

Taking Action Against Cancer in the Fire Service



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The Workshop

In late April 2013, the Firefighter Cancer Support Network (FCSN) invited a small group of experts to Indianapolis to develop a white paper on cancer in the fire service.

The participants came from the legal, medical- and social-research communities, and the fire service — including volunteer, combination and career departments and chief officers, firefighters, company officers, union leaders, and local and state fire training directors. Two firefighters who are cancer survivors participated, and every workshop participant knew firefighters who currently have cancer or who died as a result of cancer.

They willingly shared their knowledge, experience, commitment, and questions to better understand and describe the complexity of firefighter cancer awareness. The discussions addressed prevention, diagnosis, treatment and the long-term implications for the firefighter, the firefighter's family, their coworkers, the fire department and community policy. Importantly, they also identified a series of actions that firefighters can take to reduce their exposure to chemicals that can cause or facilitate cancer.

In two-and-a-half days, the working group outlined and wrote the initial draft of a white paper describing the status of cancer in the fire service and developed answers to very challenging questions. This report is the result of that working group which was enhanced by the additional review of multiple career and volunteer operational fire companies, additional clinical researchers and medical physicians, other stakeholders and the leadership of the FCSN.

The Indianapolis Fire Department hosted the workshop at its headquarters, and the Indianapolis Metropolitan Professional Firefighters Association IAFF Local 416 extended its well-known and gracious hospitality and support, complemented by the facilitation skills of the Volunteer & Combination Officers Section of the International Association of Fire Chiefs. Special thanks to Chief John Buckman for taking great notes during the workshop and to Garry Briese for writing the document, to the Indianapolis Firefighter Emerald Society Bagpipe Band for their bus, to the Indiana State Professional Firefighters Association for their support, and to Captain Tim McDonnell, IFD and FCSN Board Member, who did yeoman's work in making the on-site arrangements and logistics.

The FCSN offers our sincere appreciation to all these individuals and organizations for this successful effort.

What is the Firefighter Cancer Problem?

Firefighter cancer is a looming personal catastrophe for each and every firefighter. Cancer is the most dangerous and unrecognized threat to the health and safety of our nation's firefighters.

Multiple studies, including the soon-to-be-released NIOSH cancer study, have repeatedly demonstrated credible evidence and biologic credibility for statistically higher rates of multiple types of cancers in firefighters compared to the general American population including:

- Testicular cancer (2.02 times greater risk)
- Multiple myeloma (1.53 times greater risk)
- Non-Hodgkin's lymphoma (1.51 times greater risk)
- Skin cancer (1.39 times greater risk)
- Prostate cancer (1.28 times greater risk)
- Malignant melanoma (1.31 times great risk)
- Brain cancer (1.31 times greater risk)
- Colon cancer (1.21 times great risk)
- Leukemia (1.14 times greater risk)
- Breast cancer in women (preliminary study results from the San Francisco Fire Department)

We are just beginning to understand the horrific magnitude of the problem, the depth of our naiveté, the challenges involved and the changes required in education, training, operations, medical screenings and personal accountability to effectively address cancer in the fire service.

The signs of firefighters' exposure to carcinogens are everywhere:

- Photos appear every day of firefighters working in active and overhaul fire environments with SCBA on their backs but not masks on their faces.
- Firefighters still proudly wear dirty and contaminated turnout gear and helmets.
- Some fire instructors wear their carcinogen-loaded helmets and bunker gear as symbols of their firefighting experience.
- Diesel exhaust, a recognized carcinogen, still contaminates many fire stations — apparatus bays as well as living, sleeping and eating quarters.
- Many firefighters only have one set of gear which means they are continually re-contaminated from previous fires.
- Some diesel exhaust systems — even when installed — are not used, are used incorrectly or are poorly maintained.
- Bunker gear still is stored in apparatus bays where it is bathed in diesel exhaust.
- Bunker gear goes unwashed for months at a time, even after significant fires.
- Many volunteers carry their contaminated gear in the trunks of their personal vehicles resulting in superheating and enhanced off-gassing of contaminants into the passenger compartment and sometimes even into their homes.
- Firefighters put their contaminated gear into the cabs of their apparatus both before and after fires.
- Some firefighters still take their contaminated bunker pants and boots into sleeping quarters.
- The interiors of apparatus cabs are rarely decontaminated.
- Many firefighters do not take showers immediately following fires.

"Pinpointing the cause of cancer is extremely difficult because firefighters are not exposed to just one agent. They are exposed to multiple cancer-causing agents. Because of the multiple exposures and the multiple routes of exposure — they inhale carcinogens and carcinogens are absorbed through the skin — it is also highly unlikely for firefighters to get only one type of cancer," said Grace LeMas-

2.2

Times more likely a firefighter will develop testicular cancer compared to the general population

ters, Ph.D., a professor of epidemiology at the University of Cincinnati and the lead author of a 2006 meta-analysis of 32 published studies of cancer in firefighters.

Unfortunately, there is no immediate visible impact of carcinogenic exposure, since the time between exposure to carcinogens and the appearance of malignancies can be 20 years or longer, known as the latency period.

“We are not making this up,” IAFF General President Harold Schaitberger said. “The connection between firefighting and cancer is real, and there is scientific data to support our position. But we cannot stop there — we must continue to learn more so we can prevent our members from contracting this horrible disease and help them if they do.”

IAFC VCOS Chairman, Chief Tim Wall agreed. “Cancer does not discriminate between firefighters,” he said. “Volunteers routinely transport bunker gear in their vehicles, wear clothing contaminated after a fire into their homes and expose their families to these carcinogens. This is a terrible problem that requires our full attention and immediate action.”

What is the Scope of the Cancer Problem?

A May 2013 report for the President’s Cancer Panel, a three-person panel that reports to the U.S. president on the National Cancer Program, said approximately 41% of Americans will be diagnosed with cancer during their lifetime.

But cancer is not the death sentence it was in the past. According to the report, “Cancer: More Americans are Surviving,”

In the early 1970s, the five-year survival rate for all invasive cancers was a dismal 43% and the treatments — disfiguring surgery, almost unbelievably toxic chemotherapy, and indiscriminate radiation — were so dreadful that many patients considered them worse than the disease.

Today the five-year survival rate for all cancers is 67%. Surgery, chemotherapy and radiation — still the triad of successful cancer treatment — are more precise, causing much less pain and disfigurement, resulting in a huge upswing in the number of cancer survivors from just 3 million in 1971 to about 12 million in 2012.

12
million

Number of cancer survivors in 2012, up from 3 million in 1971

While 41% is a significant number by itself and that is a challenge for all Americans, that is not the specific challenge for the fire service.

The fire service faces an even greater challenge. Firefighters have a statistically significant higher risk for multiple cancers than the general population.

In 2006, researchers at the University of Cincinnati published their meta-analysis of 32 studies of cancer among firefighters.

Based on their analysis, there was a significantly increased risk among firefighters for a number of cancers, including multiple myeloma, non-Hodgkin’s lymphoma and prostate and testicular cancer.

In 2007, the World Health Organization’s International Agency for Research on Cancer Working Group classified firefighting as “possibly carcinogenic to humans” and called for more research to better understand cancer risks among firefighters.

In October 2010, the National Institute for Occupational Safety and Health (NIOSH) began a major retrospective study of cancer in firefighters and collected data from some 30,000 firefighters in three metro fire departments. The analysis of the data is underway and the initial report is due in 2014.

In May 2011 at the 2nd National Fire Service Research Agenda Symposium, there was an identified priority for continued research on fire service exposure related to cancer.

In late 2011, Australia started a large-scale study of cancer among up to 162,000 former and current career, part-time and volunteer firefighters, and like the NIOSH study, will include women firefighters.

In 2012, the Massachusetts Coalition for Occupational Safety & Health named firefighting as the most deadly occupation in their state.

In September 2012, the U.S. government announced that the 70,000 surviving firefighters, police officers and other first responders who were present at the World Trade Center and the Pentagon after the attacks of Sept. 11, 2001 are entitled to free monitoring and treatment for some 50 forms of cancer. This is significant because it is the first time that the federal government has formally recognized the link between firefighting and cancer.

In 2012, case studies in the San Francisco Fire Department suggested an increase in breast cancer among women firefighters. While previous studies have not examined cancer risks specific to women, women have now been in the fire service long enough to begin experiencing the effects of long-term exposure to the toxic chemicals from fires. The pending NIOSH Cancer Study will be the one of the few studies examining cancer risks in U.S. female firefighters, although the sample size for female firefighters remains relatively small.

Despite the significant evidence supporting the relationship between firefighting and cancer, not all are in agreement that sufficient evidence exists to establish a causal relationship between firefighting and cancer. In 2009, the National League of Cities (NLC) published a report that noted, "...there is a lack of substantive evidence currently available to confirm or deny linkages between firefighting and an elevated incidence of cancer."

The NLC report also stated, "The cancer research studies do, however, provide solid groundwork from which future studies can be developed and improved. The researchers recommend collaborative efforts by government, scientists, firefighters, municipalities, national associations, and others to undertake additional research, establish a firefighter cancer database, and seek more federal funding for research."

While the methodology and conclusions of this report were criticized and refuted by the national fire service organizations, the NLC report should be read by the fire service as a prime example of the challenges facing existing or new presumptive cancer legislation.

"While more studies certainly will be helpful and will provide more definitive information, we already know enough to take immediate preventive actions to reduce exposure, especially for new firefighters," LeMasters said. "We now know enough to recommend and require changes."

What is Known and Not Known?

Current research demonstrates an increased risk for a number of types of cancer among firefighters.

Although most fire departments are responding to fewer fires than in the past, the amount of exposure time has increased due to the limited number of available firefighters, either due to budget cuts, staffing reductions or the availability of volunteers.

Today's fires grow at a much more rapid rate than yesterday's fires while

WHAT IS THE ROLE OF THE COMPANY OFFICER IN ADDRESSING FIREFIGHTER CANCER?

The company officer, as the leader of the most operational working group in the fire service, is the single most influential person concerning the team's attitude, operations and willingness to change. In this key role, the company officer must lead by example and set clear expectations concerning cancer awareness, prevention, tracking of exposure and the essential operational changes necessary to minimize exposure to carcinogens and other toxins.

WHAT IS THE ROLE OF THE BATTALION CHIEF IN ADDRESSING FIREFIGHTER CANCER?

As a second set of eyes, the next level of supervision and the person in charge of multi-unit operations, the Battalion Chief (BC) has the responsibility of overall command and situational awareness. This key position allows the BC to provide reinforcement of SOPs, SOGs and other operational practices concerning cancer exposure reduction.

exposing firefighters to significantly increased concentrations of highly carcinogenic agents.

Today's residential fires have more in common with hazmat events than old-fashioned house fires due to the materials now common in homes such as plastics and synthetics. Commercial and vehicle fires have highly concentrated toxicants and dumpster fires contain completely unknown substances and toxicants.

Many researchers believe that cancer rates among firefighters would be even higher if it was not for the "healthy-worker effect." Firefighters are expected

to have a lower rate of cancer than the general population because the job tends to attract people who are healthy and in better shape, at least when they start their careers.

It is also believed that cancer rates are potentially underreported among firefighters because many firefighters do not discover they have cancer until

400%

Increase in absorption for every 5° increase in skin temperature

after retiring and are subsequently then considered to be a part of the general population comparison group.

Volunteers were not, and are not, included in any of the previous or on-going U.S. studies.

A large scale study of cancer and other causes of death among Australian firefighters was begun in late 2011 and up to 162,000 former and current career, part-time, paid and volunteer firefighters make up the study population. This study includes men and women firefighters.

