversion Status
 - (2) Anticipated time to return to service
 - (a) Anticipated transport time
 - (b) Anticipated patient transfer time
 - (c) Number of EMS units currently waiting
 - (d) Number of transports to a facility within the previous hour
 - (3) Approved special transport policies
 - c) Third Factor – Patient’s Medical Request
 - (1) Continued care at specific facility
 - (2) Physician relationship
 - (3) Personal preference
 - d) Fourth Factor – Provider Preference
 - (1) Proximity to the station
 - (2) Equipment replenishment
 - (3) Other considerations
 - e) There are no geographic restrictions for patient transportation as long as these factors are considered.

B. Hospital Diversion

1. Hospitals have the ability to go on diversion status whenever the facility/staff does not have the capability to adequately care for any additional patients. Patients should be transported in accordance with *General Order 05-09, Hospital Diversion*.



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X. Phase 9 – Notification and Consultation

A. When any patient is transported from a scene by an EMS unit, the following notifications must be made at the time when transport is initiated:

1. PSC – via voice on appropriate talk group:
 - a) Patient Information
 - (1) Priority(s)
 - (2) Trauma Decision Tree Category (trauma center transports only)
 - b) Medical Facility Destination
 - c) Estimated Time of Arrival
 - d) Starting Mileage (Optional)
 2. Receiving Facility:
 - a) Patient information should be conveyed to the receiving facility for all transports through EMRC on the appropriate talk group.
 - b) For notifications only, the receiving facility does not need to provide a base station trained provider.

B. Medical Consultation:

1. Medical consultation must be obtained from an approved base station provider in accordance with the Maryland Medical Protocols for EMS Providers.

XI. Phase 10 – Transportation

- A. Priority 1 patients are transported using visible and audible emergency warning devices to the nearest hospital/medical facility having the capabilities and facilities to stabilize/treat the patient, unless otherwise directed by medical consultation.
- B. Priority 2 patients are transported without the use of emergency warning devices to the most appropriate area hospital. At the discretion of the EMS crew, considering the best interest of a time critical patient, the transport may be accomplished with the use of emergency warning devices.
- C. Priority 3 patients are transported without the use of emergency warning devices to an appropriate area hospital.
- D. Priority 4 patients generally do not require transportation.



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XII. Phase 11 – Transfer of Care

- A. When an EMS unit arrives at the destination medical facility, the following notifications will be made:
 1. Select “STS” on radio.
 2. Select “TRNSPRT CMPLT.”
 3. Ending mileage (optional).
- B. All emergency warning devices and the vehicle engine are to be turned off and the ignition keys removed while the vehicle is unattended. All equipment and supplies should be secured within the unit.
- C. An EMS provider must remain with the patient at all times to provide care until the patient is transferred to care under the direct supervision of facility staff.
- D. Patients are generally accepted into the facility through the emergency department. However, in some cases, the patient may be directly admitted to a more appropriate medical care unit. This should be coordinated with the medical facility staff prior to arrival through EMRC.

XIII. Phase 12 – Documentation/Data Collection

- A. An electronic patient care report (ePCR) shall be completed any time a unit is dispatched on an EMS related incident. It is the responsibility of the providers to ensure this is completed. Station officers and Volunteer Chiefs must ensure this documentation is completed and accurate.
- B. Providers will utilize all appropriate data fields to capture patient assessment/demographics, each procedure performed, each medication administration (including medications immediately prior to the arrival of EMS), and other pertinent patient treatment information available in the data fields or drop down boxes.
- C. Providers will utilize the “Narrative” free text section of the document to complete at minimum Subjective and Objective information. The treatment plan will be documented in the data collection fields.
- D. Signatures – Providers are required to sign in the appropriate provider field, obtain a receiving facility signature with typed name, and will capture the appropriate signatures as listed below when transporting a patient to the hospital:
 - I. EMS transports and patient is able to sign – The transporting unit must obtain the patient’s signature in the signature tab under “Patient Billing authorization and HIPAA Signature” and acknowledge the privacy practices.



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2. EMS transports and patient is unable to sign and has an authorized representative – The transporting unit must obtain the authorized representative's signature in the signature tab under "Authorized Representative Signature" and acknowledge the privacy practices.
 3. EMS transports and patient is unable to sign and NO authorized representative – The transporting unit must obtain a receiving facility signature under "Hospital Receiving Agent ID and Signature" and appropriately complete the EMS provider signature, documenting the reason the patient could not sign.
- E. For most patient transports, units will complete the ePCR prior to leaving the receiving medical facility. If the Limited EMS Resources Plan is in effect, the ePCR will be completed at the station later, and a State approved Short Form is to be left at the facility to return the transport unit to service. In either case, a copy of the ePCR is submitted to the receiving facility electronically for inclusion in the patient's records.

XIV. Phase 13 – Return to Service

A. Units must minimize the amount of time they are out of service at a medical facility. As soon as the unit is ready for service, PSC shall be notified. This will generally occur as the unit leaves the medical facility.

1. EMS units shall follow *General Order 5-20, EMS Performance Measurement – Disposition Codes* when returning to service.
 - a) Via voice on the appropriate talk group.
2. If a Determinant/Disposition Code is not necessary:
 - a) Select "STS" on radio.
 - b) Select "AVAIL/ON AIR."

B. PSC will inquire about an EMS unit's status after sixty (60) minutes at the receiving facility.

C. Replenish Supplies

1. EMS units should replenish appropriate medications, supplies, and equipment used on the currently transported patient from the receiving facility stock on a one-for-one exchange basis. If necessary, coordinate with hospital staff to receive appropriate materials. If replenishing of supplies is not possible at the receiving facility, EMS units will replenish from station stores.

D. When a patient is suspected to or is known to be suffering from a potentially contagious disease, providers are to utilize appropriate protective measures as described by current infection control practices. The ambulance equipment and patient compartment shall be thoroughly decontaminated.



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General Order Number: 06-04	Effective Date: October 2011
Division: Emergency Operations	
Chapter: Mayday Procedure	
By Order of the Fire Chief: Marc S. Bashoor	Revision Date: N/A

POLICY

This General Order shall establish a procedure for personnel to utilize to alert Command that an imminent life-threatening situation exists.

DEFINITIONS

Mayday - term used to alert the Incident Commander or other persons that personnel are in an imminent life-threatening situation.

Mayday Alert Tone - a distinct audible signal broadcast for 5 seconds over operational incident talkgroups by Public Safety Communications (PSC) to notify personnel that a MAYDAY has been declared.

Personnel Accountability Report (PAR) or Roll Call - a term used to track and report the location, status, and welfare of personnel

Rapid Intervention Crew (RIC) - a crew (unit) specifically designated by the Incident Commander, in accordance with General Order 06-03, whose sole responsibility is the rescue of members in distress.

PROCEDURES / RESPONSIBILITIES

1. Declaring a MAYDAY

When personnel operating on the scene of an emergency incident find themselves in a life threatening situation and require immediate assistance, they shall instantly declare a MAYDAY.

Declaration of a MAYDAY shall be limited to only those situations which demand immediate action by on scene resources to come to the aid of a distressed member. Examples would include:

- Personnel trapped or entangled
- Personnel lost
- Personnel out of air
- Serious medical emergency

Radio equipped members shall declare a MAYDAY by transmitting a verbal message over the operational incident talkgroup. The message shall begin with "MAYDAY, MAYDAY, MAYDAY" and immediately followed by:



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WHO - is calling the MAYDAY

WHAT - is the problem

WHERE - is the location

The acronym LUNAR can be used to guide members in providing important information:

L - location

U - unit

N - name

A - assignment

R - resources

Personnel calling a MAYDAY must make certain that the MAYDAY is acknowledged. If no acknowledgement is received personnel should utilize the Emergency Identifier (EI) function of the portable radio.

Depressing the EI button on the top of the portable radio will transmit an emergency alert over all radio frequencies to alert PSC an emergency situation exists. Personnel must give a verbal message as listed above and receive an acknowledgement.

When non-radio-equipped members find themselves in a MAYDAY situation they must alert their partner, officer, division/group supervisor or any other member in the vicinity of the situation. The Personal Alert Safety System (PASS) is to be activated to alert members that an emergency situation exists.

2. Public Safety Communications actions/responsibilities

The monitoring of operational incident talkgroups by the PSC dispatcher is an essential component of firefighter safety. Any time that a PSC dispatcher recognizes that an emergency situation exists they are to immediately notify the IC.

In the event that a MAYDAY is transmitted by a unit and not acknowledge by the IC, the PSC dispatcher shall attempt to contact the unit calling and alert the IC that an emergency situation exists.

In the event that an EI has been activated from a fireground unit, PSC shall immediately notify the IC and take action to identify the unit involved.

As soon as a MAYDAY has been declared, PSC shall dispatch a RIC task force in accordance with General Order 06-03 and identify an additional talkgroup for the IC.

PSC shall designate a dispatcher to the sole responsibility of monitoring the channel the MAYDAY was called on. The dispatcher shall assist the IC and ensure pertinent information is acknowledged.

