



Division 06 **Fire and Rescue Operations**

Chapter 24 – Non-Emergency Stand-By Coverage

March 2009

POLICY

This General Order shall clarify the requirements for providing non-emergency stand-by coverage/apparatus on behalf of any station/volunteer organization/corporation within the Prince George's County Fire/Emergency Medical Services (EMS) Department.

DEFINITIONS

N/A

PROCEDURES

1. General Provisions

Only volunteer operational personnel that have been certified by the Prince George's County Fire Commission, in accordance with Prince George's County Subtitle 11, and Prince George's County Fire/EMS Department career personnel are permitted to provide non-emergency stand-by coverage for stations within Prince George's County. This precludes personnel from other jurisdictions from providing staffing and/or apparatus, or to staff apparatus owned or operated by volunteer organizations/corporations within Prince George's County.

To ensure that personnel are able to attend various functions and/or training activities, the Volunteer Chief or career Battalion Chief will coordinate with other Volunteer Chiefs and utilize personnel and apparatus from within our Department, in compliance with the provisions noted above.

The Volunteer Chief or career Battalion Chief will be responsible to notify the Duty Major as to any non-emergency stand-by coverage. The coverage roster shall be forwarded to the Duty Chief on the day of coverage.

If a Volunteer Chief is unable to obtain adequate non-emergency stand-by coverage, the Duty Major should be notified. The Department will attempt to assist with providing non-emergency stand-by coverage on a case-by-case basis. However, under no circumstances should apparatus be placed out-of-service without the approval of the Emergency Operations Command.

Any person that would like to observe emergency operations within Prince George's County may do so in accordance with General Order 13-06, Ride-Along Observer Program. These individuals are not permitted to participate in emergency operations in any capacity.

REFERENCES

N/A

FORMS/ATTACHMENTS

Crew Roster

Coverage Roster

Date: _____

Unit: _____

Name ID# Station

Officer: _____

Driver: _____

FF: _____

FF: _____

FF: _____

FF: _____

FF: _____

FF: _____

Ambulance Crew

Officer: _____

Driver: _____

Aid: _____