It has become increasingly clear that the two routes of greatest concern for entry of carcinogens into the bodies of a firefighter are:

- Through the lungs: when firefighters do not wear or prematurely remove SCBA, especially during overhaul
- Dermal absorption: where toxicants are absorbed through the skin

Some good news is that firefighters may have a lower incidence of lung cancer in some studies than the general population. If this holds in the current studies underway, it may be due to restrictions on the use of tobacco products and to the increased use of SCBA.

Following the lungs, the skin is the body's second largest organ in area and it is highly absorptive. Some areas of skin are more permeable than others, specifically the face, the angle of the jaw, the neck and throat and the groin. Skin's permeability increases with temperature and for every 5° increase in skin temperature, absorption increases 400%.

The most permeable piece of personal protective equipment is the hood. Hoods are designed to protect our head and neck from heat but are not designed to stop skin absorption through the forehead, angle of the jaw, the neck and throat.

Every firefighter knows that a lot of soot gets through their hoods, sits on sweaty, hot, highly permeable areas of skin, and then is rubbed into the skin as the firefighter is working.

Some cancer studies are also noting that firefighters are developing far more aggressive types of cancers, such as brain cancers, at a younger age than the general population, which provides further indications that the cancer could be a result of firefighting.

Rarely discussed and certainly not documented is the impact on the family of a firefighter diagnosed with cancer including the huge emotional toll, financial costs, time, and decreased quality of life not only for the firefighter but on the spouse/partner and children. They also experience the impact of a cancer diagnosis and prolonged treatment on their loved one.

The direct and indirect cost of a cancer diagnosis on a fire department is huge and starts with the emotional impact on the other firefighters. The loss of a qualified and experienced member, even for the time of treatment, includes training, overtime and backfill and will increase insurance costs after a cancer event which adds to the costs of both the individual and the department.

It is in the interest of all involved to reduce the impact of cancer on the fire service through a proactive and aggressive approach by the reduction of exposure to carcinogens.

The Unique Challenges of the Volunteer and Combination Fire Service

While concerns regarding the exposure to carcinogens are common to both career and volunteer firefighters, the volunteer and combination fire service have some specific challenges that are different and need to be addressed.

Volunteers regularly transport contaminated PPE and other gear in their personal vehicles, thereby exposing themselves and their family members to carcinogens. Because they may return home or go back to work directly after a fire, they often continue to wear their personal clothing, which will stay contaminated.

It is not acceptable to return from a medical call with blood or vomitus on our clothing and then sit back down at work or return to the dinner table at home. The same concern should be exercised after returning from a fire: gear must be cleaned, clothing must be washed and showers must be taken — before returning to work or family activities to reduce carcinogenic exposure.

Many volunteers carry their PPE in their personal vehicle, often in the trunk or even in the vehicle's passenger compartment. Handling PPE in this manner facilitates the off-gassing of toxins and carcinogens, especially when the PPE is heated by elevated temperatures from the sun.

The interior of a car or pickup truck parked in the sun for just a few hours will get very hot. On an 85° day, the interior temperature will rise to more than 120° due to the "greenhouse effect." Surprisingly, the inside of a trunk is often cooler than the inside of the car itself because there are no windows for sunlight to enter. Temperature readings inside the trunk can be 5-10 degrees cooler than the air in the passenger compartment.

In either situation, actions need to be taken to protect from off-gassing into the vehicle passenger compartment. These protective actions could include: keeping PPE in closed, zippered duffle bags or large sealed "Rubbermaid-style" storage bins and taking contaminated PPE back to the fire station on the fire apparatus for washing, cleaning and decontamination.

Most volunteer/combination fire departments are particularly challenged when it comes to tracking exposures over the lifetime of their volunteers who frequently come and go, some staying for a short time and others staying longer.

There is not a common reporting system that tracks which volunteers were

STEPS TO CONSIDER WHEN FIREFIGHTERS TELL YOU THEY HAVE CANCER

Most cancer patients will suffer from distress, ranging from normal feelings of vulnerability and sadness to fear or debilitating anxiety and even panic. They are concerned if their cancer diagnosis is a death sentence and how long they have to live. They also are worried about how they will be perceived by their firefighter colleagues, friends and family; whether they can resume work; how well they will cope with the cancer and the coming treatments; and how to pay their medical bills.

- Be supportive, offer your presence.
- Be a good listener.
- Be genuinely concerned.
- Offer to assist with identifying their rights for treatment and how to navigate the process.
- If you have the knowledge, share it.
- If you know where to get the answers, go get them.
- Encourage them to maintain copies of all reports and scans.
- Encourage others to not stop communications but to send cards and letters since email just does not have the same emotional impact.
- Refer them to the Firefighter Cancer Support Network for someone to talk to who has had a similar diagnosis, www.firefightercancersupport.org/.



The connection between firefighting and cancer is real, and there is scientific data to support our position. But we cannot stop there — we must continue to learn more so we can prevent our members from contracting this horrible disease and help them if they do.”

— **Harold Schaitburger**
IAFF

on what scene and for how long. In the interim, each firefighter should establish their own method of capturing this type of information, using personal computers, mobile devices or even index cards.

Departments need to identify proper facilities that can be responsive to quickly clean and decontaminate PPE according to the current edition of NFPA 1851. Two current alternatives are sending the gear out for cleaning to qualified vendors or purchasing washer-extractors for use in the fire station.

In the real world, neither of these may be currently available due to budget limitations. In the meantime, some volunteer departments have implemented interim procedures such as: wiping skin areas with Wet-Naps or baby wipes; gross decontamination at the fire scene with booster lines; transporting contaminated gear on fire apparatus to the fire station instead of in personal vehicles; thoroughly washing bunker gear with hoses back at the station; washing clothes and hoods as soon as possible; cleaning helmets and helmet liners/suspensions and immediately showering.

Why are Exposure Records Essential?

Any record of exposure is better than no record.

Currently there is no national guidance for the collection and reporting of exposures to toxicants, including carcinogens or tumor-promoting agents. Exposure reporting guidelines exist for hazmat incidents, but guidelines need to be developed and implemented for exposure to chemicals, toxicants and carcinogens from incidents other than those covered by traditional hazmat guidelines.

Firefighters need to change their perception and acknowledge that structure, vehicle, dumpster and even wildland fires contain the same chemicals and toxicants, sometimes in greater concentrations, than in hazmat releases and exposure records need to be maintained for all of these exposures.

Certainly the establishment and maintenance of exposure tracking systems needs to be the primary responsibility of the fire department, but each individual firefighter needs to ensure that they are also tracking their own exposures. Each firefighter should establish their own method of capturing this type of information, using personal computers, mobile devices or even index cards, if for no other reason than having a backup.

The IAFF and several state union organizations, such as the California Professional Fire Fighters, have established cancer registries and/or exposure tracking systems for their members. While some of these systems have been available for many years, utilization by individual firefighters can still be significantly enhanced as the definition of toxic and carcinogenic exposures expands to include more and more incidents.

In states where cancer presumptive legislation has been implemented, having exposure records bolsters the case of the impacted firefighter as more and more cases are being challenged and existing presumptive legislation is coming under re-examination.

To ensure better protection and prevention, retired firefighters and volunteers who leave service should also be included in these tracking systems for following long-term health status changes, longevity and cause of death. General cancer registries must be updated to capture both an individual's primary and secondary work history, including specific types of hazardous volunteer work (such as firefighting).

What is the Role of the Fire Chief?

Like the company officer, the fire chief must lead by example and set clear expectations about cancer awareness and prevention. The significant difference is that, “the buck stops on the fire chief’s desk” to set clear expectations, develop and enforce procedures, policies, and operational changes.

The chief must take the initiative to personally understand the facts about cancer in firefighters. Initiate the discussion among the leadership team and then with the firefighters about the prevalence of cancer in the fire service and the preventive measures that can be implemented.

Identify what the department will do. Identify operational enhancements and changes, set clear expectations and then enforce the policies — every time. The goal is to have firefighters understand the risk and the rationale for the changes. As with any other SOP/SOG, enforcement needs to be consistent with company officers and chief officers setting the example.

Integrate cancer awareness and prevention into related training. Review the SOPs about mandatory use of SCBAs from the initiation of active fire operations to the completion of the overhaul process, field decontamination procedures including the use of industrial strength wet wipes and mandatory showers. Make cancer awareness and prevention a priority, including the implementation of an appropriate exposure tracking system.

Fire chiefs should work with their governing organizations, supervisors, government leaders and unions to seek and provide adequate funding for cancer awareness and prevention, necessary equipment and annual physical examinations, including appropriate cancer screening. An early cancer diagnosis will increase survival and decrease the overall costs of treatment.

How Can the Governing Jurisdiction Assist in Reducing Cancer in Firefighters?

Appointed and elected officials must remain open-minded in order to address the complicated issues surrounding cancer in firefighters as well as the requisite funding that will be necessary to reduce its effects in the fire service.

Many awareness and prevention efforts, including operational changes, are low cost and high impact. There are some essential exposure solutions, like diesel exhaust systems and PPE cleaning, annual physicals and cancer screenings, which require initial and on-going funding. These must become a priority.

If governing jurisdictions are proactive with funding, the wellness of firefighters will be enhanced and the overarching costs that accompany a cancer diagnosis can be better managed and even minimized.

Eventually the costs associated with cancer in firefighters will need to be discussed. In many ways, unfortunately, it really is all about the money.

The National League of Cities (NLC) report stated that “One of the greatest concerns for municipal employers is the financial impact of state-mandated presumptions. Cost estimates are not available due to a lack of data but there are reasons to be concerned about the impact.”

The NLC report continues, “The majority of cancers detected today occur after the age of Medicare eligibility and the cost is born broadly across the Medicare system. Under the concept of presumption, Medicare has a right, given its status as a secondary payer, to demand that worker’s compensation policies pick up 100% of this lifetime cost in states that have not limited the post-employment eligibility period. This would place substantial additional costs on municipal



ABOUT THE FIREFIGHTER CANCER SUPPORT NETWORK

The FCSN is a 501(c)3 charitable foundation organized to provide timely assistance and one-on-one support to fire/EMS service members and their families after a cancer diagnosis and to educate the fire/EMS service about cancer awareness, prevention, early detection and treatment options.

The FCSN was founded in 2005 by Los Angeles County Fire Department FF/PM Mike Dubron (survivor of stage IV colon cancer). FCSN is governed by an elected ten-member board of directors from across the nation.

For more information or to contact the FCSN, visit www.firefightercancersupport.org.

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 Cancer does not discriminate between firefighters. Volunteers routinely transport bunker gear in their vehicles, wear clothing contaminated after a fire into their homes and expose their families to these carcinogens. This is a terrible problem that requires our full attention and immediate action.”

— Tim Wall, VCOS

employers and could lead to a lack of availability for workers’ compensation insurance for firefighters.”

The NLC raised several municipal policy questions in their study.

- What actions can municipalities take to require and encourage the use of safety equipment by firefighters?
- What actions can be taken to curtail smoking by career and volunteer firefighters?
- Should municipalities take action to eliminate or limit second jobs held by firefighters that may increase the probability that firefighters develop cancer?
- How should volunteers be treated under the presumptive laws since they often never retire from the fire service?
- Is firefighters’ exposure significantly less now that fire departments spend a greater percentage of their on-duty time responding to EMS and other non-fire calls?

Fire service leaders must understand the concerns reflected by the NLC and concurred by other municipal, county and state elected leaders. Understanding does not mean agreeing, it means recognizing. If the fire service is going to be successful in increasing awareness and preventing cancer in firefighters, then the cooperation of both elected and appointed officials is essential.

What are the Roles of the Local, State and National Fire Academies?

