

STATE OF COLORADO
COUNTY OF GILPIN
CITY OF BLACK HAWK

COUNCIL BILL NUMBER: CB25

ORDINANCE NUMBER: 2016-25

**TITLE: AN ORDINANCE APPROVING CERTAIN CITY OF BLACK HAWK
FIRE DEPARTMENT STANDARD OPERATING GUIDELINES**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF BLACK HAWK,
GILPIN COUNTY:

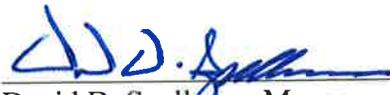
Section 1. In accordance with Section 2-178 of the Black Hawk Municipal Code, the City Council hereby approves the attached City of Black Hawk Fire Department Standard Operating Guidelines, and directs that they be incorporated into the Fire Department's Comprehensive Standard Operating Guidelines.

Section 2. Safety Clause. The Board of Aldermen hereby finds, determines, and declares that this Ordinance is promulgated under the general police power of the City of Black Hawk, that it is promulgated for the health, safety, and welfare of the public, and that this Ordinance is necessary for the preservation of health and safety and for the protection of public convenience and welfare. The Board of Aldermen further determines that the Ordinance bears a rational relation to the proper legislative object sought to be attained.

Section 3. Severability. If any clause, sentence, paragraph, or part of this Ordinance or the application thereof to any person or circumstances shall for any reason be adjudged by a court of competent jurisdiction invalid, such judgment shall not affect application to other persons or circumstances.

Section 4. Effective Date. The City Clerk is directed to post the Ordinance as required by the Charter. This Ordinance shall become effective upon posting by the City Clerk.

READ, PASSED AND ORDERED POSTED this 12th day of October, 2016.



David D. Spellman, Mayor

ATTEST:



Melissa A. Greiner, City Clerk



400.13 HEALTH AND FITNESS PROGRAM

Purpose:

To establish a health and fitness program for the Black Hawk Fire Department. It is intended to provide members of the department options to acquire a healthy lifestyle which will enable them to perform their essential job duties to their optimal performance.

Scope:

All operational personnel with firefighting duties shall successfully complete an annual NFPA 1582 compliant physical with a designated approved facility.

This physical includes treadmill, hearing, vision, strength, flexibility, and cardiovascular tests. BMI (body mass index) exams to include accurate body weight and body mass measurements will be administered. Also, the program requires health, behavioral and nutrition forms to be completed. All of this information is confidential between the member, facility administering the annual physicals, and the designated fire department physician.

Fit for Duty – all operational personnel with firefighting duties shall successfully complete the treadmill test at a minimum of 12 METs in addition to complying with the NFPA 1582 standard. If a member's initial score is between 8 and 11.9 METs they will be required to retest in 90 days. During that 90 day time period they will be assigned to one of the Department's PEER Fitness coordinators to develop a fitness plan for successful completion of the test. If the member still is not able to meet the 12 METs requirement then they will be evaluated for continued employment. If a member's initial score is below 8 METs they will be placed on alternate duty for 30 days. A PEER Fitness coordinator will be assigned to them to assist in successful completion of the test at the end of the 30 day time period. If a member fails to achieve a minimum of 8 METs after 30 days, or fails to achieve the minimum 12 METs after a total of 90 days, it will be ground for evaluation of continued employment.

The Black Hawk Fire Department has PEER Fitness coordinators who can provide each member of the department advice on personalized exercise and nutritional programs that they can do both on shift and off shift.

This program will assist members of the department to obtain healthy fitness and nutritional levels.

400.14 RESPIRATORY PROTECTION PROGRAM

Intent

This policy establishes policies and procedures that follow the intent of the following standards:

- NFPA 1404 *Fire Service Respiratory Protection Training*
- NFPA 1500 *Standard on Fire Department Occupational Safety and Health*
- NFPA 1852 *Selection, Care, and Maintenance of Open Circuit Self Contained Breathing Apparatus (SCBA)*
- NFPA 1981 *Open-Circuit Self-Contained Breathing Apparatus (SCBA) for Emergency Services*
- NFPA 1989 *Breathing Air Quality for Emergency Services Respiratory Protection*
- CFR 29 1910.134 *Respiratory Protection Standard*

It is the department's policy to maintain comprehensive occupational safety and health programs based upon sound engineering, education, and enforcement. This document establishes departmental policy, responsibilities, and the requirements for the protection of firefighters whose job requires the use of respiratory protection. This document will also provide assistance to the firefighters in the use and care of respiratory protection.