At the conclusion of the MAYDAY event PSC will make an announcement on all radio channels and return to normal operational mode.



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3. Command actions/responsibilities

Upon receipt of a MAYDAY the Incident Commander (IC) shall immediately acknowledge the unit/person calling and ascertain the following information:

WHO - is calling the MAYDAY

WHAT - is the problem

WHERE - is the location

The IC will shall repeat the information back to ensure confirmation and accuracy. After acknowledging the MAYDAY Command will request that the MAYDAY alert tone be transmitted by PSC. PSC shall transmit the alert tone over the operational incident talkgroup, talkgroup 1, and talkgroup 2.

At the conclusion of the MAYDAY alert tone, the IC will announce that a MAYDAY has been declared for:

WHO - is calling the MAYDAY

WHAT - is the problem

WHERE - is the location

IC shall deploy the RIC based upon an established action plan (WHO; WHAT; WHERE) and in accordance with General-Order 06-03. Appropriate deployment is generally considered to be:

- Reported location
- Last known Location
- Most hazardous area first

If units on the incident were operating on any of the alternate talkgroups, within the specific incident group (i.e. talkgroup 4 or 5), the IC must make the MAYDAY announcement on the appropriate announcement talkgroup (i.e. talkgroup 6).

- IC is to request additional resources as appropriate.
 - A RIC Task-Force is to be dispatched in accordance with General-Order 03-11.
 - Ensure appropriate level of EMS resources is available for potential number of victims.
 - Ensure sufficient resources to maintain suppression efforts.
- IC must control the fireground communications.
 - Non-essential radio traffic is to cease
 - Members in distress should not be expected to switch radio channels.
 - Assign officer to monitor the talkgroup the MAYDAY was called on.
 - Operational units are to be assigned an alternate talkgroup by PSC.
 - Face-to-face communications should be utilized with-in groups and divisions



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- Expand the Incident Management System (IMS)
 - As a minimum, the functional areas of suppression and RIC (rescue) must be separated.
 - Additional Branches, Divisions and Groups shall be established based upon the needs and the anticipated needs of the incident. Consideration should be given to the following:
 - EMS
 - Staging
 - PIO
 - CISD
 - Family/Survivors Support

The IC shall complete a PAR as soon as possible. The PAR should not be done over the talkgroup at a time that would be a detriment to the MAYDAY event. PAR's at the division/group level should be conducted immediately and through face-to-face communication.

Upon confirmation that the MAYDAY issue has been resolved, and after a complete PAR has been conducted, the IC will clear the MAYDAY and return units to a normal operating mode.

After the MAYDAY event has been cleared the IC will reassesses the incidents priorities and make any needed adjustments to the incident action plan. The adjustments to the incident action plan and the current operational mode shall be communicated to all branches, divisions and groups.

4. Division/Group/Unit Supervisor actions/responsibilities

Officers operating on the scene of any emergency must ensure close accountability of personnel and/or units (resources) under their command. Officer must be prepared to give an accurate accountability report at any time.

When a MAYDAY has been declared all officers must adhere to operational discipline and keep assigned personnel and/or units under control. Personnel and/or units must not freelance into the rescue effort.

- Officers must be aware, and listen for a change in talkgroup assignments and switch to the correct talkgroup.

Division/Group/Unit supervisors shall ensure that any rescue or search for distressed member(s) is a coordinated effort at the authorization of the IC.

Only crews in direct physical contact with distressed member(s) may engage in any rescue effort.

Division/Group/Unit supervisors shall immediately account for all assigned members. This should be accomplished by face-to-face contact leaving the radio frequency clear for emergency traffic.

- If personnel and/or units are unaccounted for the IC must be notified immediately.



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- If personnel and/or units have been accounted for the officer will give the report when called for.

Division/Group/Unit supervisors shall ensure that operational assignments are carried out and suppression efforts are maintained.

5. All Operating Personnel actions/responsibilities

Every member working on the scene of an emergency incident must ensure that accountability is maintained at the unit level. Personnel must keep their direct supervisor apprised of their current location and progress.

- Each member is responsible to work in pairs/groups.
- Every group and/or pair must be radio equipped.
- Every effort must be made to not become separated.

When a MAYDAY has been declared, every member must adhere to operational discipline not freelance into the rescue effort.

- Members must be aware, and listen for a change in the talkgroup assignment and switch to the correct talkgroup.

When a MAYDAY has been declared each member shall immediately report to their assigned officer for accountability. This should be accomplished by face-to-face contact when-ever possible, leaving the radio frequency clear for emergency traffic.

If the member's officer is unaccounted for, the IC must be notified immediately.



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General Order Number: 06-19	Effective Date: January 2010
Division: Emergency Operations	
Chapter: Forcible Entry into Buildings	
By Order of the Fire Chief: Marc S. Bashoor	Revision Date: N/A

POLICY

This General Order shall establish a procedure for forcible entry into buildings under non-emergency situations.

DEFINITIONS

Probable Cause – In the judgment of a reasonably prudent person after weighing the facts

PROCEDURES / RESPONSIBILITIES

1. General Guidelines

Forcible entry into buildings under non-emergency situations shall be limited to the following conditions:

- Probable cause exists that a person or persons incapable of caring for themselves are inside and unable to open the entrance door.
- Probable cause exists that a hazardous condition exists, i.e., food on the stove, a gas leak, fuel spill, etc.

In either case, the owner/resident shall assume all liability for damage caused by the entry procedure.

Requests for assistance to gain entry for conditions other than those enumerated above must be denied and referred to the property management or building supervisor in the cases of rented properties, or to a locksmith in the case of single family dwellings.

Public Safety Communications shall request police assistance on all calls for forced entry to which Fire/EMS Department units are dispatched. Fire service personnel shall await the arrival of the police department prior to gaining entry unless, in the judgment of the officer-in-charge, conditions warrant otherwise.



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General Order Number: 08-03	Effective Date: February 19, 2016
Division: Health and Safety	
Chapter: Critical Incident Stress Management Team	
By Order of the Fire Chief: Marc S. Bashoor	Issue Date: February 19, 2016

POLICY

This General Order shall set forth the policies and procedures for operation and utilization of the Critical Incident Stress Management (CISM) Team.

The Prince George's County Fire/EMS Department recognizes that critical incidents can be stressful to personnel. Communication sessions known as Critical Incident Stress Debriefings (CISD) can facilitate stress management in the aftermath of a serious incident.

DEFINITIONS

N/A

PROCEDURES/RESPONSIBILITIES

I. Program Operation/Components

- A. The CISM Team members are selected by the Fire Chief or his designee. The Coordinator of the Employee and Volunteer Assistance Programs (EAP/VAP) will serve as the CISM Team Coordinator. The team shall consist of:
 1. Members of the EAP/VAP staff.
 2. Three representatives from the professional clinical community (i.e., social workers, psychologists, or nurse therapists).
 3. Three representatives from the Prince George's County Fire/EMS Department.
 4. One member of the Prince George's County Fire/EMS Department Chaplain Corps.
- B. Participation in annual in-service training, as well as quarterly meetings, is required to enhance team skills and knowledge.
- C. Applications for team membership will be accepted on an as-needed basis, and can be obtained by contacting the team coordinator.

II. Response

- A. The CISM Team shall be requested to disasters and critical incidents by the Fire Chief or Incident Commander to serve in an advisory capacity concerning critical incident stress symptoms in personnel. In addition, the team will provide on-scene support to any personnel who are on a work break during a prolonged incident.



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- B. A critical incident is defined as an incident on a smaller scale than a disaster that may have serious impact on personnel.
- C. Examples of critical incidents include, but are not limited to:
 - 1. Serious injury or death of emergency team member in the line of duty, or threat of serious injury or death.
 - 2. Serious injury or death of a civilian as the result of Fire/EMS Department activities, (i.e., investigator use of force/weapons discharge, motor vehicle collision involving apparatus, etc.).
 - 3. Death of a child, particularly if unusually tragic circumstances are involved.
 - 4. Any loss of life which follows prolonged expenditure of physical and emotional energy in rescue.
 - 5. Physical and/or psychological threat to rescuers, including hostage situations.
 - 6. Extremely negative attention from the media or community.
 - 7. Any mass casualty incident.
- D. Under normal circumstances, the only team members who respond directly to the scene of an incident shall be uniformed Fire/EMS personnel who are familiar with Prince George's County Fire/EMS Department policies and procedures. The Fire Chief or Incident Commander may request additional non-uniformed members on the scene of an incident to work in conjunction with uniformed CISM members.
- E. Upon arrival, team members will report directly to the command post for assignment. Non-uniformed members of the team shall be utilized away from the scene to provide short term diffusing sessions as personnel leave the incident and/or go off duty. In addition, all team members will be utilized in the aftermath of the disaster incident to provide critical incident debriefing services.