Leading by example is the best description of the key role that our local, state and national fire academies can fulfill in the initiative to integrate awareness and prevention of cancer in firefighters.

All fire academies need to adopt and integrate awareness training and discussions of the cancer risk to firefighters. It should not be an afterthought, or something that is “bolted on” to a course of instruction. Cancer awareness should be given the status that this terrible risk to the health of firefighters deserves.

Cancer awareness training needs to start with a firefighter’s initial training since we now understand that firefighters are exposed to significant carcinogens on a regular basis.

Concentration on the dangers of smoke and soot needs to be enhanced with more information about the carcinogenic impact of components of combustion, including benzene, chloroform, styrene, formaldehyde, polycyclic aromatic hydrocarbons, plasticizers and fire retardants, among many more. All of these are absorbed through the skin.

If SCBA is not worn throughout each fire incident, these carcinogens will also be absorbed through the lungs. Soot has ultrafine particles that enter the lungs and it is also absorbed through the skin traveling to most organs including the brain.

Fire academies need to incorporate recommendations from this paper to provide students with the best examples of what can be done to significantly reduce exposure to carcinogens. Instructors need to “walk the talk” by wearing clean bunker gear and helmets and utilizing other recommendations to teach, perform and enforce new procedures, including the initiation of expedient field decontamination as soon as reasonably feasible after post-fire operations.

The use of skin wipes, such as Wet-Naps or baby wipes should be used to remove soot and contamination from vulnerable skin areas between evolutions and should become as common as rehydrating in rehab.

Training schedules should be adjusted to allow sufficient time for the laundering and decontamination of PPE which must, at a minimum, be conducted in accordance with NFPA and manufacturer recommendations. FF1/FF2 curriculum needs to include instructions on how to perform PPE cleaning using NFPA 1851 highly programmable, front-load washer-extractors and gear dryers. Firefighters in fire operations training should leave the academy environment with cleaner gear than when they arrived.

All levels of fire officer education and training should clearly address the risks of cancer and stress the key role and responsibility of the officer in providing leadership while protecting their firefighters from carcinogens.

Cancer awareness/prevention curricula need to be developed, including appropriate AV support, enhanced videos and personal stories of firefighters surviving a cancer diagnosis. Curricula and supporting information need to be presented to state firefighting standards boards for review and approval and passage to local fire training academies and departments. This training should serve as a catalyst for change through the U.S. fire service.

What Can Fire Equipment Manufacturers and Architects do to Assist?

Manufacturers provide a large variety of what the fire service needs to minimize firefighter exposure to carcinogens including NFPA-compliant personal protective equipment, self-contained breathing apparatus, vehicle exhaust extraction systems, detergents, washer-extractors, gear dryers, cleaning equipment and skin decontamination equipment.

Manufacturers can make a significant contribution by eliminating advertisements showing firefighters with dirty (read: contaminated with carcinogens) bunker gear and helmets since this reinforces and perpetuates the dangerous myth that "the only real firefighter is a dirty firefighter."

Tremendous knowledge resides in these companies and their expertise needs to be embraced as the fire service moves forward to meet this new challenge. Innovation and new approaches may provide cost-effective solutions to cancer prevention questions.

Initially, manufacturers can support "jump starting" firefighter cancer awareness and prevention by directly supporting, with funding, the development of the new firefighter cancer awareness/prevention curricula, appropriate AV support and enhanced videos.

The fire service needs to include manufacturers in the development of these training materials to ensure that the cancer awareness/prevention information is coordinated with available commercial solutions and manufacturer initiatives.

As gaps are identified, further research and development should be conducted by commercial providers to identify the full spectrum of carcinogenic hazards, as well as appropriate protection and decontamination technologies. Funding may need to be facilitated from the US government to support this research and product development.

The design of fire stations, whether for new construction or renovation, must include such standard design features as state-of-the-art equipment and systems for adequate air flow, removal and capture of carcinogens and particulates, appropriate location and ventilation of storage rooms for contaminated PPE and other equipment, washer-extractor and gear drying equipment, as well as clear separation of living quarters from the apparatus floor. In short,

FOR MORE INFORMATION

Annotated Bibliography for Firefighter Cancer Research

www.cpf.org/go/cpf/?LinkServID=6D524CA3-1CC4-C201-3E968C0E88E073B1

Cancer Risk Among Firefighters: A Review and Meta-analysis of 32 Studies

www.iaff.org/hs/PDF/Cancer%20Risk%20Among%20Firefighters%20-%20UC%20Study.pdf

IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Vol. 98

<http://monographs.iarc.fr/ENG/Monographs/vol98/>

Australian Firefighter Health Study

<http://www.coeh.monash.org/downloads/firefighters-faqs.pdf>

Interagency Board Equipment Subgroup Conference

<https://iab.gov/equip.aspx>

National League of Cities Assessing State Firefighter Cancer Presumption Laws and Current Firefighter Cancer Research

www.colofirechiefs.org/docs/PresumptionReport2009.pdf

architects should be working to design cancer out of fire stations. Responsible elected and appointed officials should require this type of expertise when hiring design professionals for fire stations.

What about the National Fire Service Organizations?

A commitment from the national fire service organizations, similar to that of the commitment given to the 16 Firefighter Life-Safety Initiatives, is required if significant progress in three to five years is the goal.

A coalition should be formed consisting of the International Association of Fire Fighters (IAFF), International Association of Fire Chiefs (IAFC), Volunteer & Combination Officers Section of the IAFC (VCOS/IAFC), Safety Health & Survival Section of the IAFC (SHS/IAFC), National Volunteer Fire Council (NVFC), Firefighter Cancer Support Network (FCSN), Fire Fighter Cancer Foundation (FFCN), National Fire Protection Association (NFPA), National Association of State Fire Training Directors (NASFTD), Fire Department Safety Officers Association (FDSOA) International Society of Fire Service Instructors (ISFSI), National Fallen Firefighters Foundation (NFFF), International Fire Service Training Association (IFSTA), Fire Apparatus Manufacturers Association (FAMA), and Fire Equipment Manufacturers & Services Association (FEMSA).

It is essential that both for-profit and non-profit fire service textbook publishers, conference organizers and education providers are included as members of this national coalition.

Given the highly successful model of the Life-Safety Initiatives, this new Firefighter Cancer Coalition Initiative can implement the lessons learned and expedite implementation of the recommendations. This will require sustained effort, talent and financial resources over three to five years to develop an aggressive framework to address cancer awareness/prevention in the fire service.

What are the Pending Research Questions?

Many unanswered questions and areas needing further exploration and research were discussed through the creation of this white paper. These topics were all identified as significant, although no priority or tiered ranking was done.

Research Agenda for Cancer in Firefighters, next five to seven years:

- Research in-depth the epidemiology of cancer among firefighters specifically related to the most common types of cancer.
- Develop a firefighter-specific cancer registry to help elucidate the relationship between exposure and cancer development.
- Explore the relationship between behavioral risk factors (high-sugar diets, weight, alcohol consumption, exercise, smoking) and their relative contribution to firefighter cancer.
- Engage cohort studies to better elucidate risk.
- Develop better methods for tracking exposure (e.g. frequency, duration) and relating exposure to risk development.
- Improve identification of better biomarkers for exposure (e.g. blood, urine, saliva) and disease.
- Analyze regional differences in cancer incidence and possible reasons for differences (e.g. behavioral norms around SCBA use, building materials).

- Understand the relative contribution of different routes of exposure (e.g. inhalation vs. skin absorption) among firefighters.
- Examine the contribution of contamination under or through firefighter gear (e.g. boot tops, PPE).
- Investigate the contribution of contamination from helmets, helmet liners, and hoods.
- Research the most effective methods and modes of gear decontamination (e.g. types of cleaners, frequency).
- Research the efficacy of decontamination. (How do we know if it is clean enough?)
- Analyze the effectiveness of APRs or PAPRs in the post fire environment
- Examine the efficacy of rapid field decontamination measures (e.g. wet-Naps or baby wipes on scene).
- Study cancer epidemiology and risk specific to female firefighters (e.g. San Francisco study on breast cancer).
- Research specific epidemiology and risk among minority firefighters.
- Examine the relative efficacy of fire station design features in cancer prevention.
- Determine the extent of carcinogenic exposure within the firehouse.
- Understand the relative effectiveness of prevention efforts among firefighters.
- Investigate the risk associated with firefighter foams used in suppression.
- Research the cancer risk associated with fire retardants.
- Analyze cancer clusters as they are identified.
- Use additional meta-analytic analysis as new research emerges which will be helpful in quantifying the relative risk of different types of cancer for firefighters.
- Create a central resource directory for cancer research to help disseminate and translate research between researchers and the fire service.
- Schedule regular meetings among key stakeholders and the research community to identify research questions, disseminate and translate existing and future research.

The following research areas were identified by the Equipment Subgroup of The Interagency Board when they examined the “Evaluation of Hazards in the Post-Fire Environment” at a meeting in New Orleans in February 2013.

- A comprehensive identification and quantification of the hazards, threats and risks to human health presented in the post-fire environment
- The efficacy of current respiratory protective equipment in the post fire environment, and identification of alternatives if necessary
- The determination as to whether currently available air-purifying respiratory protective equipment may be applicable in the post-fire environment when used in conjunction with commonly available gas detection technologies
- The efficacy of structural firefighter protective ensemble against identified dermal hazards and potential workable enhancements that would reduce skin absorptive risks
- The development of a set of mitigation strategies and PPE selection guidelines based on the above findings
- The efficacy of methods and determination of best practices for decontamination (including field expedient decontamination) from post-fire hazards .
- The identification of man-portable or vehicle transportable detection and analysis capabilities able to identify and quantify the full spectrum of risks to responders and the public

//

Because of the multiple exposures and the multiple routes of exposure — they inhale carcinogens and carcinogens are absorbed through the skin — it is also highly unlikely for firefighters to get only one type of cancer.”

— **Grace LeMasters, Ph.D.**
University of Cincinnati

UPDATED WORKSHOP PARTICIPANTS & REVIEWERS, AUG 9, 2013

Lisa Allegretti, Editor, Fire Chief Magazine

C. Stuart Baxter, Ph.D., University of Cincinnati*

Garry Briese, Executive Director, FCSN*

Chief John Buckman, Director of Fire Training, State of Indiana*

FF/PM Jim Burneka, Dayton Fire Department, Ohio State Director, FCSN*

Capt Dan Crow (ret), Redlands Fire Department, President, FCSN*

Chief Dan Eggleston, Albemarle County Department of Fire Rescue, Workshop Facilitator*

FF/EMT Steve Fisher, Tualatin Valley Fire & Rescue, Oregon State Director, FCSN (cancer survivor)

Probationary FF/EMT David Freyta, South Metro Fire Department, Colorado

FF/EMT Jason Fritch, Castle Rock Fire Rescue, Colorado

FF/PM Adam Gallegos, Castle Rock Fire Rescue, Colorado

Deputy Chief Billy Goldfeder, Loveland-Symms Fire Department, IAFC Board of Directors

Captain Michael Greensides, Salt Lake United Fire Authority, Utah*

Chief Bobby Halton (ret), Editor-in-Chief, Fire Engineering magazine

Tom Hanify, President, Indiana State Professional Fire Fighters Association*

Deputy Chief Chad Harris, Colorado River Fire Rescue, Colorado*

Lt/EMT Jeff Hood, Castle Rock Fire Rescue, Colorado

Sara Jahnke, Ph.D., Center for Fire, Rescue & EMS Health Research

Grace LeMasters, Ph.D., RN, University of Cincinnati

James Lockey, MD, University of Cincinnati

Eng/EMT Matt Melton, Castle Rock Fire Rescue, Colorado

Captain Tim McDonnell, Indianapolis Fire Department. Vice-President of West Region, FCSN, (cancer survivor)*

Captain Clint Mechum, Salt Lake United Fire Authority*

Dan McDonough, Rescue 3, FDNY (ret) National Fallen Firefighters Foundation*

Ryan McDonough, National Fallen Firefighters Foundation*

David Prezant, MD, Chief Medical Officer, Office of Medical Affairs, Fire Department of the City of New York

Aaron Straussner, JD, Straussner & Sherman, Counsel, FCSN*

FF/PM Keith Tyson (ret), Miami Dade Fire Rescue, Vice-President of East Region & Director of Education, FCSN (cancer survivor)*

Chief Mike Vaughn, Washington Fire Department, Illinois, VCOS Project Liaison*

Chief Tony Watson & Members of the City of Pigeon Forge Fire Department, Tennessee

Janet Wilmoth, Associate Publisher, Fire Chief Magazine

Jori Wilmoth, Copy Editor, Fire Chief Magazine

* *workshop participant*

■ WHAT IMMEDIATE ACTIONS CAN I TAKE TO PROTECT MYSELF?