Scope

These policies and procedures apply to all fire department personnel who perform firefighting and rescue duties in an immediate dangerous to life and health (IDLH) atmosphere and to those personnel whose responsibility it is to select, maintain, and repair air respiratory and monitoring equipment.

INTRODUCTION

The department's assigned Respiratory Protection Program Administrator is appointed by the Fire Chief. The Program Administrator shall develop written detailed instructions covering each of the basic elements in this program and shall evaluate and make recommendations to the Fire Chief.

The Program Administrator shall appoint Respiratory Fit Test Technicians who shall administer the fit test portion of this program. Respiratory Fit Test Technicians shall evaluate and make recommendations to the Program Administrator on issues relative to the respiratory fit test program.

The Program Administrator shall defer to a vendor and appoint a staff member who shall coordinate SCBA maintenance, repair, and testing elements of this program. The SCBA Coordinator shall report to the Program Administrator and shall evaluate and make recommendations on issues relative to SCBA maintenance, repair, and testing elements of this program.

The Program Administrator shall appoint an Air Monitoring and Fill Station Coordinator who shall coordinate the air monitoring and air fill maintenance, repair, and testing elements of this program. The Air Monitoring and Fill Station Coordinator shall evaluate and make recommendations to the Program Administrator on those issues relative to air monitors and air supply equipment.

STANDARD OPERATING GUIDELINES

Department Standard Operating Guidelines and Standards to be referenced and adopted as part of this Respiratory Protection Program include:

- Air Management
- Respiratory Fit Testing
- SCBA Cleaning
- SCBA Maintenance and Flow Testing
- SCBA Compressor Maintenance and Testing
- Custody and Handling of SCBA Following Injury or Fatality
- Individual Air Management Program Standards

Adopted in reference shall be the manufacturer's documentation including:

- MSA Operating & Maintenance Instructions for SCBA, regulators, and facepieces.
- MSA Operating and Maintenance Instructions for Technical Rescue escape and supplied air systems.
- SCBA Air Compressor Operating and Maintenance Instructions
- MSA Operating and Maintenance Instructions for Air Monitors

Required Forms:

- SCBA Cylinder Fill Log
- SCBA Damaged / OOS Tags
- Medical Evaluation Questionnaire
- Physician's Respiratory Clearance Form

TRAINING

Firefighters wearing respiratory protection shall be trained in proper use, cleaning and maintenance. No firefighter shall wear respiratory protection unless training has been successfully completed. Firefighters shall be trained to a minimum of Fire Fighter I level.

New Hire Training

Initial training is to be provided upon hiring. No firefighter is to use respiratory protection unless fit testing and training have been successfully completed. Firefighters shall be trained to a minimum of Fire Fighter I level.

Annual Training

On-going training and fit testing shall be provided to all firefighters within the department.

SCBA

At a minimum, the following topics are to be covered in the SCBA Training:

1. Why the SCBA is necessary, how improper fit, usage, or maintenance can compromise the protective effect of the respiratory equipment.
2. What the limitations and capabilities of the SCBA are.
3. How to use the SCBA effectively in emergency situations, including in situations where the SCBA malfunctions.
4. Instruction on recognizing medical signs and symptoms that may limit or prevent the effective use of the SCBA.
5. How to inspect, don and doff, use, and check the seal of the SCBA mask.
6. Procedures for maintenance and storage of the SCBA.
7. The general requirements of the Respiratory Protection Program.

SCBA FILL STATION TRAINING

SCBA cylinders shall only be filled by firefighters who have completed fill station training. Refresher training will be provided annually or as needed or if equipment changes.

At a minimum the following topics are to be covered in the fill station training:

1. Procedures for inspecting the SCBA cylinder for damage.
2. Information to ensure that the cylinder has the proper hydrostatic test date.
3. Information to ensure that composite cylinders older than 15 years are not refilled and removed from service.

4. Procedures for safely operating the fill station.
5. Information on the consequences of cylinder failure.
6. Information on breathing air quality requirements.
7. The manufacturer's instructions for the fill station.
8. Record keeping requirements.

RESPIRATOR FITTING AND SEAL CHECK

Inspection before Use

When using an SCBA, each firefighter shall select and wear the correct facepiece as determined by the initial and annual fit testing. A firefighter shall not wear respiratory protection unless the proper size facepiece is available and the equipment is in proper working condition according to the manufacturer's specifications.

