



Section 02 Apparatus and Equipment

Chapter 33– SCBA Masks and Regulators

February 2009

POLICY

The Prince George’s County Fire/Emergency Medical Services (EMS) Department will establish a procedure for the prompt replacement of Self Contained Breathing Apparatus (SCBA) masks and regulators to prevent members from remaining out of service.

DEFINITIONS

N/A

PROCEDURES

1. General

The Fire/EMS Department recently purchased new SCBA and issued each employee/member their own mask and regulator to prevent any issues with infection control. There will be occasions where masks and regulators that are lost or damaged will require a replacement.

The Duty Chief, Battalion Chief 804 and Battalion Chief 803 will be provided six (6) regulators and six (6) facepieces of varying sizes, which will be maintained in the Duty Chief’s vehicle.

2. Procedures

Any employee/member requiring the replacement of an SCBA mask or regulator due to actions on an emergency incident or enroute to an emergency is required to contact their immediate supervisor to report the status of the equipment.

The Duty Chief will issue a loaner mask and/or regulator to the employee/member and retrieve the damaged equipment for delivery to Apparatus Maintenance. The Notice of Loss or Damage Report form will be completed by the Duty Chief and signed by the employee/member.

Once the equipment is repaired or replaced, Apparatus Maintenance will forward the equipment back to the Duty Chief for issuance and retrieval of the loaner equipment.

The supply of masks and regulators is intended for emergency situations only. All other occasions must be handled through Apparatus Maintenance during normal work hours.

3. Responsibilities

Every employee/member shall be responsible to ensure his or her equipment is accounted for and functional prior to leaving any incident scene.

If a situation cannot be resolved on the scene, the supervisor is required to contact the Emergency Operations Center at 301-583-2200 to report the need for equipment replacement.

The Operations Center will contact the Duty Major with the pertinent information.

REFERENCES

N/A



FORMS/ATTACHMENTS

PGC Form # 556, Notice of Loss or Damage
Report

PRINCE GEORGE'S COUNTY GOVERNMENT

NOTICE OF LOSS OR DAMAGE REPORT

DEPARTMENT FIRE	CODE NO.										
DATE OF LOSS OR DAMAGE	DO NOT WRITE IN THIS SPACE										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center; padding: 5px;">PROPERTY AFFECTED</td> <td style="width: 40%; text-align: center; padding: 5px;">ESTIMATE OF LOSS</td> </tr> <tr> <td style="padding: 5px;">BUILDING OR STRUCTURE <input type="checkbox"/> \$</td> <td></td> </tr> <tr> <td style="padding: 5px;">MOTOR VEHICLE <input type="checkbox"/> \$</td> <td></td> </tr> <tr> <td style="padding: 5px;">OTHER PROPERTY <input type="checkbox"/> \$</td> <td></td> </tr> </table>	PROPERTY AFFECTED	ESTIMATE OF LOSS	BUILDING OR STRUCTURE <input type="checkbox"/> \$		MOTOR VEHICLE <input type="checkbox"/> \$		OTHER PROPERTY <input type="checkbox"/> \$		FILE NO.		
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DATE RECORDED											
COVERAGE PERIOD											
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THEFT <input type="checkbox"/>											
CAUSE OF LOSS OR DAMAGE (Attach Supporting Information)											
DATE 8-3-05	SIGNED _____ TITLE Fire Lieutenant										
DO NOT WRITE – INFORMATION NOTES											
<p style="text-align: center;">FORWARD IN DUPLICATE TO: SAFETY AND INSURANCE MANAGEMENT DIVISION Room 5000, County Administration Building</p>											