1

Use SCBA from initial attack to finish of overhaul. (Not wearing SCBA in both active and post-fire environments is the most dangerous voluntary activity in the fire service today.)

2

Do gross field decon of PPE to remove as much soot and particulates as possible.

3

Use Wet-Nap or baby wipes to remove as much soot as possible from head, neck, jaw, throat, underarms and hands immediately and while still on the scene.

4

Change your clothes and wash them immediately after a fire.

5

Shower thoroughly after a fire.

6

Clean your PPE, gloves, hood and helmet immediately after a fire.

7

Do not take contaminated clothes or PPE home or store it in your vehicle.

8

Decon fire apparatus interior after fires.

9

Keep bunker gear out of living and sleeping quarters.

10

Stop using tobacco products.

11

Use sunscreen or sun block.

The importance of annual medical examinations cannot be overstated — early detection and early treatment are essential to increasing survival.



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2015 In Service Training Program

View the following videos by accessing this website:

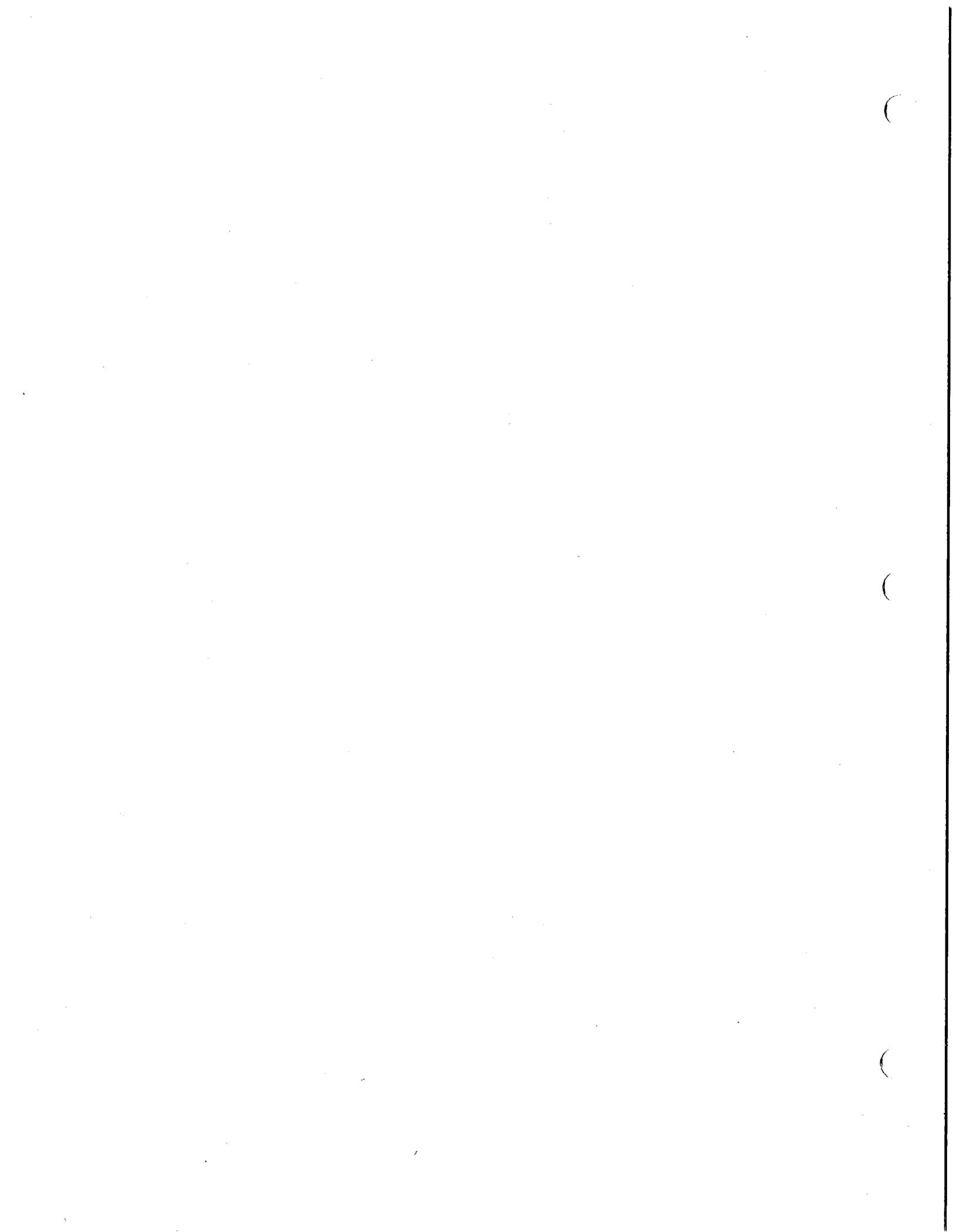
http://www.montgomerycountymd.gov/mcfrs-psta/mayday_2015.html

Proactive Rapid Intervention

Scott RIT Pak III

Self Rescue

RIC Tools



MCFRS MCTime End-User Guide for Managers and Administrators



For Personnel at the Rank
of Lieutenant and Above
as Well as Civilian Managers
and Civilian Administrators

(Revised August 2015)

Mctime Officer/Manager End User Guide

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Mctime Officer/Manager End User Guide

Introduction

Mctime is Montgomery County's electronic timecard system.

For uniformed personnel, Mctime accepts data from Telestaff and so it is imperative that you remember to schedule all leave through Telestaff. (Civilians simply approve and/or modify their preset schedules in Mctime as needed.)

Within Mctime, any FRS employee at the rank of Lieutenant or above will see significantly more options than personnel in lower ranks. This *Manager view* is accessible in two different environments: HTML (your basic web page access, which officers may use from home or the county network) and Java (a different look and feel which some may consider more user friendly, accessible from within the county network and from outside the county network with a specific version of Java). This quick reference guide will use the Java version for all examples and procedures.

Officers also have access to see quite a bit of information within Mctime. Please remember that you are responsible for your station and shift personnel only. Every action you take within Mctime is logged.

You are advised to use Mctime every time you are on shift to check your own hours and make adjustments (such as overtime approvals) for your personnel so that you do not have to do it all at the end of the pay period. As an officer responsible for your personnel and their timecards, you should call other stations/worksites if you need to verify dates and hours where your staff worked during a given pay period.

If you would like personal training in Mctime within your own timecard, please contact Jeff Feiertag, IT Training Coordinator, via e-mail (jeff.feiertag@montgomerycountymd.gov) or by phone (240.777.2460). If you simply have a few questions while working with your own timecard, please first ask your station/worksites colleagues and/or supervisor. See Appendix A for a glossary of terms you may need to know.

Accessing and Logging onto Mctime

- Start your web browser and access Quicklinks.
- Click **ePortal/Mctime** from the navigation and then log into ePortal.
- Input the same username and password you use to access Windows or Outlook in the station (also called your Single Sign-On or SSO).

Username	<input type="text"/>
Password	<input type="password"/>
<input type="button" value="Login"/>	

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- Click the **Login** button and wait for Mctime to load. When Mctime loads, you will see three window panes, as shows below:

The screenshot shows the Mctime application interface. At the top, there is a navigation bar with the Mctime logo, the user ID 'B178', and links for 'Log Off', 'Setup', 'Home', and 'Help'. Below the navigation bar are four tabs: 'GENERAL', 'MY GENIES', 'MY INFORMATION', and 'MY LINKS'. The main content area has a sub-navigation bar with 'Timecard', 'People', and 'Reports'. The primary heading is 'FRS QUICKFIND'. There are two input fields: 'Name or ID' with a 'Find' button, and 'Time Period' set to 'Current Pay Period'. Below these is a table with a header row containing 'Employee Name', 'ID', 'Division', 'Station or Section', and 'Job Title'. The table body is currently empty.

- To access the menu, right click on My Genies.

This screenshot shows the Mctime application interface with the 'MY GENIES' menu open. The navigation bar and sub-navigation bar are the same as in the previous screenshot. The 'FRS QUICKFIND' heading is present. The 'Name or ID' and 'Time Period' fields are visible. The 'MY GENIES' menu is expanded, showing a list of options: 'FRS QuickFind', 'FRS Pay Period Close', 'FRS Check Overtime', 'FRS Differentials', 'FRS Leave Balances', 'FRS Leave Used', 'Leave Used - Admin', 'FRS Timecard Approvals', 'FRS MIS', 'FRS Pay Rule Assignment', 'FRS People Profile', and 'FRS CSBO & CSBW TOTALS'. The table below the menu has the same header as the previous screenshot: 'Employee Name', 'ID', 'Division', 'Station or Section', and 'Job Title'.

Verifying Your Time

- Find and click **My Information** in the navigation pane on the left side of your screen. This will expand the list.

This screenshot shows the Mctime application interface with the 'MY INFORMATION' menu open. The navigation bar and sub-navigation bar are the same. The 'FRS QUICKFIND' heading is present. The 'Name or ID' and 'Time Period' fields are visible. The 'MY INFORMATION' menu is expanded, showing a list of options: 'My Timecard' and 'My Reports'. The table below the menu has the same header as the previous screenshots: 'Employee Name', 'ID', 'Division', 'Station or Section', and 'Job Title'.

- Click **My Timecard** to access your data.
- Check your timecard every shift and update it as needed. Since Telestaff data comes in on the calendar day following your shift, though, you are advised not to tweak the current day but any previous day instead. Do not wait until the end of a pay period to input all of the information you need.

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- Determine if you are in the correct time period before reviewing your time. The Time Period is a drop-down box at the top of the timecard. By default, Mctime will always load the current pay period when you start the program. If necessary, click the drop-down arrow to choose another pay period.

Name or ID	*	<input type="text"/>	<input type="button" value="Find"/>
Time Period	Current Pay Period	▼	
	Previous Pay Period		
	Current Pay Period		
	Next Pay Period		
Division	Previous Schedule Period		
	Current Schedule Period		
	Next Schedule Period		
	Today		
	Yesterday		
	Week to Date		
	Last Week		
	10/25/2012, Specific Date		
	10/25/2012 - 10/25/2012, Range of Dates		

- Note that your schedule should be pre-loaded for you, with default hours appearing in purple:

Save Actions Amount Accruals Comment Approvals Reports									
Week starting: Sun 10/21									
Pay Code	Transfer	Sun 10/21	Mon 10/22	Tue 10/23	Wed 10/24	Thu 10/25	Fri 10/26	Sat 10/27	Total
<input checked="" type="checkbox"/> Hours Work				24.0			24.0		48.0
<input checked="" type="checkbox"/> MS Advance		24.0		24.0			24.0		72.0
Week starting: Sun 10/28									
Pay Code	Transfer	Sun 10/28	Mon 10/29	Tue 10/30	Wed 10/31	Thu 11/01	Fri 11/02	Sat 11/03	Total
<input checked="" type="checkbox"/> Hours Work			24.0				0.0		24.0
<input checked="" type="checkbox"/> KELLY DAY			24.0						24.0

- Review the hours and proceed to the **Submitting Your Time** section of this document. (If you need to make any changes, though, please see the other sections of this manual before submitting your time.) If you have finished working with your timecard for the day, click the **Log Off** link at the top-left corner of the screen (above the navigation panel), once you have saved any changes.