Effective Seal Required

An effective face-to-facepiece seal is extremely important when using respiratory protective equipment. Minor leakage can allow contaminants to enter the facepiece, even with a positive pressure SCBA. Any outward leakage will increase the rate of air consumption, reducing the time available for use and safe exit. The facepiece must seal tightly against the skin, without penetration or interference by any protective clothing or other equipment.

Nothing can be between the sealing surface of the mask and the face of the wearer, including but not limited to: eyeglasses, protective hoods, beards or other facial hair.

Firefighters shall perform a seal check prior to every SCBA use. SCBA's shall only be worn when an adequate seal is achieved.

Department will provide a spectacle kits to any personnel needing to wear eyeglasses while utilizing the SCBA facepiece.

User Seal Check Procedures

Firefighters using an SCBA are to perform a user seal check to ensure that an adequate seal is achieved each time the facepiece is put on.

Negative Pressure Check

Close off the inlet opening by covering with the palm of the hand, inhale gently so that the facepiece collapses slightly, and hold the breath for ten seconds. The test can also be performed by covering the inlet opening using a thin latex glove. If the facepiece remains in its slightly collapsed condition and no inward leakage of air is detected, the tightness of the facepiece is considered satisfactory.

INSPECTION, STORAGE, MAINTENANCE AND SUPPLY

Inspection and Maintenance

All SCBA's and spare cylinders shall be inspected after each use and during daily apparatus equipment checks.

All SCBA's exposed to a hazardous environment or extreme heat shall be removed from service until it is inspected by the department's certified technician.

SCBA units determined to be unfit for use shall be taken Out Of Service (OOS) and tagged with a description of the particular defect, date, time, personnel's fire #, SCBA location, and other pertinent information. The appropriate supervisor shall be notified, entry of deficiency made in PS Trax, and an ALERT sent.

All department SCBA units and components shall be inspected and flow tested annually by a MSA SCBA Certified Technician in accordance with the manufacturer's instructions.

In the event replacement or repair of SCBA components is necessary, it shall be performed according to the manufacturer's instructions and only by a department MSA Certified Technician or the manufacturer's service facility. All repairs shall be done in strict compliance set by the manufacturer using only proper tools, parts, equipment, and procedures as specified by the manufacturer.

After repair or rebuild, the SCBA unit or component shall be inspected and tested in accordance with the manufacturer's instructions prior to placing the unit or component back in service.

Firefighters shall take care not to subject SCBA units to unnecessary abuse due to neglect or carelessness. Caution must be exercised to protect the facepiece section of the mask from being scratched or damaged.

SCBA cylinders shall be hydrostatically tested within the three (3) to five (5) year time period specified by the manufacturer and type of cylinder. Composite cylinders shall be removed from service no later than 15 years from the first hydrostatic test date.

Handling and custody of an SCBA that is removed from service due to a serious injury or fatality of the wearer shall be removed from service and secured.

When a firefighter dies or is seriously injured in the line of duty, all of their personal protective clothing and SCBA immediately become part of the post-incident investigation. The gear including the SCBA and facepiece must be isolated, bagged, and tagged as evidence and a chain-of-custody established and documented.

Cleaning Procedures

Manufacturer's recommendations and procedures shall be used when cleaning harnesses, back frames, bottles, and facepieces, including disinfection.

Storage

All units shall be stored so that they are protected against direct sunlight, dust accumulation, severe temperature changes, excessive moisture, fumes, and damaging chemicals. Care is to be taken so that the means of storage does not distort or damage the rubber or elastomeric components.

BREATHING AIR COMPRESSOR SUPPLY

Air Supply

Breathing air samples shall be taken quarterly and submitted to an accredited laboratory for analysis as required by NFPA 1989 5.1.1

Prior to, and replacement of air purification filters, a breathing air sample shall be taken and submitted for analysis. The "prior" sample shall be taken 1 week prior to filter replacement. Air compressors may remain in service while awaiting these tests results.

A breathing air sample shall be taken after any event including, but not limited to, alterations, maintenance, repairs, or relocation of any system or part. Passing test results shall be received prior to returning the breathing air compressor to service.

As required by NFPA 1989 5.7.2.1 compressed breathing air shall meet the following quality requirements as determined by an accredited laboratory with posted quality assurance signage at the compressor site and shall read: "THIS BREATHING AIR HAS BEEN TESTED TO THE REQUIREMENTS OF NFPA 1989, 2013 EDITION."