III. Activating the CISM Team

- A. Requesting the CISM Team is the responsibility of the Fire Chief or Incident Commander.
- B. Activating the CISM Team is the responsibility of the Executive Officer. If the Executive Officer is unavailable, the Duty Chief or OFC representative shall activate the CISM Team. In the case of multiple calls to the EAP/VAP from personnel on the call, the EAP/VAP Coordinator may request permission to extend critical incident debriefing services to personnel on the call. The CISM Team Coordinator shall be notified of a disaster or critical incident (as defined above) by way of Public Safety Communications, to the Watch Office, so that the team can prepare to respond if they are activated.
- C. Upon activation, the CISM Team Coordinator will gather information on the severity of stressors on the call and dispatch the team as appropriate. If the magnitude of the incident is beyond the scope of the team to provide complete services, mutual aid response from another CISM Team will be recommended by the Prince George's



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County Fire/EMS Department CISM Team to the Fire Chief. Upon approval of the Fire Chief, Mutual Aid CISM Teams will be called.

IV. Educational Services

The CISM Team Coordinator will facilitate and organize training for the Command Staff, Chief Officers and front line personnel regarding policies and procedures of the Prince George's County Fire/EMS Department CISM Team.



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General Order Number: 08-13	Effective Date: March 28, 2014
Division: Health and Safety	
Chapter: Personal Protective Equipment	
By Order of the Fire Chief: Marc S. Bashoor	Revision Date: N/A

POLICY

This General Order shall establish standards for personal protective equipment worn by Fire Department personnel to ensure maximum safety and identification during emergency fire/rescue operations.

The proper utilization of protective equipment is vital to the safety of personnel and is mandatory. The Fire Department is committed to providing quality protective equipment.

Members shall use and maintain all protective equipment in accordance with Departmental procedures and manufacturer specifications.

DEFINITIONS

N/A

PROCEDURES / RESPONSIBILITIES

1. Personal Protective Equipment Requirements

The use of personal protective equipment will be MANDATORY AS A CONDITION OF EMPLOYMENT/MEMBERSHIP when specified by the Department for hazard protection.

- Supervisors will be held accountable for allowing personnel to work without prescribed equipment.
- The Risk Management Office's review of injuries will emphasize accidents resulting from failure to use protective equipment.

Regulation personal protective equipment shall consist of a helmet, turnout coat, and turnout pants with approved boots, gloves, Nomex hood, and Self-Contained Breathing Apparatus (SCBA).

Bureau of Logistics and Supply shall ensure that PPE properly fits each employee/member, according to NFPA standards, before issuance. If PPE needs alteration to ensure proper fit, this shall be coordinated through Logistics by an approved vendor, and the PPE shall not be issued until alterations are made. Bureau of Logistics and Supply will only issue matched turnout coat and pants ensembles. The Bureau of Logistics and Supply will develop and maintain a centralized database to track the issuance, inspection and maintenance of all personal protective equipment items. This informational database should include (but not limited to) member / employee name



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and identification number, manufacturer, manufacture date, serial numbers, model, size, last cleaning and any other pertinent information.

High visibility vests are required when personnel are engaged in non-firefighting operations on a roadway. SCBA shall be worn at all times while engaged in any operation in an atmosphere that is imminently dangerous to life or health (IDLH), as defined in General Order 06-01. SCBA shall continue to be worn on all incidents until such time as the Incident Commander has determined:

- That there are no hazardous materials or toxic products of combustion present, or
- Personnel are not operating in an oxygen deficient atmosphere.

Only protective clothing and equipment issued or approved by the Prince George's Fire Department may be used by personnel on any fire/rescue incident. Protective clothing and equipment will be in compliance with current editions of the National Fire Protection Association (NFPA) and the Occupational Safety and Health Administration Standards (OSHA).

With the approval or concurrence of the Incident Commander, officers-in-charge (OIC) may allow members to remove turnout coats and pants at non-fire emergencies and when overhauling at fire scenes provided the removal of such turnout coats and pants does not endanger such members.

On other emergency incidents not involving interior structural firefighting, the OIC may determine the appropriate level of protective clothing to be worn. The safety of fire/rescue personnel shall be the prime consideration for making this determination. Full PPE (helmet, turnout coat, gloves [firefighting, or as listed below], turnout pants, and boots) shall be worn by all members while engaged in automobile extrication activities. Full PPE ensemble, including SCBA, shall be worn by all members during automobile fires, and on other exterior fire incidents as determined by the Incident Commander. The appropriate level of protection shall apply to all members operating on the incident, regardless of company, bureau, assignment, or rank.

Turnout pants with approved boots shall be worn on all incidents that normally involve the hazards of thermal or steam burns, or exposure to hazardous materials such as:

- Structural firefighting operations.
- Vehicular or tank fires.
- Hazardous materials incidents.
- Natural gas leaks or fires.

The OIC shall have the discretion to allow personnel to remove turnout pants and wear either short rubber boots, three-quarter length rubber boots, approved leather firefighting boots, or approved (standard) leather work boots (with or without running pants) when conditions are safe to do so, such as:

- Brush fires (when conditions warrant).
- Rescue or medical emergencies.
- Vehicular accidents when not engaged in firefighting operations (High visibility vests are required when working on a roadway).



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- Outside trash fires (when conditions warrant).
- Other situations when the safety of personnel is not jeopardized.

Three-quarter length boots or approved leather boots may be worn by exterior command officers in lieu of turnout pants and short boots.

Apparatus operators are not required to wear their Personal Protective Equipment while driving. However, full PPE ensemble must be worn when involved in operations away from the vehicle. This will include SCBA when operating in or near an IDLH atmosphere.

NFPA and American National Standards Institute (ANSI) approved eyewear shall be issued to all personnel as part of the standard issue helmet. Additionally, such eyewear may be obtained on an as-needed basis to replace the flip down face shield on previously issued helmets.

The goggles may be removed from the helmet and carried in a pocket of the turnout gear until such time as they are needed. Eye protection shall be required during any activity which may result in falling or flying debris. The SCBA face-piece with the regulator attached is considered full eye protection. Members may use safety glasses during auto extrications and other emergencies deemed appropriate by the Incident Commander, as long as they are NFPA/ANSI approved, and purchased at the member's expense.

However, if SCBA is not required, the goggles/approved eyewear must be worn.

2. Non-Issued Personal Protective Equipment

Approval and inspection of non-issued equipment shall be the responsibility of the appropriate volunteer chief or career supervisor utilizing the following guidelines:

- The only approved helmets other than standard issue from Logistics are: Cairns Sam Houston, Model N6A1, leather helmet with shell liner and approved eye protection, Cairns Classic 1000 and 1010, Cairns 1044 w/EES Innerzone 2 goggles, standard, the Kevlar or fiberglass composite version of the Sam Houston style, the Morning Pride Ben 2 Plus Fire Helmet.
- The only approved footwear for interior firefighting that meets the NFPA #1971 standards, other than standard issue from Logistics are: Pro Boot, by the Warrington Group, Black Diamonds, and Globe Magnum Fire Boots.
- Logistics is only issuing one type of firefighting glove. The only other approved firefighting glove is the Morning Pride/American Firewear Sleevemate gloves.

Issued rubber boots and gloves must be worn except as noted below:

- At the discretion of the OIC, the use of non-issued smooth toe (standard) leather work boots with steel toes and inner soles, which comply with current OSHA Standards, may be worn on non-firefighting rescue calls, brush fires, emergency care incidents, and service calls.
- If approved by the Unit OIC, non-issued OSHA certified leather work gloves purchased at the wearers expense may be used on non-firefighting or rescue calls. (Example: working with winch cables, or engaged in high altitude rescues such as water towers or scaffolds.)



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3. Protection Level Requirements

Fire and rescue apparatus is fully enclosed when it includes a full roof and doors at all riding positions.

Approved hearing protection will be worn on all apparatus.

Personnel riding in tiller positions shall wear full running gear while responding on all emergency incidents.

- On trucks equipped with fully enclosed tiller compartments (with compartment secured) the tiller-man may dispense with the use of protective clothing while driving, if approved by the OIC.
- On non-emergency conditions, the OIC of tiller trucks may allow the tiller-man to remove protective gear except for the helmet.

On ambulances, sedans, and utility vehicles, the wearing of protective clothing is optional. Riding on the back step of apparatus is prohibited.

The following guide is to be used by the OIC to determine the appropriate level of protective clothing to be worn at all times.

Participants in the Ride-Along Observer Program shall wear an orange fire helmet clearly marked "Observer." They are not to engage in any actual firefighting or rescue operations and shall not be required to wear full protective clothing as outlined above.

*The Unit OIC has the discretion to allow the removal of running coats when the safety of personnel is not endangered.