Note: The columns will not expand horizontally on their own. If your Pay Code column is not wide enough to show all of the text side to side, for example, click out of the drop-down box and position your mouse on the dividing line between the **Pay Code** and **Transfer** column headers. Your mouse will turn into a double-arrow; hold down the mouse button and move your mouse to the right to allow more room. When you believe you have enough room, return to the drop-down list in the proper row's Pay Code column.

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Adding Overtime

If your overtime is worked under a specific grant, the grant administrator should provide the transfer codes. Expect that you will typically use three codes: **Project Task**, **Expenditure** and **Reason**.

If your overtime is typical overtime, expect you will use just one code: **Reason**.

The process is pretty simple: You'll add a row, apply the transfer (reason) code and input the number of hours. In a few circumstances, you'll adjust other hours on the day. For differentials, you'll change the Pay Code as well.

For the following example, we'll apply 24 hours of overtime as an Officer Backfill at Station 34. Not only is the media room nice there, you even get paid for the OT.

- Identify the date for which you would like to add the hours. In the example below, the hours will be entered on July 31.

		Pay Code	Transfer	Fri 7/31
X	+	Hours Worked		

- Click one of the Add Row icons to the left of the entries for the proper week.



- Find the appropriate day and type the number of hours (e.g., 24). Your new entry will appear in black instead of purple. Press the **Tab** key when you have finished typing the number of hours.

		Pay Code	Transfer	Fri 7/31
X	+	Hours Worked		
X	+	Hours Worked		24.0
				24.0

- Click once in the box where the Transfer column matches up with the row for the hours you just entered into the system. A drop-down arrow will appear.

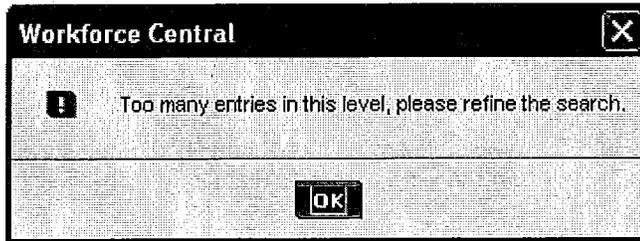
		Pay Code	Transfer
X	+	Hours Work...	
X	+	Hours Work...	

- Click the drop-down arrow and click the **Search** link. This will enable you to search for transfer codes. (The five most recent combinations will appear in a list between the drop-down arrow and the **Search** link.

////FRS071PW//
////FRS071OR//
////FRS066EP//
////FRS060HW//
////FRS071TT//
Search... Alt-S

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- Click the **OK** button in the pop-up window.



- Note the new screen that appears; it is called the **Select Transfer** window.

- Click the **OK** button to clear the pop-up dialog box that says there are too many codes. Click the **OK** button for this screen any time it appears.
- Click to select the **Reason Code** on the right side of the screen (i.e., the circle should be filled in after you have selected Reason Code).
- Click in the **Name or Description** search box at the top-left of the screen.
- Type in the Reason Code (or the first several characters of the item you want with an asterisk at the end).

Note: An asterisk acts as a wildcard for the system, giving you the ability to search more broadly than you would for one item. For example, typing **FRS*** will result in a list of all reason codes for the department, while **FRS060*** will result in a list of codes that are for the Operations division. Alternatively, you may search by description (as in the example below).

- Click the **Search** button next to the text box.

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Name or Description:

- Note that the resulting list should be significantly smaller than the list that appeared by default. Look through the items and find the one of your choice. (If you cannot find the item you need, try a search that is not quite as narrow and will include more results.) If you searched for a single station, as in the example above, only one item should appear in the results list. Click the Reason you need from the list and it should appear on the Reason Code line in the right-side panel.

<input type="radio"/> Department-Division		
<input type="radio"/> Section-Subsection		
<input type="radio"/> Cost Center-Fund or Project-Task		
<input type="radio"/> Expenditure Org		
<input checked="" type="radio"/> Reason Code	FRS0600F	FIELD OPS-BACKFILL- OFFICER
<input type="radio"/> Manager		
<input type="radio"/> Batt-Unit		

- Repeat as needed for the Reason Code and click the **OK** button at the bottom of the window when you have finished. You should see the new codes added to the row for the hours worked under that particular code.

Labor Account

Name or Description:

Available Entries:

- FRS0600F, FIELD OPS-BACKFILL- OFFICER
- FRS060PD, FIELD OPS-BACKFILL- PRIMARY DRIVER
- FRS060PM, FIELD OPS-BACKFILL- PARAMEDIC
- FRS060US, FIELD OPS-BACKFILL- US-R RESPONSE
- FRS061BF, FEI - BACKFILL
- FRS070SB, WELLNESS, SAFETY, TRAINING- SAFETY TEAM - BACKFILL
- FRS101AB, FEMA-ACTIVATED BACKFILL
- FRS101AC, FEMA-AFTER ACTION BACKFILL
- FRS101BA, FEMA-ALERT BACKFILL
- FRS101CB, FEMA-CISM BACKFILL

<input type="radio"/> Department-Division		
<input type="radio"/> Section-Subsection		
<input type="radio"/> Cost Center-Fund or Project-Task		
<input type="radio"/> Expenditure Org		
<input checked="" type="radio"/> Reason Code	FRS0600F	FIELD OPS-BACKFILL- OFFICER
<input type="radio"/> Manager		
<input type="radio"/> Batt-Unit		

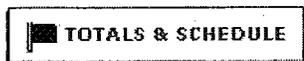
	Pay Code	Transfer	Fri 7/31
<input checked="" type="checkbox"/>	Hours Worked		
<input checked="" type="checkbox"/>	Hours Worked	FRS0600F	24.0
			24.0

Note: Although the list of possible Reason codes is long, you will typically only use one of a few if you are working overtime in a station. Here are the most common examples. Remember, you should select the reason code that describes why you were hired for the task (i.e., the slot listed in Telestaff).

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Code	Description
FRS060FF	Firefighter Backfill
FRS060OF	Officer Backfill
FRS060PD	Primary Driver Backfill
FRS060PM	Paramedic Backfill

- Note that a red flag has appeared in the bottom section next to the header for **Totals & Schedule**. This is an indicator that something has changed on the timecard and that you should save.



- Click the **Save** link, located in the white stripe toward the top of the screen.



- Find the **Totals & Schedule** section (located at the bottom-left of the screen) to see that the list has updated. Hours are listed and separated by account, which may include Reason and/or other related codes.

		Pay Code	Transfer	Fri 7/31
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hours Worked		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hours Worked	////FRS060OF//	24.0
				24.0

Reviewing Leave

Uniformed personnel track leave in Telestaff, which will import automatically into Mctime at 0800 hours on the following calendar day. In the event that an employee claims more leave than is available in his/her balance, Mctime has a way to manage this process. Please see the *Changing AWOL Hours to Other Leave Types* section for more information.

Converting Overtime to Comp Time

Any uniformed personnel may earn comp time in lieu of overtime, without extra permission required. For the hours to change, though, the employee must request his/her supervisor perform a **Pay Code Move**. Such changes must be made within the current time period, so all personnel are reminded not to submit requests once the timecard has been approved and submitted. As an officer, you should also pay particular attention to this in case you need to convert overtime to comp time for one or more of your personnel. Please see the *Changing Overtime to Comp Time* section for more information.

Using Comp Leave

If an employee determines (s)he would like to use comp leave time, (s)he only needs to call Scheduling and the leave data will import into Mctime on the day after the leave is used.

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Using Comp Leave Supplemental

Comp Leave Supplemental may not be earned these days – it was awarded a few years ago during a time of furloughs to all personnel. Some personnel, although not many, still have this type of leave and may use it as they would comp leave. Comp Leave Supplemental is not an option in Telestaff and so the change must be performed in MTime by your supervisor. You will see the leave imported into MTime from Telestaff as Annual Leave. (No, you may not use it in place of Sick Leave.) Ask your manager to perform a **Pay Code Move** to change the entry to **Comp Leave Supplemental**. (At the employee level, no one has access to this code -- it must be a manager action for personnel at all levels.)

Noting Work Out of Class

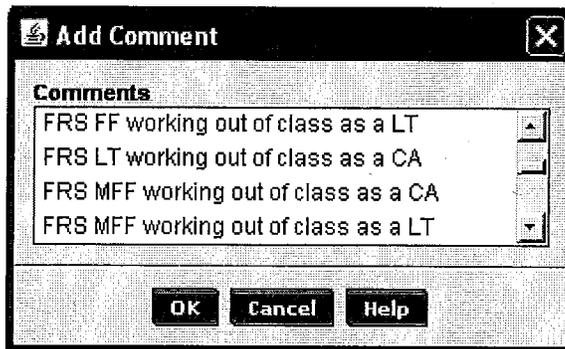
MTime enables you to track the time you work out of class so that, if you like, you may run a report to use in the official process for claiming the time. (The official process has not changed; this is merely a tool for you to use for effective bookkeeping.)

- Add a row and/or change the number of hours as needed on your timecard, so that the number of hours working out of class is in its own entry for a given day. If the entire shift was spent in the different class, there is no need to edit the number or row.
- Right-Click the box with the hours in which you worked out of class and click the **Add Comment** link that appears.

Wed 10/24	Thu 10/25
24.0	
	24.0

An "Add Comment..." menu item is shown over the 24.0 entry in the first row, second column.

- Select LT working out of class as a CA from the window that pops up:



- Click the **OK** button and you will notice a small comment icon just above to the right of the hours entered for working out of class.



- Remember to save your timecard.

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Reviewing Work Substitutions

Work substitutions for career uniformed personnel will import from Telestaff with the following codes:

- CSBW: The individual who is working
- CSBO: The individual who is off (but who was scheduled to work initially)

If an individual is on a work sub (CSBW) and has to take leave, the following may be used:

- CSBW – Annual
- CSBW – Comp
- CSBW – Comp Leave Supplemental (only by a Pay Code Move from the manager)
- CSBW Family Sick
- CSBW Sick

As with typical use of parental leave, an entry of CSBW Sick with Parental will come from Telestaff if the employee working (CSBW) opted to use parental leave. (S)he may choose to change it to any other type of parental leave (via the manager), but (s)he must use the CSBW parental codes:

- CSBW Annual with Parental
- CSBW Comp with Parental
- CSBW Sick with Parental

Any attempt to change the above by a manager should be done as a Pay Code Move.

Noting Your Kelly Day

While there is nothing you need to do for the kelly day, it is worth noting that Mctime will list your kelly day on a separate line with zero hours listed for the appropriate day.

	Pay Code	Transfer	Sun 10/14	Mon 10/15	Tue 10/16	Wed 10/17	Thu 10/18	Fri 10/19	Sat 10/20	Total
	Hours Worked			24.0						24.0
	KELLY DAY			24.0			0.0			24.0

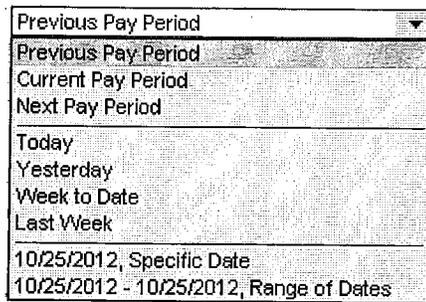
Note: If you work overtime on your kelly day, you will simply add a row and record the hours worked (with the appropriate index and/or project codes, as needed). Please see the *Claiming Overtime* section for more information.