In addition, air quality must meet the requirement listed below:

1. Oxygen – not less than 19.5% and not greater than 23.5% by volume.
2. Carbon Monoxide – not greater than 5.0 ppm by volume.
3. Carbon Dioxide – not greater than 1000 ppm by volume.
4. Condensed Oil and Particulate Content – not greater than 2.0 mg/m³ at 22 degrees C (72 degrees F) and 760 mm (30 in.) of Hg.
5. Water Concentration – not greater than 24 ppm by volume.
6. Non-Methane VOC's – not greater than 25 ppm methane equivalents.
7. Odor – no pronounced or unusual odor.
8. Nitrogen – not less than 75% and not greater than 81% by volume.

Department oil lubricated compressors shall be equipped with a carbon monoxide (CO) monitor that will shut down the compressor if CO levels exceed 5.0 ppm. The CO monitor shall be calibrated in accordance with the manufacturer's instructions.

Department oil lubricated compressors shall be equipped with a low oil level sensor, low oil pressure sensor, or both, that will shut down the compressor if limits drop below those specified by the manufacturer.

As required by NFPA 1989 7.3.1, breathing air compressors shall be operated not less than 30 minutes each week, resulting in two (2) condensate drain cycles.

NOTE: Firefighters shall complete the SCBA Cylinder Fill Log whenever a SCBA cylinder is filled or topped off.

Air Monitors

All air monitor batteries shall be charged as needed or at a minimum perform a bump test (calibrate) once a month.

All air monitors shall be inspected and calibrated monthly or as needed if exposed to strong gas concentration environments. Calibration may include a bump test or a full calibration as needed using certified calibration gases.

000.7 MEDICAL EVALUATION

A medical evaluation to determine the firefighter's ability to wear an SCBA will be provided prior to fit testing or use of an SCBA. Only firefighters that are medically able to wear an SCBA will be allowed to do so.

Medical Evaluation Questionnaire

The Program Administrator will provide firefighters with the department's Medical Evaluation Questionnaire prior to the annual fit test.

Annual Medical Evaluation

The department will provide annual medical evaluations to determine the ability to wear an SCBA. This will be accomplished through Colorado State University's (CSU) firefighter fitness testing program and the City's designated physician.

A follow-up medical examination may be provided and/or required for an employee whose initial medical evaluation demonstrates a need. The follow-up medical examination may include any medical tests, consultations, or diagnostic procedures that the City physician deems necessary to make a final determination.

Upon the findings of the medical examination, the City physician may find it necessary to make a referral to the firefighter's personal physician.

The City physician will provide the Program Administrator and the firefighter with a written recommendation regarding the firefighter's clearance or non-clearance to wear an SCBA.

Only the following information will be provided to the Program Administrator:

- A statement on the firefighter's ability to wear an SCBA.
- The need for a follow-up medical evaluation or physician referral if necessary.
- A statement the firefighter has been provided with a copy of the recommendation (Physicians Respiratory Clearance Form).
- Upon request, the firefighter will have the opportunity to consult with the City physician about their medical evaluation.

Additional medical evaluations or personal physician referrals may be provided and/or required to firefighters under the following circumstances:

- The firefighter reports signs and/or symptoms related to their ability to wear and use an SCBA, such as shortness of breath, dizziness, claustrophobia, chest pains, or wheezing.
- The City physician informs the Fire Chief that the firefighter needs to be reevaluated.
- Information from this program, including observations made during fit testing and program evaluation, indicates a need for re-evaluation.

All examinations and questionnaires are to remain confidential between the firefighter and the City physician. The City physician will keep all medical records and completed questionnaires as part of the patient record. The physician will provide firefighters access to their personal medical record. Access means the right and opportunity to examine and copy records.

Should any firefighter fail to receive a Physician's Respiratory clearance, the firefighter will be referred to the Fire Chief for restricted or alternative duty consideration.

RECORD KEEPING

The Program Administrator will oversee all record-keeping and shall conduct annual inventory and audit of records, reports, and documents. The Program Administrator shall recommend changes in the record keeping system as needed.

The assigned Respiratory Fit Test Coordinator will maintain complete fit test records. Each firefighter will receive a copy of their fit test record.

The assigned MSA Certified Coordinator shall maintain completed SCBA unit and component records for all equipment inventories, maintenance, repairs, and testing completed.

The assigned Air Monitor and Supply Technician shall maintain completed air monitor and air compressor records for all equipment inventory, maintenance, repair, calibration, and testing completed.

All records for initial and on-going training included in this Respiratory Protection Program shall be maintained by the department's training division.

