Ocean City Fire Department Standard Operating Guidelines

Operations

Subject: Carbon Monoxide Hazards

Revised: 7-1-09 Effective: 10-20-09

Approved: 9-24-09 (Fire Chief)

Section: 420.00

420.01 Purpose

To establish a procedure for locating and mitigating carbon monoxide hazards.

420.02 Policy

The Fire Department members shall respond to and investigate all reports of possible carbon monoxide incidents occurring in occupied spaces.

420.03 General

Carbon Monoxide (CO) is an odorless, colorless and tasteless gas that is deadly. It is a by-product of combustion. Many appliances such as furnaces, kitchen stoves, hot water heaters, automobiles, etc., can produce carbon monoxide. When a faulty device or unusual conditions exist, carbon monoxide may be vented into areas where people are present.

Carbon Monoxide poisoning may be difficult to diagnose. Its symptoms are similar to that of the flu, which may include headache, nausea, fatigue and dizzy spells for low levels and convulsions, unconsciousness, and death for high levels.

420.04 Procedures

- A. Emergency or non-emergency responses to reports of carbon monoxide shall be determined by the following criteria:
 - Emergency Response: Caller indicates or suspects any signs or symptoms of carbon monoxide poisoning. In this event, Communications will advise the caller and all occupants to evacuate the building and await the arrival of personnel.
 - 2. Non-Emergency Response: Caller has a Carbon Monoxide Detector activation but does not suspect carbon monoxide is present in building and there are no symptoms of carbon monoxide poisoning. All

Ocean City Fire Department **Standard Operating Guidelines**

- emergency responses shall require full protective equipment and selfcontained breathing apparatus (SCBA) to be donned.
- 3. All non-emergency responses shall require full protective equipment but no SCBA unless the situation calls for it.
- B. Once members arrive on the scene, they should first interview the occupant(s) to determine the following:
 - 1. If any occupants are or have been feeling ill.
 - 2. The number and location of any CO detectors which have been activated
 - 3. The location of any combustion equipment or appliances.
 - 4. The interview should take place outside of any suspected contaminated areas.
- C. Take the first reading just inside the doorway to determine initial CO level. Personnel should then begin monitoring the lower levels of the building and then proceed to the higher levels. Carbon monoxide sampling shall be done with two separate CO meters.
 - 1. If a reading of 35 ppm or greater is detected, the building or effected area shall be evacuated immediately and full turn out gear and SCBA shall be utilized during the investigation.
 - 2. If a reading of 9 ppm or less is detected:
 - a. Inform the occupant(s) that our instrument did not detect an elevated level of CO at this time.
 - b. Recommend occupant(s) check their CO detector per manufacturer's recommendations.
 - c. Advise the occupant(s) to reset the CO detector, if applicable, according to the manufacturer's instructions.
 - d. Inform the occupant(s) that if the detector reactivates or they feel there may be a problem, to call 911.
 - 3. If a reading above 9 ppm and below 35 ppm is detected:
 - a. Any reading above 9 ppm shall be considered an above normal reading.
 - b. Occupant(s) shall be informed that an elevated level of CO has been detected.
 - c. If it is determined that an appliance is malfunctioning and thereby producing CO, an attempt to shut down the appliance will be made and the appropriate utilities company or repair person will be notified by the Incident Commander (IC).
 - d. Once the premises have been ventilated, use of positive pressure or passive ventilation, and the CO reading is reduced to a safe level, it may be occupied at the discretion of the IC.
 - e. Inform the occupant(s) that if the detector re-activated or they feel there may be a problem, to call 911.
- D. All members likely to have been exposed to dangerous levels of CO during an incident shall be evaluated by emergency medical personnel before going inservice.