Approving Your Time

Once you have added in all of your time at the end of the pay period, you need to approve it through Mctime before your supervisor approves it. Once the time card has moved to the next level, you will not be able to make any changes to it.

- Click the **Time Period** drop-down arrow and select the appropriate pay period.

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- Find and click the **Approvals** link on the (white-striped) navigation bar. A sub-menu will appear:



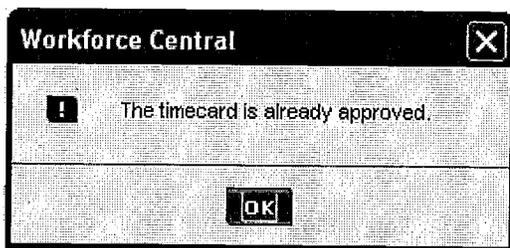
- Click **Approve**.

Note: Prior to approval you will note the delete row and add row buttons to the left of the pay code column (left image). Once the time card is approved, these features and now disabled and are removed from your time card (right image).

		Pay Code
<input type="checkbox"/>	<input type="checkbox"/>	Hours Work... ▾
<input type="checkbox"/>	<input type="checkbox"/>	Election Day
<input type="checkbox"/>	<input type="checkbox"/>	KELLY DAY

		Pay Code
		Hours Worked
		Election Day
		KELLY DAY

Note: Your timecard is sufficiently locked at this point. You will notice a new tab that appears at the bottom of the screen, indicating an approval. If you try to approve the timecard again, concerned that the first attempt failed, a pop-up window will appear that lets you know you have already approved the timecard.



Additionally, If you would like to make changes before your supervisor has a chance to approve it, click **Remove Approval** from the same **Approvals** drop-down menu that you used before. Additionally, an employee cannot remove his/her approval if his/her manager has approved the timecard.

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Checking Leave Balances

Mctime enables you to check your leave balance at any time, rather than having to wait to see your next pay stub. It is important to know, though, that your leave balance as reflected in Mctime will not be up to date *until the second Tuesday of the Pay Period*.

In contrast to the HTML version that you may use from home (or that personnel below the rank of lieutenant use in the stations), the Java version of the software shows leave balances on the timecard screen.

- Navigate to your time card if you are in another part of the program.
- Click the **Totals & Schedule** tab at the bottom of the screen if it is not already selected. Your leave balances, as of whatever date is currently selected on the timecard above, are listed on the right side of the screen.

Accrual Code	Balance on Selected Date	Units	Balance Projected Through
ANNUAL LEAVE	359.37	Hour	11/17/2012
COMP LEAVE	99.0	Hour	11/17/2012
COMP LEAVE SUPP	0.0	Hour	11/17/2012
PAID TIME OFF	0.0	Hour	11/17/2012
PERSONAL DAY	1.0	Day	11/17/2012
RELIGIOUS LEAVE	0.0	Hour	11/17/2012
SICK LEAVE	1377.23	Hour	11/17/2012

- Review your leave balances as needed.

Logging Off of Mctime

- Remember to save any recent changes.
- Find and click the **Log Off** link at the top-left corner of the screen. Wait for the screen that identifies you have successfully logged out of Mctime and then you may close your browser.

Accessing an Employee Timecard

As an officer, you will need to access timecards for your personnel to approve overtime, verify hours and (by request) change overtime to comp time. Each of these tasks begins with accessing a timecard.

- Log onto Mctime. By default, the program should load the FRS QuickFind genie.

Name or ID

Time Period

Note: If you need more room on the screen to show the information that loads, find and click the minimize button on the right side of the screen. 

- Click the **Find** button and double-click the name of the person for whom you would like to open a timecard.

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Approving Overtime

Overtime should be approved by the on-site manager and should not be left for the regular shift officer. (For example, you should approve overtime for a firefighter working under you for the day instead of leaving the approval for his/her regular shift officer.) You will open an employee's timecard, select the specific overtime increment claimed and approve it as needed (assuming it was legitimately worked, of course).

- Access the employee's timecard for the current pay period.
- Find the time to be approved. In the example below, the overtime hours were worked as a firefighter backfill at Station 34 on October 28. With no cost center, the station isn't cited but you still see the reason.

		Pay Code	Transfer	Sun 10/28	Mon 10/29
<input checked="" type="checkbox"/>		Hours Work...			24.0
<input checked="" type="checkbox"/>		Hours Work...	///FRS060FF//	24.0	

- Check the tabs at the bottom of the screen. If there is no **Sign-Offs & Approvals** tab, you may be certain no one else has already approved the overtime. If that tab is present, check to make sure that the hours have not already been approved. If they have, do not approve them again. If it appears no one else has already approved the time, proceed with your approval.

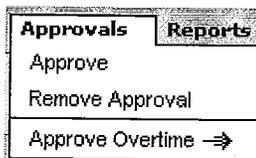
Note: Since overtime approvals are based upon the day – and the order in which the employee initially entered the time – there is a chance that the Totals & Schedule section will appear to show that the time under your code has been approved, even if someone else's approval was intended to be for another code. You should always consider the **Sign-Offs & Approvals** tab to be your best source for determining whether or not to approve overtime.



- Find the overtime that the employee entered on his/her timecard. It may or may not have a red outline (which only indicates a change in schedule and only appears once per day). Click once to select the hours in question.

24.0

- Access the **Approvals** menu and select **Approve Overtime**.



Note: Ensure that you select *Approve Overtime* and not *Approve*. The approach you are to take enables you to specify the correct number of hours to approve, as opposed to a blanket all-or-nothing approach.

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- Note the options in the window.

- Verify that the date is correct and represents the date the employee worked on overtime. If you selected the time in the timecard, the correct date should appear here. If you did not, then this screen should default to the first day of the pay period.
- Change the option from **All** to **Some** in the *Amount* section. When you do, the text input box will become active so that you may type a number of hours to approve. Note: **Never choose All.**
- Type the correct number of hours you would like to approve.
- Click the **OK** button to continue. You will return to the employee's timecard.
- Save the employee's timecard.
- Find and click the **Sign-offs and Approvals** tab at the bottom of the screen. Read the information listed to verify that Mctime recorded your overtime approval.

TOTALS & SCHEDULE		ACCRUALS		AUDITS		SIGN-OFFS, REQUESTS & APPROVALS					
Action Taken		Select an action									
Action Taken	Effective Date	Start Time	Amount	Reason	Comment	Note	User	Date	Time		
Approve Overtime	10/28/2012		24.0				DANIES	10/25/2012	1:09PM		

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Changing Overtime to Comp Time

Only officers may change overtime hours to comp time. The process to change the hours is as simple as opening the employee's timecard and making a Pay Code Move.

- Open the employee's timecard.
- Ensure that the overtime in question has already been approved. (If needed, switch to the *Approving Overtime* section of this guide.)
- Find the overtime entry (which still has a pay code of Hours Worked, as it should) and click once in the Transfer Codes column for that row. Press **Ctrl-C** on your keyboard to copy the codes. This is an important shortcut that you will appreciate having taken in a few moments.
- Click once on the overtime entry (i.e., the number of hours worked) in the upper section of the timecard in order to place your cursor. Clicking on the hours in the timecard will also ensure you keep the correct date listed during the pay code move.
- Find the item in the **Totals & Schedules** section at the bottom of the screen.

TOTALS & SCHEDULE		ACCRUALS	AUDITS	SIGN OFFS, REQUESTS & APPROVALS	
All					
Account	Pay Code	Amount			
...00/-FRS060FF/FRS003169/-	OT at 1.5 - Overtime	10.0			
...2231-2409/-/-/FRS003169/-	MIS Advance - FIRE Only	24.0			
...2231-2409/-/-/FRS003169/-	Regular	72.0			
...2231-2409/-/-/FRS003169/-	Total Hrs Towards Schedule	96.0			

Note: If the list of codes is too long for you, change **All** to **Daily** in the upper-left corner of the section.

- Right-Click the hours you would like to change (listed as OT in the Pay Code column of this section) and select **Move**.

Account	Pay Code	Amount
...00/-FRS060FF/FRS003169/-	OT at 1.5 - Overtime	10.0
...2231-2409/-/-/FRS003169/-	MIS Advance - FIRE Only	

- Click **Yes** in the message that appears. Although the wording is different, it is essentially telling you that the transfer information will delete and you will need to re-enter it during the pay code move. You will only need to re-enter the transfer information during moves that involve pay (e.g., OT to comp time).
- Select **CL3** from the Pay Code drop-down box. CL3 represents time and a half, earned by all personnel below the rank of Battalion Chief (BCs earn CL2, which represents straight time instead of time and a half).

Note: Personnel working overtime for standing union committees earn CL2 instead of CL3, regardless of rank.

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- Type in the number of hours for which you are approving Comp Time. The number may be lower than the total number worked if the employee wants partial pay and partial comp time.
- Verify that the date is correct for the hours in question.
- Click in the **Transfer** box and press **Ctrl-V** on your keyboard to paste the codes. This is the shortcut that enables you to avoid having to run the search for the same codes.
- Click the **OK** button.
- Save the timecard.
- Find and click the newly added **Moved Amounts** tab toward the bottom-right of the screen and verify that the hours have been moved in comp time.

TOTALS & SCHEDULE				ACCRUALS		AUDITS		SIGN-OFFS, REQUESTS & APPROVALS		MOVED AMOUNTS	
Effective Date	From Account	To Account	From Pay Code	To Pay Code	Amount						
10/28/2012	...S060FF/FRS003169/	...634-100/FRS060FF//	OT at 1.5 - Overtime	CL3 - Comp Lv Earne...	10.0						

- Save your changes and close the employee timecard.

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Changing Holiday Pay (HDP) to Comp Leave Earned Holiday (CLH)

All holidays are imported as HDP, holiday pay. An employee has the option to earn Comp Leave at a rate of 1.5 hours. If the employee chooses to earn Comp Leave in lieu of pay, find the Totals & Schedule tab.

TOTALS & SCHEDULE			ACCRUALS	AUDITS
All ▾				
Account	Pay Code	Amount		
...FRS 45-2231-2409/-/-/FRS003169/-	HDP - Holiday Pay	32.0		
...FRS 45-2231-2409/-/-/FRS003169/-	Regular	120.0		
...FRS 45-2231-2409/-/-/FRS003169/-	MIS Clear - FIRE Only	(-24.0)		
...FRS 45-2231-2409/-/-/FRS003169/-	Total Hrs Towards Schedule	96.0		

- Right click the HDP field.

Account	Pay Code
...FRS 45-2231-2409/-/-/FRS003169/-	HDP - Holiday Pay
...FRS 45-2231-2409/-/-/FRS003169/-	Regular

- Select the Pay Code **CLH – Comp Leave Earned for Holiday**.
- Insert the amount of hours to be converted. This may not be all of the hours listed in the Totals & Schedule.
- Ensure you have selected the date of the holiday you are converting.
- There is no need to insert any transfer information.