The Fire Chief will maintain the Physician's Respiratory Clearance form and Respiratory Medical Evaluation Questionnaire.

Each firefighter shall receive a copy of their annual fit test results.

Types of Respiratory Protection Records

Type of Record:	Keep Records For:
SCBA Maintenance/Repair Records.....	Life of Equipment + 1 year
Compressor Maintenance/Repairs.....	Life of Equipment + 1 year
Air Quality Tests.....	5 years
Fit Test.....	1 year
Medical Evaluation.....	Length of Employment+30 yrs.
Cylinder Fill Log.....	1 year
Air Monitor Calibration.....	1 year
Air Monitor Repair Records.....	Life of Equipment + 1 year

PROGRAM EVALUATION

Evaluation Requirements

The effectiveness of the Respiratory Protection Program shall be evaluated annually by the department and corrective actions taken to ensure the Respiratory Protection Program is properly implemented. The department will regularly consult with firefighters to assess their views on the effectiveness of the program and to identify any problems.

The evaluation will ensure:

1. The procedures for purchasing approved equipment are in place.
2. All firefighters are being properly fitted with respiratory protection.
3. All firefighters are properly trained.
4. The proper equipment, cleaning, inspection, testing, and maintenance procedures are implemented.
5. The required records are being kept.
6. Changes are implemented to correct deficiencies.

Program Monitoring

Periodic monitoring of the respiratory protection program is necessary to ensure that all firefighters are adequately protected. Random inspections shall be made by department officers to ensure that the provisions of the program are being properly implemented.

000.10 APPENDIX

Appendix A: Documents

- NFPA Standards
- OSHA Respiratory Program Standards
- Department Related SOG's
- Manufacturer's Operating and Maintenance Manuals

Appendix B: Forms

- SCBA Fill Log
- SCBA Out of Service Tag
- Medical Evaluation Questionnaire

PHYSICIAN'S RESPIRATORY CLEARANCE FORM

Firefighter's Name

Date

COMMENTS

_____ Based on the Pulmonary Function Test/Spirometry and medical questionnaire, this employee has clearance to work as a firefighter with a Self-Contained Breathing Apparatus (SCBA).

_____ Based on the Pulmonary Function Test/Spirometry and medical questionnaire, this employee does not have clearance to work as a firefighter with a Self-Contained Breathing Apparatus (SCBA).

Physician's Signature

Date

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City of Black Hawk RESPIRATORY MEDICAL EVALUATION QUESTIONNAIRE

REF: Sec. 1910.134: OSHA Respirator Medical Questionnaire (Mandatory)

The following information must be provided by every individual who has been selected to use any type of respirator (please print).

Name: _____ Date: _____

Job Title: _____

Department: _____

Supervisor: _____

Date of Birth: _____ Sex: Male / Female

Height: _____ ft. _____ in. Weight: _____ lbs.

Check the type of respirator you will use (you can check more than one category):

- N, P, or Disposable Respirator
- Other type (for example, half or full facepiece type, PAPR, supplied air SCBA).

Do you have any of the following which could affect respirator fit?

- 1+ day Growth
- Mustache
- Facial Scar
- Dentures Absent
- Glasses
- None

Comments: _____

Have you worn a respiratory before? (Check one):

- Yes
- No

What type: _____

The following questions must be answered by every individual who has selected to use any type of respirator (please circle yes or no).

1. Do you currently smoke tobacco, or smoked tobacco in the past month... Yes/No
2. Have you ever had any of the following conditions?
Seizures..... Yes/No
Diabetes..... Yes/No
Allergic Reactions resulting in difficulty breathing?..... Yes/No
Claustrophobia..... Yes/No
3. Do you have a history of pulmonary or lung problems?..... Yes/No
(If Yes, please identify the medical issue)

4. Are you currently having any lung or pulmonary symptoms?..... Yes/No
(If Yes, please identify the symptom)

5. Have you ever had any cardiovascular or heart problems?..... Yes/No
(If Yes, please identify the medical issue)

6. Do you currently take medication for any of the following problems?
Breathing or lung problems..... Yes/No
Heart Trouble..... Yes/No
Blood Pressure..... Yes/No
Seizures..... Yes/No
7. If you have used a respirator, have you ever had any of the following issues?
Eye Irritation..... Yes/No
Skin allergies or rashes..... Yes/No
Anxiety..... Yes/No
General weakness or fatigue..... Yes/No
Any other issues..... Yes/No
Other issue: _____

Signed: _____

Date: _____

Elevator: _____

Date: _____

FORM TO BE GIVEN TO THE FIRE CHIEF TO BE MAINTAINED IN A SECURED LOCATION:

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600.14 Fire Chaplaincy Program Policy and Procedure

EFFECTIVE DATE:

PURPOSE

The Black Hawk Fire Department's Chaplaincy Program is designed to provide access to a Fire Chaplain for all City personnel and family members, volunteers, retirees, and members of the community, regardless of their religious affiliation. This Program is overseen by a non-denominational Chaplain.