4. Standardized Markings

Helmets

Only issued and approved markings will be allowed on helmets. Helmet distribution will be as follows:

- Career Firefighters and Fire Technicians will wear yellow helmets with the appropriate reflective striping, 2" wide around the bonnet.
- Emergency medical, rescue personnel and Paramedic personnel will be issued blue helmets with appropriate striping when their existing helmets are replaced. Existing helmets must be yellow with blue reflective striping, 2" wide around the bonnet.
- Probationary Firefighters, those not yet acquiring Firefighter I, will wear red helmets with appropriate striping.
- Observers, those personnel participating as ride along/observer will wear orange helmets clearly marked "observer" with the appropriate striping, 2" around the bonnet.
- Volunteer Firefighters who have successfully acquired Firefighter I shall wear yellow helmets with the appropriate striping, 2" wide around the bonnet.



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Command Officer Rank Identification

Assignment designation initials or numbers will be worn on the sides of the helmet as indicated in Attachment #1. Assignment designations will be indicated by reflective labels issued by the Bureau of Logistics and Supply.

Officer rank designation will be indicated on each side of the bonnet as illustrated in Attachment #1. Volunteer Command Officer Ranks may be indicated as illustrated in Attachment #1.

Assignment and Rank Designations

Numeral and letter sizes shall be 2". Designations requiring more than double numerals or letters will be permitted on an adhesive label. All numerals and letters will be reflective gold with black outline.

Helmet shields will be on printed reflective labels as indicated in Attachment #1. Volunteer companies may purchase their own reflective shield labels with the approval of the Fire Chief.

Leather shield fronts may be worn, and may include the member's ID#, rank, and/or Company number. However, these optional shield fronts will be purchased at the member's expense, and will maintain a presentable and professional appearance at all times.

Temporary or acting duty assignments for extended periods will be indicated by using a temporary rank shield on the present marked helmet.

Example: Lieutenant shield on yellow 660C to indicate Acting Lieutenant rank.

Bomb Squad Personnel – Certified personnel are those assigned to the Fire Department Bomb Squad. The Bomb Squad helmet markings shall be reflective gold with black outline.

Certified personnel shall wear the marking "BOMB SQUAD" and their designated identification number centered on each side of the helmet (See Attachment #1).

Haz Mat Personnel – Certified personnel are those who have completed the Prince George's County Hazardous Materials Certification Program. The Haz Mat helmet markings shall be red reflective; letter and numeral sizes shall be 1".

Level II – Certified personnel shall wear the marking HM II centered on the back of the helmet brim (See Attachment #1).

Level III – Certified personnel shall wear the marking HM III centered on the back of the helmet brim (See Attachment #1).



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5. Personal Protective Equipment Maintenance

All personal protective equipment is subject to inspection and removal from service at the discretion of the officer-in-charge.

Helmet Maintenance

Do not alter the helmet in any way. Use only accessory equipment of the type included in the original helmet or as approved by the manufacturer.

Do not paint the helmet shell without complying with written instructions from the helmet manufacturer.

Helmets shall be kept clean. Use mild solvents such as ethyl alcohol or mild detergent (Winsol Equipment Cleaner and Spot Remover). Maintain in accordance with the manufacturer's instructions.

Do not wash with strong solvents or cleaning agents such as tar remover acetone, paint or lacquer thinner, or any other chlorinated organic solvents.

Avoid prolonged storage in direct sunlight.

Do not neglect the interior fittings, especially the suspension. Remove and examine impact cap for damage to the foam core.

Inspect the interior fittings regularly. Replace worn or dirty suspension laces.

Continuously inspect face shield to ensure integrity, replace as required.

Check all mechanical hardware for proper adjustment regularly. All screws and nuts must be tight. Face shield clutch mechanism should be in proper tension. Chin straps and buckles should be checked for corrosion.

Turnout Coats and Pants

Only issued and approved markings will be allowed on turnout coats and pants.

All turnout coats and pants will have reflective tape stripes to enhance visibility.



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Three inch (3") letters, "PG" will be placed on each shoulder. "PGFD" will be placed on the back of all turnout coats. This will serve to easily distinguish members of our system from mutual aid companies and deter theft. (Attachment #2)

Volunteer companies may have Logistics affix their company's name/initials/company # (maximum of 10 characters/spaces), if desired, on the back of the coat, using issued reflective numerals and letters (Attachment #2). This will be at the individual member's or Company's expense.

PBI/Kevlar turnout coats will be worn by Firefighters, Fire Technicians, and line officers; all command officers will wear white Nomex coats.

All turnout coats and pants will be kept clean and in a proper state of repair.

Keeping the turnout coat and pants clean increases the life expectancy and ensures the desired flame resistance. Abrasive flammable dirt and contaminants detract from the personal protective equipment designed performance standard. All gear should be cleaned on an annual basis, or when necessary, such as after exposure to hazardous materials, blood borne pathogens, or petroleum products. Gear shall only be cleaned or repaired by the Department's certified vendor. Career supervisors and Volunteer Chief Officers will be responsible to inspect the PPE of all employees/members under their command on a monthly basis.

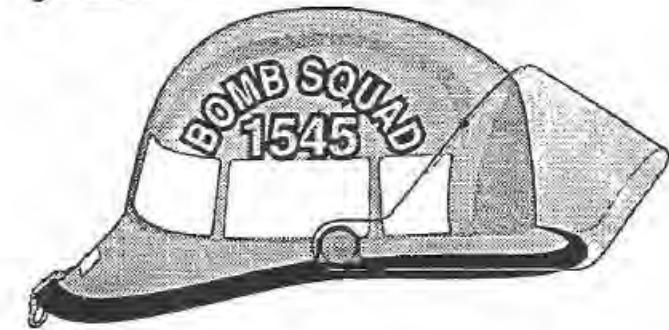
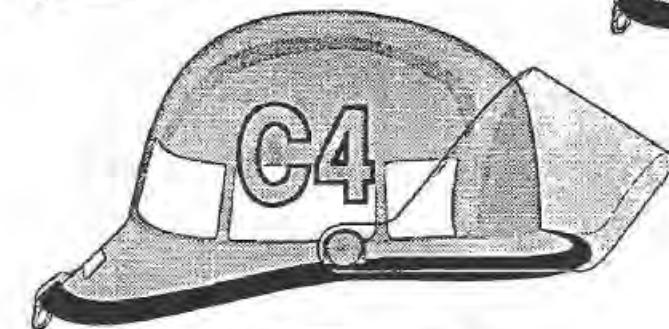
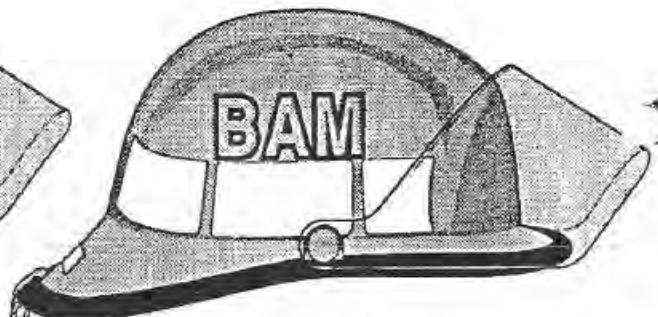
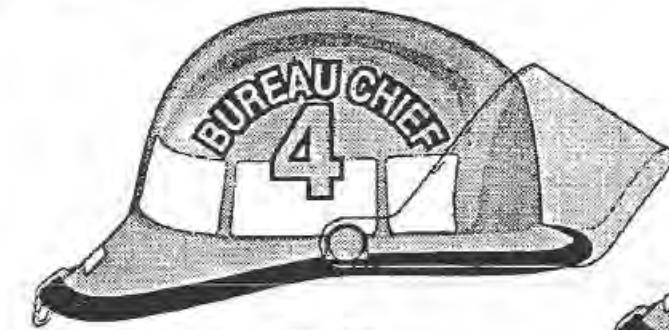
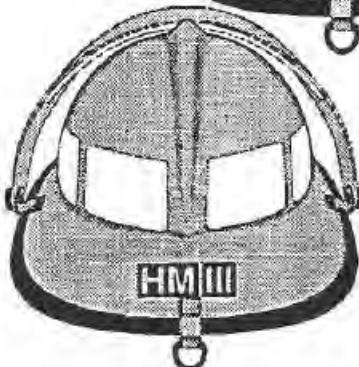
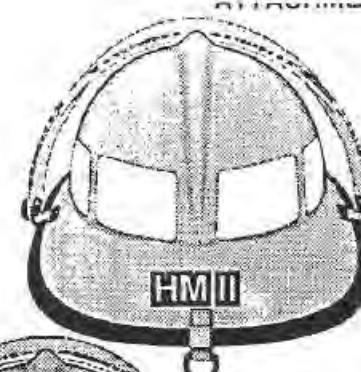
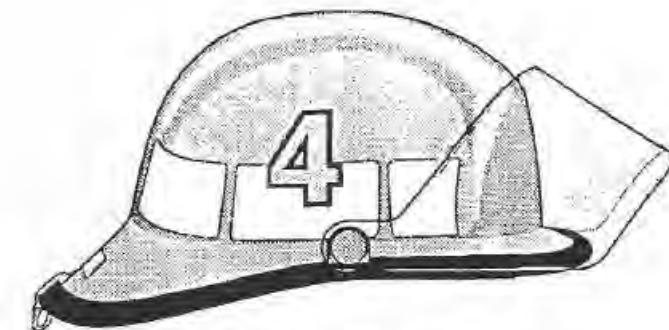
Attachment 1 – Helmet Illustration

Attachment 2 – Coat Illustration



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General Order Number: 08-18	Effective Date: January 2010
Division: Health and Safety	
Chapter: Safety and Investigation Team	
By Order of the Fire Chief: Marc S. Bashoor	Revision Date: N/A

POLICY

This General Order shall establish a Safety Investigation Team and the procedures for conducting an investigation of a serious injury, line-of-duty death, or a serious Departmental accident.