Move Amount [X]

From

Pay Code: HDP - Holiday Pay

Amount (HH.hh): 32.0

Transfer: ;FRS 45-1830/FRS 45-2231-2409/-/-/FRS003169/-

To

Pay Code *: CLH - Comp Lv Earned for Holiday ▾

Amount (HH.hh) *: 16.0

Effective Date *: 11/06/2012 ▾

Transfer: ▾

Comments →

OK Cancel Help

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Changing Annual Leave to Comp Time

If an employee determines (s)he would like to use comp time, (s)he only needs to call Scheduling and the data will import into Mctime on the day after the leave is used. If the employee waits until after the day the leave was used, then you will need to perform a pay code move as his/her manager. Follow the same procedure as changing overtime to comp time (but move Annual Leave to Comp Leave Used). You do not need to include transfer information for this pay code move. Remember to save your changes.

Changing AWOL Hours to Other Leave Types

If an employee claims leave (s)he has not accrued, Mctime will attempt to draw leave from other balances in a specific order (see chart below). If there is a balance of claimed leave after this process and Mctime did not find enough hours accrued in various leave types, the remainder will be labeled AWOL.

Note: As covered in the Checking Leave Balances section, it is important to know that a leave balance as reflected in Mctime will not be up to date *until the second Tuesday of the Pay Period*. After that point, the employee may have accrued enough leave to make up the difference labeled as AWOL.

In the event that the employee's leave balance shows enough leave by the end of the pay period, it is his/her responsibility to ask you (the manager) to move the leave in his/her timecard (a manual calculation on your part) for the hours to reflect the correct types of leave. In applying the new leave hours to decrease the amount of AWOL hours, you are required to follow the same cascade that Mctime (and county procedures) follow. Each type of leave has a different cascade, as indicated in the chart below:

Leave Code	CLM	CPL	PTO	ANL	SKL	RLU	FSL	PER
1 st Step	CLM	CPL	PTO	ANL	SKL	RLU	SKL	PER
2 nd Step	CPL	ANL	ANL	CPL	CPL	CPL	CPL	CPL
3 rd Step	ANL	PTO	SKL	PTO	ANL	ANL	ANL	ANL
4 th Step	PTO	DWP	CPL	DWP	PTO	PTO	PTO	DWP
5 th Step	DWP	-	DWP	-	DWP	DWP	DWP	-

Key							
CLM	CPL	PTO	ANL	SKL	RLU	FSL	PER
Comp Leave Max	Comp Leave	Paid Time Off	Annual Leave	Sick Leave	Religious Leave	Family Sick Leave	Personal Day

For example, one of your employees claimed 24 hours of sick leave on the first Wednesday of the pay period, but (s)he only had ten hours of leave accrued. Meanwhile, the employee had five hours of annual leave and no comp time (or other accrued leave hours) available. Mctime would apply the following in the timecard:

- 10.0 Hours Sick Leave
- 5.0 Hours Annual Leave
- 9.0 Hours AWOL

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As of Tuesday the following week, when (s)he was presented with 4.6 hours of annual and 4.6 hours of sick leave, the employee would ask you to add the new hours in. You would perform a Pay Code Move to add 4.6 hours of sick time (total = 14.6) and 4.4 hours of annual leave (total = 9.4) for a total of 24 hours.

Verifying Held-on-Incident vs. Continued Backfill

When someone works his/her normal shift and goes on a call that bleeds over, past the end of his/her shift, then (s)he should add a row of Hours Worked with transfer codes as follows:

- Reason: FRS060HI (Held in Incident)

When someone works overtime and goes on a call that bleeds over, past the end of his/her shift, then (s)he should **not** add an entry for FRS060HI. Instead, (s)he should add in continued backfill (such as FRS060FF).

Further, since no day may have more than 24 hours of regular Hours Worked, the individual may need to put the time (continued FRS060HI or a backfill) on the following day in Mctime.

Checking Hours Worked vs. Scheduled

- Return to the Pay Period Close Genie.
- Double-Click the **Total Hours toward Schedule** header. This will sort the current list in reverse order by this column, leaving discrepancies at the top of the list.

Total Hours Toward Schedule
1/

- Look for any row in which the **Total Hours toward Schedule** number does not match the **Expected Hours per Pay Period** number. Any unformed person's number should equal 96, 84 or 80. If the numbers match, they're OK.

Total Hours Toward Schedule	Expected Hrs per Pay Period
96.0	96.0
96.0	96.0
96.0	96.0

- Open the timecard of any employee for which the two numbers do not match. If the employee changed shifts or went on light-duty during the pay period, these numbers may not match.

If neither of those scenarios is the case, it is likely that the employee's regular hours were edited for a specific day on which (s)he took leave before Telestaff data came into Mctime (0800 on the following calendar day). Such a scenario would cause what appears to be a double entry, leaving the Total Hours and Expected Hours most likely off by 24, 14 or 10.

Reviewing Timecards for Errors

Here are some things to help you avoid common errors as you review timecards for your personnel:

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- Are there transfer codes listed for regular shift hours?
 - If Yes: There may be an error. Uniformed personnel should only include transfer codes for regular hours when they cross **divisions**.
- How many codes are listed for each transfer line?
 - One Code: Providing it's a reason code (and most of the ones we use in FRS begin with the letters *FRS*) the entry is probably OK (assuming it's the correct reason code). Typical OT takes just the Reason (R) code with a number of slashes. Project Task codes are paired by with Expenditure codes and nearly always Reason Codes.
 - Two Codes: Effective July 2015, we stopped using Cost Center codes and, if you see two codes, the entry is incorrect.
 - Three Codes: The first code should be a Project Task (PT). If it's a CC code, there's probably an error.
- Do OT approvals match the OT entries for proper time amounts and correct dates?
 - If No: There's probably an error.
- Do you see any negative numbers (other than MIS) in the Totals & Schedule section?
 - If Yes: There's probably an error. When a manager performs a Pay Code Move and uses an incorrect date, the hours form a negative balance.
- Did both the employee and the manager approve the timecard?
 - If No: There's probably an error. There are some extreme circumstances in which the employee cannot approve his/her timecard (usually involving severe medical issues) but healthy, working individuals should always approve their timecards.
- Is the same code listed in the **From Account** and **To Account** columns in the **Moved Amounts** tab for OT to CL3 (or OT to CL2) entries?
 - If No: There's an error. The manager is supposed to re-enter the transfer codes when (s)he performs a Pay Code Move to change OT to comp time (CL2 or CL3).
- Is there a code listed in the **To Account** columns in the **Moved Amounts** tab for any move that doesn't involve OT?
 - If Yes: There's probably an error, since only OT to comp moves require the manager to input the transfer information.
- Does the date for a Pay Code Move match the date of the original entry in the timecard?
 - If No: There's probably an error. You may also see a negative entry in the Totals & Schedule section.
- Do the **Total Hours toward Schedule** match the **Expected Hours per Pay Period** for each individual (most easily seen in the Pay Period Close genie)?
 - If Not: There's an error. The error may be caused by the employee (e.g., the hours were edited for a date before the Telestaff import, causing too many hours in one day) or by administrative process (e.g., schedule change, change to light duty status, etc).

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Appendix A – Glossary

The following terms and phrases are not only used in this document but are also common vocabulary for Mctime administrators.

Term	Definition/Explanation
Employee	An employee is a user who is responsible only for his/her own timecard. Among the uniformed personnel, those at the rank of Master Firefighter and below are considered employees and will use the HTML version of Mctime.
Employee Approval	When an employee approves his/her timecard, this is equivalent to submitting the time to his/her manager. The employee may not make changes once his/her manager has approved the timecard.
Genie	A genie is an Mctime screen that shows data from a preset query. Genies enable managers to perform a variety of functions such as approving overtime and checking leave balances for their personnel.
Leave Balance	Mctime shows the amount of leave a user has remaining as of the previous week instead of an up-to-the-minute number. This is a result of the process by which leave is accrued and assigned to Montgomery County personnel.
Manager Approval	When a manager approves an employee's timecard, this is the final process within MCFRS for the timecard. If the employee wants to make a change to the timecard, and the end of the pay period has not yet arrived, then the manager may remove his/her approval. The employee will have to do the same thereafter in order to be able to change any data. The approval process must be performed again when (s)he is finished making changes. A manager may approve a timecard to submit it to the payroll department without an employee first approving it.
Manager/Supervisor	<p>A manager is a user who has the ability to view, edit and/or approve someone else's timecard. Among uniformed personnel, those at the rank of Lieutenant and above are considered managers and will primarily use the Java version of Mctime. Among civilians, this includes managers as well as administrators (such as program managers who approve overtime for special projects).</p> <p>The HTML version is available for use outside the county network and offers the same capabilities (except Pay Code Moves). The Java version is available outside the county network but requires that the user has a specific version of Java installed and will not function properly with more modern versions.</p>
Overtime	Overtime is input differently in Mctime than it was on paper timesheets. No specific overtime pay code is available for the user to select; the pay rules automatically calculate overtime worked by an individual and his/her manager must approve the overtime hours within Mctime. With the Mctime implementation, MCFRS will no longer use paper overtime approval slips.

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Pay Code Move	A pay code move is an action performed by a manager in which only (s)he has the system rights to change a Pay Code for an employee. One common pay code move scenario involves the manager changing an employee's overtime hours to comp time at the request of the employee.
Pay Rule	A pay rule is a definition of how Mctime should calculate an employee's time and takes into consideration rank, assignment and several other related factors.
Transfer Code	A transfer code is a combination of numbers that includes the Cost Center (or Project Task), Expenditure (for grants only) and Reason codes.

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Appendix B – Pay Codes

With the implementation of Mctime, OHR has requested an expanded list of pay codes. This list is longer than what you are accustomed to seeing with the previous timesheet. The following is a list of pay codes used within MCFRS.

Fire Dept Managers (Uniformed and Civilian) Will See the Following:

Admin Leave - Bereavement	EO2-CRT,EMTI,EMTP DiffOT5-8 yrs
Admin Leave - Cnty Facility Clsd	EO3-CRT,EMTI,EMTP DiffOT>8 yrs
Admin Leave - Court Appearance	ER1-CRT,EMTI,EMTP Diff<EQ4yrs
Admin Leave - General Emergency	ER2-CRT,EMTI,EMTP Diff 5-8yrs
Admin Leave - IAFF Business	ER3-CRT,EMTI,EMTP Diff>8 yrs
Admin Leave - Jury Duty	Family Sick Leave
Admin Leave - Military - Active	Family Sick Leave - With FMLA
Admin Leave - Military Res Trng	Flex Hours Worked
Admin Leave - Other	FO3 - Field Training OT-FIRE ECC
Admin Leave - Prof Improvement	FT3 - Field Training - FIRE ECC
Admin Leave - Relieved From Duty	HDP - Holiday Pay
Admin Leave - Temp Disability	Leave Without Pay
Annual Leave	Leave Without Pay - FMLA
Annual Leave - Unscheduled	Leave Without Pay - Parental Lv
Annual Leave - With FMLA	Military Leave
Annual Leave - With Parental Lv	MIS Advance - FIRE Only
AWOL - Absence without Leave	MIS Clear - FIRE Only
Call Back Pay	OT at 1.0 - Overtime
CL1 - Comp Lv Earned-1 hr EQ .5	OT at 1.5 - Overtime
CL2 - Comp Lv Earned-1 hr EQ 1.0	OT at 1.5 36 HR Week - Overtime
CL3 - Comp Lv Earned-1 hr EQ 1.5	OT at 1.5 44 HR Week - Overtime
CL4 - Comp Lv Earned-1 hr EQ 2.0	OT at 1.5 on Unscheduled Day
CLH - Comp Lv Earned for Holiday	Overtime Premium at .5
Comp Leave Used	Religious Leave Earned
Comp Leave Used - Parental Leave	Religious Leave Used
Comp Leave Used - Unscheduled	SD5 - Shft Diff FIRE 7p-659a
Comp Lv Top of Grade Used	Sick Leave
Comp Lv Top of Grade Used-Unschd	Sick Leave - Donated Leave Used
CSBO	Sick Leave - Unscheduled
CSBW	Sick Leave - With FMLA
Disability Leave - Workers Comp	Sick Leave - With Parental Leave
Emergency Pay	SO5 - Shft OT FIRE 7p-659a
EO1-CRT,EMTI,EMTP DiffOT<EQ4yrs	Stand By Pay