POLICY

The Black Hawk Fire Department Chaplain will offer emotional, spiritual and other emergency-related needs to all City personnel, volunteers, retirees, their families, and members of the community while maintaining strict confidentiality.

PROCEDURE

A. FIRE CHAPLAIN RESPONSIBILITIES

FIRE CHAPLAIN

The Fire Chaplain may be called upon to attend various employee functions, including funerals and weddings, and at times, they may be called upon to care for community victims and/or families impacted by fire or other emergencies. The Fire Chaplain may provide assistance in the personal matters of City employees, such as marital relationships, alcohol/substance abuse matters, etc. They may also assist in handling critical incident situations.

The Fire Chaplain may be asked to attend various training classes, including critical incident defusing and/or debriefing classes and Line-of-Duty Death classes.

The appearance and actions of the Fire Chaplain reflect the image of the City and fire department; therefore, they will adhere to all City and department policies, procedures, and Core Values.

In the event a Fire Chaplain is injured while performing assigned duties, he/she will be covered by the City's Workers' Compensation insurance for medical treatment and medical billing, in accordance with all applicable laws related to City of Black Hawk's workers compensation program.

CITY OF BLACK HAWK RESPONSIBILITIES

The City will provide the Fire Chaplain with all the uniforms, identification, and equipment, as outlined in the "Chaplain Provisions" section of these guidelines, needed to fulfill their duties.

ACTIVATION GUIDELINES

1. **Special Events:** Requests must be submitted to the Fire Chief either in writing or via e-mail for events such as funerals, promotions, graduations, and other special area events deemed relevant by the Fire Chief. The written documentation requirement, however, should not interfere with an immediate need. With the exception of funerals, the written request should be submitted a month prior to the date of the function.
2. **Emergencies:** the City's communication center has the Chaplain's phone number and will contact them in the event their services are required.

Note: the Chaplain's contact information is **not** to be distributed to the general public for the initial call.

a. On-Duty Situation:

- i. **Employee** – When City employees need emotional assistance in dealing with emergency situations and/or personal matters they would like to discuss with the Fire Chaplain.
- ii. **Public** – When an emergency in the field arises (Company Officer and crew members feel the consoling of the patient and/or family is beyond their capabilities), the Company Officer may inquire if the family or patient would like the services of the Fire Chaplain to assist them with emotional, spiritual, or other emergency-related needs.

b. Off-Duty Situation

- i. **Employee** – If a City employee is seeking confidential counseling and would like to speak with the Fire Chaplain, the employee may make the request by:
 - Contacting either the communication center or the Chief. The employee will then be placed in contact with the Fire Chaplain as soon as possible and in a confidential manner.
 - Contacting the Fire Chaplain directly.

CONSTITUTIONAL GUIDELINES

The Chaplaincy program must operate under the following constitutional guidelines:

1. The Chaplaincy Program will operate in a non-denominational setting, as stated in the case of *Lemon vs Kurtzman*, 403 U.S. 602 (1971).
2. To be compliant, the Program must adhere to the following guidelines:

- a. The Program must reflect a clearly secular legislative purpose.
- b. The primary effect of the Program must neither advance nor inhibit religion.
- c. The Program must not result in the “excessive entanglement” of government with religion.

CHAPLAIN PROVISIONS

- City identification cards
- City e-mail account
- Clothing
 - Chaplain badge and holder
 - Collar pins and name tag
 - Jacket with insignia
 - Bunker coat
 - Structure helmet with Chaplain boiler plate
 - Uniform shirts and pants
 - Uniform belt
 - T-shirts
 - Baseball cap
 - Safety boots
 - Equipment bag
- Other program activities
 - Ride-alongs
 - Station access
 - Affiliation status
- Membership in the Federation of Fire Chaplains
- Membership in the Colorado Fire Chaplains Association
- Training Opportunities
 - Annual chaplain’s conference
 - Advanced training in Critical Incident Management
 - Other trainings as determined by the Fire Chief as appropriate