DEFINITIONS

Serious Injury- An injury sustained by a member of the Prince George's County Fire/EMS Department that could result in a loss of life, permanent disability, extended hospital treatment, or a prolonged recuperative period.

Serious Accident – A vehicle accident causing a serious injury, fatality, or excess vehicle damage.

Safety Investigation Team (SIT) - A designated team of individuals, appointed by the Fire Chief to conduct an investigation of the cause and circumstances of a situation that results in serious injury, line-of-duty death, or a serious accident. The responsibility shall include collecting and reviewing information on the incident, developing reports on causal factors, and making recommendations for policy and procedural changes intended to reduce the possibility of future occurrences.

The SIT is comprised of:

- Departmental Safety Officer (Chairperson) or Designee
- Emergency Operations Command Major or Designee
- Emergency Medical Services (EMS) Supervisor (or on-duty EMS officer at the time of the incident investigation)
- Fire investigator
- Local 1619 Representative (company level officer)
- A Volunteer Safety Officer
- Other individuals assigned by the Fire Chief with special qualifications

PROCEDURES / RESPONSIBILITIES

1. Goals

The goals of the Safety Investigation Team are:

- To determine the direct and indirect causal factors that resulted in a serious injury, line-of-duty death, or a serious accident in order to prevent future occurrences of a similar nature, including:



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- Identifying inadequacies involving apparatus, equipment, protective clothing standard operating procedures, supervision, training, or performance.
- Identifying situations that involve an unacceptable risk.
- Identifying previously unknown or unanticipated hazards.
- Identifying actions that must be taken to address problems or situations discovered in the investigation.
- To ensure that the lessons learned from the investigation are effectively communicated to prevent occurrences of a similar nature.
- To satisfy the requirements of the Public Safety Officer Benefit Program and other entitlements.
- To ensure that the incident and all related events are fully documented and evidence is preserved to provide for additional investigation or legal actions at a later date.
- To establish a custodian of documents or evidence and maintain a chain-of-custody.
- To utilize the Critical Incident Stress Debriefing Team (CISD) to work through issues with those involved.

The Prince George's County Fire/EMS Department will conduct an investigation of all serious injuries and line-of-duty fatalities utilizing the SIT. The Fire Chief may also direct the SIT to investigate incidents where no injury occurred, but where the potential for serious injury or death existed.

The Departmental Safety Officer must be notified immediately when an employee suffers a critical injury or a service connected death.

The SIT will be mobilized immediately when a serious injury or line-of-duty death occurs. The Departmental Safety Officer will serve as the team leader, unless specifically designated otherwise by the Fire Chief.

All reports and recommendations, including the development of information that will reduce the occurrences of future incidents of a similar nature, will be submitted to the Fire Chief. The Fire Chief will determine how and when the report will be released. The information developed by the SIT may be used for training and safety bulletins.

2. General Provisions

The Departmental Safety Officer will mobilize the SIT when notified by Public Safety Communications (PSC) of a service connected serious injury, line-of-duty death, or a serious accident involving an employee or member of the Prince George's County Fire/EMS Department.

The team will meet at a location designated by the team leader, usually the incident scene.

The first arriving SIT member will report to the Incident Commander and ensure that the scene is properly secured as soon as the incident is under control. The SIT shall receive the full cooperation of the Incident Commander.



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The SIT shall conduct preliminary interviews and take statements from all personnel involved in the incident. All personnel shall cooperate with the SIT during the investigation. Failure to cooperate or interference with the investigation will not be tolerated and will result in disciplinary action.

The on-duty EMS supervisor will establish a liaison with the receiving hospital and request appropriate tests (i.e., blood gases, toxicology, etc.), when required.

The SIT will impound and secure all protective clothing, SCBA, communication and other records, tapes, dispatch reports, incident reports, injury or casualty reports, and all other evidence or information that is pertinent to the investigation.

The scene should be photographed and diagrammed as soon as possible photographs and drawings shall be delivered to the team leader.

A final report of the incident will be prepared by the SIT for the Fire Chief. This shall be accomplished in a timely fashion, but not rushed so as to ensure a proper analysis of all information. The elements of the report may include, but are not limited to, those items outlined in Attachment I.

The Fire Investigations office will assign an investigator to assist and maintain a liaison. The SIT will cooperate with Fire Investigations and any other law enforcement agency involved in fire-cause determination or criminal investigations related to the incident.

The SIT will report directly to the Fire Chief: through the team leader. During the initial stages and throughout the entire course of the investigation, the SIT will:

- Cooperate with the Incident Commander
- Recommend the use of the Critical Incident Stress Debriefing Team (CISDT)
- Utilize land line communication, as much as possible, to reduce radio traffic regarding the effected personnel.
- Issue no public statements unless directed and approved by the Fire Chief



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General Order Number: 08-23	Effective Date: August 13, 2012
Division: Health and Safety	
Chapter: Death or Significant Injury/Illness Assistance Policy	
By Order of the Fire Chief: Marc S. Bashoor	Revision Date: N/A

POLICY

To ensure needs of all employees, sworn, civilian, and volunteer, active and retired, their family, and the Department are met regarding significant illness/injury or death to personnel. Procedures outlining notifications are clearly defined.

DEFINITIONS

Department Representative - A member/employee of the Department identified by the Duty Chief to serve as the initial Department liaison.

Family Liaison Officer - An individual appointed by the Fire Chief or Volunteer Chief, responsible for providing support to the employee/member and his/her family. For long term recovery of employee/member/family, representatives from the International Association of Fire Fighters (IAFF) Local 1619, the Prince George's County Volunteer Fire and Rescue Association (PGCVFRA), or other representatives will be made available as deemed necessary.

Hospital Liaison Officer - An individual appointed by the Fire Chief or Volunteer Chief, responsible for coordinating and communicating needs between the family, hospital, and the Department. This liaison remains until employee/member is discharged from hospital.

Personnel - Sworn/civilian employees or volunteer members of the Prince George's County Fire/EMS Department.

PROCEDURES / RESPONSIBILITIES

The Incident Commander (IC) is responsible for making notification to the Watch Office/Staffing Officer whenever a significant illness/injury or death occurs on an incident. In absence of a chief officer, the highest ranking officer/firefighter shall make immediate notification to the Watch Office/Staffing Officer.

If the illness/injury or death does not occur on the scene of an emergency incident, the Watch Office/Staffing Officer must be contacted to make immediate notifications.

Family members of Department personnel may contact the Watch Office/Staffing Officer as well. The Watch Office/Staffing Officer will make immediate notifications.

These procedures are to be carried out with compassion for the employee/member, as well as his/her family. In addition, this procedure allows for continued follow-up for the employee/member and his/her family after the incident has occurred.



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In order for this policy to be effective, an employee/member's emergency notification information must be kept current.

The Fire/EMS Department will work together with any affected Volunteer Fire Department(s) and/or IAFF Local 1619, so that all parties are provided with the necessary support and resources.

Procedures

- All notifications to the family will be made in person, whenever possible. If necessary, the phone is an acceptable alternative, if it is believed that the delay in making personal notification will result in family members, or the next of kin, being notified through an inappropriate means or media reports.
- **Notifications MUST NOT be made over the radio.**
- No notification is to be released to other members of the Fire/EMS Department, the public, or the media until the member's next of kin has been notified.
- If the patient is conscious, alert and oriented, the Department Representative may assist with notifying his/her family members, as requested by the patient. If needed, family member contact numbers may be available on file at the Watch Office.
- If the patient is unconscious or seriously injured, defer to the Duty Chief, for appropriate family notification procedures.
- The Duty Chief may seek assistance from another Department Representative if the Duty Chief is needed to complete tasks related to command of an incident scene.
- The Duty Chief is to ensure notification is made to President of IAFF. Local 1619 or his/her designee for career personnel.
- The Duty Chief is to ensure notification is made to President of PGCVFRA or his/her designee for volunteer members.
- After the next of kin have been notified, the Fire Chief, in the case of career employees, or the Volunteer Chief (in coordination with the Office of the Fire Chief), in the case of volunteer members, will determine how additional information will be released.
- Members will not release any information regarding the injury, illness, or death. The use of social media websites should be cautioned in order to avoid family members receiving notifications in an improper manner. All inquiries will be routed to the Fire/EMS Department's Public Information Officer, who will follow the direction of the Fire Chief, or Volunteer Chief, respectively.
- If the patient is likely to be admitted to the hospital, the Risk Management Commander will be notified and may assign an office representative to report to the hospital to assist with completion of necessary reports for billing and insurance purposes.
- Assistance from the National Fallen Firefighters Foundation may be requested by the Fire Chief or Volunteer Chief in the event of a Line-of-Duty Death of an employee/member.
- If an employee/member becomes seriously ill, injured or dies while on duty, the employee/member's supervisor, i.e., incident commander, senior officer/firefighter in the station, or another available supervisor, must contact the Watch Office/Staffing Officer via telephone.
- The Watch Office/Staffing Officer will immediately contact the Duty Chief.



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- The Duty Chief will immediately initiate the notification check list (Attachment #1).
- Additional considerations for the Fire Chief, or Volunteer Chief, include:
 - Notifications will be made in accordance with General Order 01-05 Notification Procedures.
 - Notification of appropriate Fire/EMS Department officials, volunteer organization officials, IAFF Local 1619, senior County Government officials, senior municipal government officials, as applicable.
 - Activation of the CISM Team.
 - Relieving the affected station(s) from duty.

Support Roles

Department Representative

- The Department Representative is designated by the Duty Chief, responsible to:
 - Remain available at the hospital to address any patient needs or requests.
 - Communicate any changes in patient status and/or location to the Duty Chief.
 - Relay any needs expressed by the patient's family (transportation, accommodations, provisions, etc.).
 - May assist the patient in completing necessary paperwork such as injury packet.
 - Notify the Duty Chief when the patient is due to be released from the hospital.

Family Liaison Officer

- A Family Liaison Officer will be appointed by the Fire Chief. In the case of a volunteer member, the Office of the Fire Chief will coordinate with the Volunteer Chief to assign a Family Liaison Officer.
- The Family Liaison Officer is responsible for coordinating the following:
 - Transportation of the next of kin to and from the hospital.
 - Child care for the employee/member's or next of kin's dependent children.
 - Meals for the next-of-kin and their dependents.
 - Quality of care assurance, including liaison with the medical facility staff.
 - Identification of lodging for the next of kin, if necessary.
 - Transportation for the employee/member to rehabilitation, physical therapy, etc.
 - Household assistance.
 - Arrangements for counseling for the employee/member and/or next of kin, as necessary.
 - Identification and contact with a chaplain if requested by the next of kin.

Hospital Liaison Officer

- A Hospital Liaison Officer will be appointed by the Fire Chief. In the case of a volunteer member, the Office of the Fire Chief will coordinate with the Volunteer Chief, to assign a Hospital Liaison Officer.



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- The Hospital Liaison Officer will be responsible for coordinating the following:
 - Visitor activities at the hospital.
 - Establish a private area for the family to congregate.
 - Any specific requests of the patient and/or family.
 - Requests of the hospital staff are appropriately addressed.
 - Status reports to the Office of the Fire Chief with permission of the patient and/or next of kin.



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General Order Number: 10-01	Effective Date: November 2011
Division: Logistics and Supply	
Chapter: Career Uniforms	
By Order of the Fire Chief: Marc S. Bashoor	Revision Date: N/A

POLICY

This General Order shall establish procedures for the issuance, replacement, maintenance, use, and composition of career uniforms.

DEFINITIONS

Approved - Complies with all published specifications of the Prince George's County Fire/Emergency Medical Services (EMS) Department and/or has been specifically authorized by the County Fire Chief or his/her designee.

Uniform Allowance - The uniform allowance is disbursed in accordance with the negotiated labor contracts.

Footwear - The approved footwear must be black, plain-toed, leather, low cut or high top, oxford-type uniform shoes. Black leather boots with zipper or other quick release system may also be worn, provided they are worn zipped at all times. All footwear must have a composite non-skid sole. Boots must not be worn in conjunction with the Dress uniform. All footwear shall be clean and polished at all times, laced through all the eyelets, with no excessive overhangs of laces. Personnel are not to wear any type of open toed shoes, sandals or flip flops while on duty, either in the station or on emergency calls. *NOTE:* White socks may be worn with black leather boots with zipper or other quick release system boots.

Approved Department Logo - The approved County logos are the Fire/EMS Patch and the PGFD logo in red outlined in white. (See #1, Page 11)

Caps for field wear - An approved navy style watch cap or baseball cap may be worn. The caps must be plain navy blue or may have the approved Departmental logo on it. The hat may also have the union logo on the back of the cap. (See Attachment #1, Pages 12, 13)

Jacket - The approved jacket that may be worn is the Department's issued jacket or a zippered front, cotton canvas jacket with the County Fire/EMS Patch embroidered on the front left chest and the name and rank on the right chest. (See Attachment #1, Page 15)

Sweaters - The approved sweaters are the navy blue Air Force V-neck sweater with the Departmental insignia on the left shoulder, or the cardigan style sweater with approved Departmental insignia on the front left pocket.



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Polo Shirts - The approved polo are the navy blue collared neck with buttons with the Department insignia on the front left chest. (See Attachment #1, Page 15)

Sweatshirts/Job Shirts/Jackets – The approved sweatshirt is a navy blue crew neck sweatshirt and the approved Job Shirt is a partial zipper with a turtle neck. It should be plain navy blue or have the approved County Fire/EMS patch embroidered on the front left chest and the name and rank embroidered on the right chest as outlined in section 9.B.2. (See Attachment #1, Pages 15, 16)

T-shirts - The approved T-shirt should be navy blue or Fire Navy in color. The T-shirt shall have the approved Departmental markings on the front and back. (See Attachment #1, Page 14)

Long Pants/Short Pants – The approved uniform long pants/short pants are the Departmental issued long pants navy blue in color or the optional 5-11 Brand Station long pants/Tactical short pants Fire Navy in color. (See Attachment #1, Page 17)

Blouse - The approved blouse is the standard, dark blue fire service blouse with the Departmental insignia on the left shoulder, decorated as follows:

- **County Fire Chief** - Double-breasted blouse, with gold buttons, five $\frac{1}{4}$ " gold sleeve bands spaced $\frac{1}{4}$ " apart. Gold Eagle pins are to be worn on the shoulder epaulets. County-issued badge and name tag. Awards can be worn centered $\frac{1}{2}$ " above name tag.
- **Lieutenant Colonel** – Double-breasted blouse, with gold buttons, four $\frac{1}{4}$ " gold sleeve bands spaced $\frac{1}{4}$ " apart. Silver leaf pins are to be worn on the shoulder epaulets. County issued badge and name tag. Awards can be worn centered $\frac{1}{2}$ " above name tag. (See Attachment #1, Page 10)
- **Major** - Double-breasted blouse, with gold buttons, three $\frac{1}{4}$ " gold sleeve bands spaced a $\frac{1}{4}$ " apart. Gold leaf pins are to be worn on the shoulder epaulets. County-issued badge and name tag. Awards can be worn centered $\frac{1}{2}$ " above the name tag. (See Attachment #1, Page 9)
- **Battalion Chief** - Double-breasted blouse, with gold buttons, two gold sleeve bands, (1) $\frac{1}{4}$ " on the bottom, (1) $\frac{3}{8}$ " on the top, spaced $\frac{1}{4}$ " apart. County-issued badge, name tag and collar insignia designating rank. Awards can be worn centered $\frac{1}{2}$ " above the name tag. (See Attachment #1, Page 8)
- **Captains** - Single-breasted blouse, with gold buttons, two $\frac{1}{4}$ " gold sleeve bands spaced a $\frac{1}{4}$ " apart. County issued badge, name tag and collar insignia designating rank. Awards can be worn centered $\frac{1}{2}$ " inch above the name tag. (See Attachment #1, Page 7)
- **Lieutenants** - Single-breasted blouse, with gold buttons, one $\frac{1}{4}$ " gold sleeve band. County-issued badge, name tag and collar insignia designating rank. Awards can be worn centered $\frac{1}{2}$ " above the name tag. (See Attachment #1, Page 6)
- **Fire Technicians, Firefighters and Paramedics** - Single-breasted blouse with silver buttons. County-issued badge, name tag and collar insignia designating rank. Awards can be worn centered $\frac{1}{2}$ " above the name tag. (See Attachment #1, Pages 3-5)

Dress Hat - The approved cap is a standard navy blue fire service dress cap, decorated as follows:



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- **County Fire Chief and Lieutenant Colonels** - Gold strap, appropriate gold badge, velvet band and gold visor decoration known as the "Holbrook" flame.
- **Major** - Gold strap, appropriate gold badge, velvet band, and gold visor decoration known as "scrambled eggs," three on each side.
- **Battalion Chief** - Gold strap, appropriate gold badge, velvet band and gold visor decoration known as "scrambled eggs," two on each side.
- **Captain** - Gold strap, appropriate gold badge and velvet band.
- **Lieutenant** - Gold strap and appropriate gold badge.
- **Fire Technicians, Firefighters and Paramedics** - Black strap and appropriate silver badge.

PROCEDURES / RESPONSIBILITIES

1. General Provisions

The County Fire Chief and/or his/her designee is authorized to change the uniform standards found within this General Order, whenever, deemed appropriate. Such cases may include, but are not limited to, events that require Departmental participation, fiscal restrictions or at his/her discretion.

All Departmental uniforms not purchased by the individual are the property of Prince George's County.

All personnel are required to produce, upon demand by the County Fire Chief, or his/her designee, any issued uniform items and/or official equipment.

Non-useable shirts, trousers, and belts must be returned to Logistics and Supply.

On-duty personnel must wear or use only issued or approved uniforms, clothing equipment or insignia approved by this General Order.

Personnel who are on official business with a chief officer or representing the Department, and who have been provided advance notice of the detail, must wear an appropriate class uniform, as determined by the assigning authority.

All uniforms issued must meet the specifications approved by the County Fire Chief.

The County Fire Chief may limit the number of items issued in accordance with the budget allocations.

When an employee is issued clothing that does not fit properly, the clothing must be returned to Logistics and Supply within two weeks of receipt.

2. Issuance

Upon appointment to the Department, personnel shall be issued the follow clothing items:



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- Navy blue work trousers
- Navy blue long sleeve work shirts
- Navy blue short sleeve work shirts
- Navy blue winter jacket
- Black garrison type belt
- Silver belt buckle
- Name plates for uniform

Personnel may be issued additional items based on assignment or promotion.

Personnel are responsible for purchasing their own shoes, black socks and T-shirts, as outlined in the definitions section of this General Order.

3. Replacement

Personnel must complete a Clothing Request (P.G.C. Form #1362) and submit it, along with the items to be replaced, to their station officer for a replacement evaluation. Clothing Request Forms presented to Logistics and Supply must have a battalion chief's signature. Items for replacement will be exchanged on a one-for-one basis. All personnel must report the loss or damage of any uniform items and official equipment to their supervisor. To receive replacement uniforms, a Loss/Damage Report (P.G.C. Form #556) must be completed, signed by the battalion chief in the individual's chain-of-command, and brought to Logistics and Supply. Stolen badges, identification cards, or items valued at \$50 or more replacement cost, must be reported to the County Police Department. The supervisor will be responsible to investigate the incident and forward their findings via the chain-of-command to the appropriate lieutenant colonel or his/her designee. If the loss or damage is found to be a result of negligence, the item will be replaced at the employee's expense.

Uniform items issued by the Department will be issued directly to the employee from Logistics and Supply personnel, and will require the employee to sign an Equipment Custody Receipt (P.G.C. Form #1890A) before removing the issued items.

4. Separation from the Department

Personnel who are terminated, retired, or have resigned must return all Department-issued uniforms and accessories to Logistics and Supply prior to the employee's official signoff. The County Fire Chief, or his/her designee, will determine items to be surrendered and items that may be retained by these personnel.

5. Provisions for wearing the Department Uniform

The wearing of the appropriate class of uniform is authorized only when on actual duty, at Departmental functions, when attending Fire/EMS classes or at other times as approved by the County Fire Chief.



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When traveling to and from duty stations, personnel may wear partial uniforms, as long as the articles of clothing are neat, clean and do not reflect unfavorably on themselves or the Department.

The work uniform/optional work uniform must be worn while on duty and/or when completing Fire/EMS Department inspections, fire prevention programs, training classes held by other jurisdictions, by all Emergency Operations Command personnel assigned to fire and/or rescue stations.

The uniform shall be kept in a neat and clean manner. The uniform shirt must be kept tucked in and have all but the top button fastened.

6. Physical Training Uniform

The Physical Training (P.T.) Uniform may be worn as follows:

Personnel shall change into the approved P.T. Uniform, just prior to the beginning of the physical training activity. Personnel must promptly change into the work uniform at the end of the physical training activity. The uniform shall consist of a navy blue T-shirt, navy blue shorts or sweatpants. The clothing shall have the approved Departmental markings or be plain navy blue. Personnel must not wear any identifiable part of the issued uniform in such a manner that would reflect unfavorably on themselves or the Department.

7. Personal Jewelry Items

Personal jewelry items may be worn with the various uniforms, although the wearing of jewelry while on duty is discouraged for safety reasons. On-duty personnel should restrict such jewelry to simple, conservative wedding bands, a watch, medic alert bracelets, earring and necklaces. Earrings must be small post-type that do not extend beyond the ear lobe or dangle from the ear in any fashion. Necklaces must be concealed under the T-shirt or uniform shirt at all times.

8. Classes of Uniforms Dress Uniform

The dress uniform shall consist of the appropriate dress hat, blouse, white long sleeved uniformed shirt for officers and light blue long sleeved shirt for non officers, black tie, dress trousers, black Garrison belt, black plain-toed uniform shoes and solid black socks. Also includes breast badge, appropriate collar insignia, PGFD lapel pins and name tags. Only battalion chiefs and above or anyone else deemed necessary by the County Fire Chief will be issued a Dress Uniform. All others must purchase one at their own expense and must be consistent with this General Order.

Administrative Uniform

The Winter Administrative Uniform shall consist of the same components as the Dress Uniform with the exceptions of the dress blouse and dress hat. Chief Officers will exercise appropriate discretion for the use a tie.



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The Summer Administrative Uniform shall consist of a short sleeved shirt (Fire Technicians and below, light blue; lieutenants and above, white), dress trousers, black Garrison belt, plain-toed uniform shoes, solid black socks. The summer administrative uniform will also include the appropriate breast badge, collar insignia and name tag.

Work Uniform

Firefighters, paramedics, fire technicians, fire and paramedic lieutenants and fire captains:

- Short-sleeved (between April 1st and October 31st), or long sleeved(between November 1st and March 31st) navy uniform shirt, navy trouser, navy blue T-shirt, with approved markings, solid black socks, black Garrison belt and name tag. Captains and lieutenants will also wear the appropriate badge and collar insignia. Shoes and boots must be black leather. White socks may be substituted as outlined in Section II, Definitions. An approved sweater, sweatshirt, job shirt, jacket or optional uniform may be worn, providing it is in accordance with the standards set forth in this General Order.

Battalion Chiefs and Paramedic Captains:

- Short or long sleeved white shirt, black tie, white T-shirt, or optional uniform with approved markings, navy trousers, solid black socks, black Garrison belt, collar insignia, breast badge and name tag. Shoes and boots must be black leather. White socks may be substituted as outlined in Section II, Definitions.

Majors and above:

- Short or long sleeved shirt, black tie (as appropriate), dress trousers, breast badge, appropriate gold collar insignia and name tag. Shoes must be black plain toed leather.

Apparatus Maintenance

Non-uniformed personnel, whose primary function is to effect mechanical maintenance repairs, shall wear the rented "Industrial Laundry" type uniforms and coveralls with sewn on name tag. Sewn on name tag shall contain the employee's first and last name and job title. At the employee's option and own expense, they may wear a dark blue insulated vest and/or approved cap with the rented uniform while engaged in activities within the shop or effecting repairs in the field.

Non-uniformed personnel whose primary function is within the office shall wear business attire deemed appropriate by the uniformed supervisor or non-uniformed manager for the office. Personnel not in a Department uniform will be required to wear a Prince George's County Government issued identification badge at all times.

Uniformed Personnel shall wear the issued work uniform.



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Logistics and Supply

Non-uniformed personnel shall wear business attire deemed appropriate by the uniformed supervisor or the non-uniformed manager for the office. Personnel not in a Departmental uniform will be required to wear a Prince George's County Government issued identification badge at all times. Uniformed Personnel shall wear the issued work uniform.

Community Outreach/Public Education

While participating in the delivery of general public fire safety presentations, the work uniform for non-uniformed personnel shall be business attire deemed appropriate by the uniformed supervisor or non-uniformed manager of the office. Personnel not in a Department uniform will be required to wear a Prince George's County Government issued identification badge at all times. For uniformed personnel, either the administrative or work uniform at the discretion of the manager or battalion level supervisor.

Fire/EMS Training Academy

Non-uniformed personnel shall wear business attire deemed appropriate by the uniformed supervisor or non-uniformed manager for the office. Personnel not in a uniform will be required to wear a Prince George's County Government issued identification badge at all times. Uniformed personnel shall wear either the administrative or work uniform.

Fire Prevention

Inspectors, Code Enforcement and Special Hazards:

While conducting official Departmental inspections, non-uniformed personnel shall wear business attire deemed appropriate by the uniformed supervisor or non-uniformed manager for the office. Personnel not in a Departmental uniform will be required to wear a Prince George's County Government identification badge at all times. Sworn Fire Prevention personnel may also wear the work uniform.

Fire Investigations and Bomb Squad

While on duty, investigators shall wear the approved uniform in accordance with Fire Investigation Standard Operating Procedure 11, Work Attire. While operating in an unsafe environment or structure, Department issued personal protective equipment (PPE) shall be worn.

Bomb squad personnel shall wear the issued utility uniform in accordance with Federal Bureau of Investigations (FBI) Hazardous Device School Standard Operating Procedure. The uniform shall consist of 100 percent cotton shirt with approved insignia and 100 percent cotton BDU pants.

Special Operations

The approved uniform, as designated by the Fire Chief.



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Maternity

Employees may continue to wear the official uniform until it becomes uncomfortable. At that time, the employee may request, in writing through the chain-of-command, to wear maternity clothing. The maternity clothing shall consist of:

- Dark blue maternity slacks or skirt.
- Appropriate color shirt/smock (light blue for firefighter and paramedics, white for officers).
- Black shoes and socks.
- Uniformed personnel will be permitted to wear maternity attire that is appropriate for an office setting. If personnel choose to wear the attire they must wear a Prince George's County Government identification badge at all times. At no time will personnel be permitted to wear jogging/sweat suit outfits.

9. Optional Work Uniforms/ Accessories/Requirements:

Work uniform accessories and associated requirements shall include the "official" Department T-shirt, Polo Shirt, Sweatshirt, Job Shirt and Jacket. They shall be 5-11 Brand Tactical solid dark navy blue or Fire Navy in color, unless otherwise specified. The costs associated with the acquisition of the optional Department T-shirt, Polo Shirt, Sweatshirt, Job Shirt, Jacket, pants and shorts shall be borne by the individual member. Members shall have the regulation dark blue wash and wear work uniform shirt/blouse with the appropriate undershirt available to wear at all times, to include but not limited to details, official lineup, and and/or inspections.

The following styles shall be permitted:

A. Accessories

1. T-shirt
 - a) 5-11 Brand Station Wear Short Sleeve T-shirt.
 - b) 5-11 Brand Station Wear Long Sleeve T-shirt.

The 5-11 Brand Station Wear 100% cotton T-shirt, Fire Navy in color, may be worn in lieu of the regulation work uniform shirt/blouse by members assigned/detailed to the Emergency Operations Command under the following conditions:

- a) In and around quarters.
- b) When responding to and returning from alarms.
- c) At the scene of an emergency when proper safety equipment is not required.

T-shirts that are faded, tattered, torn, unsightly, or do not meet the requirements described in detail below, will not be permitted. T-shirts shall be worn with the tail tucked in at all times.

2. Polo Shirt.
 - a) 5-11 Brand Men's or Women's Tactical Polo Short Sleeve.
 - b) 5-11 Brand Men's or Women's Tactical Polo Long Sleeve.



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The 5-11 Brand Men's and Women's Tactical Polo can be worn in lieu of the dark blue issued work uniform shirt/blouse when conducting official Department business that includes but is not limited to : (1) performing fire prevention, home safety, and multifamily dwelling inspections; (2) attendance at the Training Academy during normal business hours for drills, special classes, and similar activities; (3) visits to Fire/EMS headquarters for any reason; (4) any interaction with the public, as in demonstrations, school visits or other public/community events. The requirements for the Polo Shirt are as follows:

- a) The 5-11 Brand Men's or Women's Tactical white polo shirt may be worn as the work uniform shirt by Majors, Battalion Chiefs, Administrative Positions and EMS Supervisors assigned to field operations units.
 - b) The 5-11 Brand Men's or Women's Tactical Polo dark navy blue in color, may be worn as the work uniform shirt by members assigned/detailed to the Emergency Operations Command.
 - c) No collar insignia shall be worn on the polo shirt.
 - d) Polo Shirts that are faded, tattered, torn, unsightly, or do not meet the requirements described in detail below, will not be permitted.
 - e) Polo Shirts shall not be worn as an undershirt for the regulation work uniform shirt.
 - f) Polo Shirts shall be worn with the tail tucked in at all times.
3. Sweatshirt/Job Shirt/Jacket
- a) 5-11 Brand Station Wear Sweatshirt Fire Navy in color.
 - b) 5-11 Brand Job Shirt with $\frac{1}{4}$ Zip Fire Navy in color.
 - c) Jacket must be a cotton canvas with a full zippered front dark navy in color.

Sweatshirts/Job Shirts/Jackets that are faded, tattered, torn, unsightly, or do not meet the requirements described in detail below, will not be permitted. Sweatshirts/Job Shirts/Jackets may be worn as the outer garment, with or without the regulation dark blue uniform shirt; however, when worn over the uniform shirt, the uniform shirt collar shall be worn on top (outside) the neck opening of the sweatshirt.

4. Caps for field wear.

An approved navy style watch cap or baseball cap may be worn. The caps must be plain navy blue or may have the approved Departmental logo on it. The hat may also have the union logo on the back of the cap. (See Attachment #1, Pages 12, 13)

B. Marking Requirements

The following requirements shall serve as the official approved markings to be standard for the T-shirt, Polo Shirt, Sweatshirt, Job Shirt and Jacket.



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1. T-shirt.
 - a) Must display the Official Department patch in multiple colors on the front left breast, three (3) inches in height with the member's rank above the patch in white block letters, one-half (1/2) inch in height.
 - b) Must display the Official "PGFD" logo on the back in red outlined in white four (4) inch (by twelve (12) inch) block letters (Ivy League Font).
2. Polo Shirts/Sweatshirts/Job Shirt/Jackets.
 - a) Must display the Official Department patch embroidered in multiple colors on the front left breast, three (3) inches in height.
 - b) Must display their name and title on the right front. The name and title must be embroidered (with the title), in gold (navy blue on white polo shirts) 3/8-inch in height.

C. Uniform Pants

1. Short Pants (between April 1st and October 31st).
 - a) 5-11 Brand Men's or Women's Tactical Shorts Fire Navy in color.
 - i. Shorts will be allowed to be worn as the outer garment at all times. EXCEPT during emergency response (Full personal protective equipment (PPE) shall be worn) or at certain events or activities that would require deviation (i.e., FedEx). Company Officers have the discretion to determine when such conditions exist and will notify members.
 - ii. Shorts will be worn with the approved work shirt, golf shirt, or T-shirt.
 - iii. All shirts must be tucked in at all times.
 - iv. Shorts will be worn with the issued uniform belt with approved buckle, oxford style work shoes, and black crew or ankle socks.
 - v. Six (6) inch or higher boots and/or white socks will not be permitted.
2. Long Pants (between November 1st and March 31st).
 - a) 5-11 Brand Men's or Women's Station pants Fire Navy in color.

10. Insignia and Badges

The exact placement and positioning of the insignia must be in accordance with the diagrams and descriptions in the Diagrams section of this order. The appropriate insignia or rank on collar pins must be worn on both collar tips of all uniform shirts, (lieutenants and above), regardless of whether an outer garment is worn. The following symbols correspond with ranks and/or positions for all appropriate insignia:

- County Fire Chief - Gold Eagle
- Lieutenant Colonel - Silver Maple Leaf
- Major - Gold Maple Leaf
- Battalion Chief - 2 Crossed Trumpets
- Captain - 2 Gold Bars



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- Lieutenant - 1 Gold Bar

Officers will be required to wear the appropriate Departmental badge on the left side of the uniform shirt, jacket and dress uniform blouse and on the dress hat.

The Departmental shoulder patch is worn on the left side of the uniform shirt, jacket and blouse. A patch on the right side sleeve identifying special training or team membership, approved by the County Fire Chief, may be worn. Only one patch may be displayed on the right sleeve at a time. However, members of the Honor Guard are authorized to wear a rocker on the left sleeve of their ceremonial uniforms below the Departmental patch. Other modifications to the guard's ceremonial uniforms are permitted with the County Fire Chief's approval.

Name tags are to be centered and placed above the top edge of the right pocket on the dress administrative and work uniform shirt. Name tags shall be no more than 2 and $\frac{3}{8}$ " long and $\frac{1}{8}$ " wide.

Service pins are optional and worn on the left sleeve of the dress blouse, centered and $\frac{1}{4}$ " above the top officer stripe for officers and 4" from the edge of the sleeve for firefighters and paramedics. The official International Association of Firefighters (IAFFs) pin or U.S. Flag pin (maximum size $\frac{1}{2}$ ") is optional and worn centered, $\frac{1}{2}$ " above the name tag. This may be worn on the dress uniform blouse and/or on the dress, administrative and work shirt. The official International Association of Firefighters (IAFFs) logo may be worn on the optional T-shirt in white on the left sleeve three (3) inches in height.

Meritorious service pins are optional and worn over the name tag on the dress uniform blouse, centered $\frac{1}{2}$ " above the name tag.

11. Care and Maintenance

Each employee is responsible for the laundering or dry cleaning of issued uniforms and clothing. Badges and other plated insignia must not be polished with an abrasive polish or cleaner, as this removes the plating. However, they should be periodically washed in soap and water, utilizing a soft brush if necessary.

12. Evaluation

The County Fire Chief may authorize the substitution of specific uniforms and protective clothing for the purpose of evaluation. Those individuals who are in an evaluation group will be required to complete the appropriate documentation, etc. Personnel may request authorization to participate in specific item evaluation through the appropriate chain-of-command.