Uniformed Employees Will See the Following:

Annual Leave - With FMLA	FT3 - Field Training - FIRE ECC
Annual Leave - With Parental Lv	Leave Without Pay - FMLA
Call Back Pay	Leave Without Pay - Parental Lv
CLH - Comp Lv Earned for Holiday	MO5 - Multilingual Pay OT- FIRE
Comp Leave Used	Regular Hrs Worked Out of Class
Comp Leave Used - Parental Leave	SD5 - Shft Diff FIRE 7p-659a
Comp Lv Top of Grade Used	Sick Leave - With FMLA
Extended Hours - FIRE	Sick Leave - With Parental Leave
Family Sick Leave - With FMLA	SO5 - Shft OT FIRE 7p-659a
FO3 - Field Training OT-FIRE ECC	Stand By Pay

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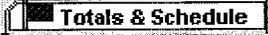
MCGEO Employees Will See the Following:

Admin Leave - Bereavement
Admin Leave - Cnty Facility Clsd
Admin Leave - Court Appearance
Admin Leave - General Emergency
Admin Leave - Jury Duty
Admin Leave - MCGEO Business
Admin Leave - Military - Active
Admin Leave - Military Res Trng
Admin Leave - Other
Admin Leave - Prof Improvement
Admin Leave - Relieved From Duty
Admin Leave - Temp Disability
Annual Leave
Annual Leave - Unscheduled
Annual Leave - With FMLA
Annual Leave - With Parental Lv
AWOL - Absence without Leave
Call Back Pay
CLH - Comp Lv Earned for Holiday
Comp Leave Used
Comp Leave Used - Parental Leave
Comp Leave Used - Unscheduled
Comp Lv Top of Grade Used
Comp Lv Top of Grade Used-Unschd
Court Time OT - SHF,CORR,POLICE
Disability Leave - Workers Comp
Emergency Pay
Family Sick Leave
Family Sick Leave - With FMLA
Flex Hours Worked
FO2 - Field Training OT- MCGEO
FT2 - Field Training Diff- MCGEO
HOL - Holiday Leave
Leave Without Pay
Leave Without Pay - FMLA
Leave Without Pay - Parental Lv
Medical Charge Nurse Overtime
Medical Chrg Nurse Differential
Military Leave
MO1 - Multilingual OT Basic
MO2 - Multilingual OT Advanced
Personal Day
Personal Day - With FMLA
Personal Day - With Parental Lv
Religious Leave Earned
Religious Leave Used
SD3 - Shift Diff 2p-1059p
SD4 - Shift Diff 11p-5a
Sick Leave
Sick Leave - Donated Leave Used
Sick Leave - Unscheduled
Sick Leave - With FMLA
Sick Leave - With Parental Leave
SO3 - Shift Diff OT 2p-1059p
SO4 - Shift Diff OT 11p-5a
Stand By Pay

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Appendix C – Timecard Color Scheme

The following colors are used throughout Mctime.

Color	Description	Explanation
	Purple Text	A preloaded amount of time, based upon the user's work schedule, appears in purple. Once a user makes a change to the preset number, the number will appear on a different row in black. The user may only edit a purple number that appears on a white background (when not currently selected, showing yellow). If the purple number is on a gray background, the number may not be changed.
	Red Outline	A red outline indicates that a change has been made that needs to be approved or verified. A common example is overtime.
	Blue Outline	A blue outline indicates non-worked time (e.g., annual leave).
	Yellow Bar	A yellow bar across the top of the screen indicates that recent changes have not yet been saved.
	Red Flag	A red flag in the Totals & Schedule tab at the bottom of the screen indicates that totals need to be recalculated. Mctime calculates the number automatically each time the user saves his/her changes.

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Appendix D – List of FRS Genies

The following is a list of genies that are available to most FRS personnel with Java access to Mctime.

Genie Name	Description/Explanation
FRS QuickFind	This is the default screen that loads when you sign on to Mctime. It enables you to find an employee simply with a search by name. A wildcard (*) is available for you to type a partial name. (<i>And*</i> would result in any last name beginning with AND, while <i>*and*</i> would result in a list of any name with the letters AND somewhere in the last name, possibly preceded by and/or followed by other letters.)
FRS Pay Period Close	This genie enables you to collect all of the timecards in one place for the personnel you oversee, in order to speed up the approval process at the end of a pay period. Simply select the group from the Show drop-down list as well as the correct time period, then proceed. This genie differs from the FRS Timecard Approvals genie in that it displays totals of hours in multiple categories. For ease of use at the end of the pay period, the default time range is set to Previous Pay Period .
FRS Check Overtime	This genie enables you to compare different overtime entries for all of the personnel you oversee in order to smooth the process of locating timecards in which to approve overtime. Columns exist for Paid OT and Unapproved OT , among others.
FRS Differentials	This genie is intended for use only by EMS and FEI supervisors. It tracks hours within medic and FEI differentials.
FRS Leave Balances	This genie shows leave balances for all types of leave (annual, sick, comp, personal, PTO and comp leave – top of grade). Mctime will import all leave from Telestaff, so officers may opt to use this solely as a management tool.
FRS Timecard Approvals	This genie enables you to collect all of the timecards in one place for the personnel you oversee, in order to speed up the approval process at the end of a pay period. This genie differs from the FRS Pay Period Close genie in that it displays only checkmarks for whether or not the employee and manager have approved each employee's timecard. For ease of use at the end of the pay period, the default time range is set to Previous Pay Period
FRS MIS	This genie is for administrator use only.
FRS Pay Rule Assignment	This genie is for administrator use only.
FRS People Profile	This genie is for administrator use only.



Region V CHATS (County Hospital Alert Tracking System)

... explained ...

Many of you have expressed bewilderment about the rainbow of alert statuses used by MIEMSS to describe hospital closings. Here then is an attempt to simplify the process. Start by taking a deep breath; it's not as bad as it looks.

EMRC, or the Emergency Medical Resource Center acts as the state-wide clearing house for all hospital and county statuses. They maintain not only the real-time information about who is on what alert, but they also maintain a historical database of alert usage and trends over time. Contacting EMRC directly for information such as hospital statuses removes a layer of communication that can often lead to confusion and delays in obtaining what you need to know.

Yellow Alert essentially describes what we have always done in Montgomery County when a hospital is swamped; no Priority 2 or 3 patients should be taken to the ED. ***Priority 1 patients can and should be brought in.***

Red Alert means the hospital has no ECG monitored beds in the hospital for admitting patients. **Red Alert is not a reflection of conditions in the Emergency Department itself**, which explains why a hospital can be on Red Alert and you find the Emergency Department virtually empty when you arrive.

Red Alert should not apply to BLS units. If a BLS unit is transporting an ALS patient (who requires a monitored bed) without an ALS provider on board, they should proceed to the closest Emergency Department. If a BLS unit is transporting a BLS patient (who does not require a monitored bed) the alert does not apply anyway.

Finally, ***Priority 1 patients***, just like Yellow Alert, ***can and should be transported to the closest Emergency Department***, regardless of Red Alert.

Blue Alert is a condition declared by MCFRS. Historically, the department has used this alert for inclement weather but it can also be used for any situation where our resources are taxed and we need to return units to service as quickly as possible. A Blue alert supersedes (and effectively nullifies) Red and Yellow Alerts. Patients should be transported to the correct facility, regardless of hospital Red and Yellow alerts. Note that specific conditions (STEMI, Stroke, trauma, etc.) still warrant transport to their respective centers.

Trauma Bypass: applies only to hospitals with trauma capability and affects only their trauma capability. For example, the ED at Suburban can be on Red and Yellow Alert, but not on Trauma Bypass- allowing you to bring them a trauma patient but divert other patients. Conversely, they can be on Trauma Bypass

only which would allow the ED to continue normal operations while trauma patients would be diverted.

The only way a hospital can turn away **all** patients is by declaring a **Mini-Disaster**. The classic example for declaring Mini-disaster the "bomb in the lobby" scenario. Mini-disaster cannot be declared based upon staffing issues or too many patients.

Reroute is another alert status that MCFRS (typically the EMS Duty officer) declares. This alert typically occurs when one of our units has been waiting for a bed assignment for a protracted amount of time. When a hospital is on reroute, providers should try to divert non-critical patients to other facilities. Priority 1 patients can and should still be transported to facilities on reroute.

Red and Yellow alerts are requests by the hospital. Nothing absolves a hospital of their responsibility to take care of patients. AT NO TIME CAN A HOSPITAL "REFUSE TO ACCEPT" A PATIENT DUE TO AN ALERT STATUS. Providers should not ask hospitals if they will accept a patient.

An On-line physician, through the medical consultation process, may direct you to a different facility for a medical reason, but this decision should be unrelated to the facility's alert status.

Patient preference is still a paramount consideration. Should a patient insist on transport to a facility on alert, it is important for the provider to explain that the hospital is on alert and exactly what that means. The patient must understand that transport to their preferred facility may not be in their best interest and why they may want to go someplace else (prolonged wait times, taxed resources, etc.) If the patient still insists, the provider should take the patient where they want to go. (This situation does not apply to mini-disaster, as taking a patient to a facility with a bomb in the lobby is in no one's best interest.)

The EMS Duty officer can be a resource should you encounter a difficult or unclear situation. Acting in what you perceive to be the best interest of the patient is always the best course.

Priority of Patients Appropriate Under Various Alert Statuses

	Priority 1	Priority 2	Priority 3
Yellow Alert	Yes		
Red Alert	Yes		Yes
Mini-Disaster	Yes		Yes



MCFRS
MULTI-CASUALTY INCIDENT (MCI)
Initial Setup & Common Operating Picture
Updated 3/20/16

INITIAL ON SCENE SIZE UP (IOSR)

Describe the following (Summarize what you think you see):

1. **Location:** Southbound lane of George Ave. & Forest Glen
2. **Operational Space:** Multi-vehicle collision
3. **Conditions Evident:** Van on it's roof
4. **Status of Occupants:** Possibly three trapped with several others injured; Declaring an MCI
5. **Request Additional Resources :** EMS task Force
6. **Establish Command:** Assuming Georgia Ave Command

SITUATION REPORT (C-A-N)

1. *Get your Head in the GAME: STOP, OBSERVE, 360 & Gather facts*
2. **CONDITIONS** - Report what you see and the operational environment
3. **ACTIONS** - Operating in: Rescue, Triage, Treatment and or Transportation Mode
4. **NEEDS** - Designate Staging Area, CCP (Casualty Collection Point) & adjust resources as needed

Example : Southbound Georgia Ave. "4 vehicle collision, vehicle vs. vehicle, one van on it's roof, 3 pinned total of 12 patients, 3 adult traumas, 1 pediatric trauma, operating in Rescue and Triage mode". "Montgomery send me an EMS task force, transport units to stage on northbound Georgia Ave".

TRIAGE - Unit Leader

- 1.) Utilize START method
- 2.) ONLY place ribbons
- 3.) Designate Porters **
- 4.) **Objective:** account for TOTAL: pt's involved, adults, pediatrics, priority/color ribbon

TREATMENT - Unit Leader

- 1.) Designate Treatment Managers **
- 2.) Secondary triage & issue treatment tags
- 3.) **Objective:** ensure placement of tags; accountability and rapid transport of priority patients.

TRANSPORTATION - Group Supervisor

- 1.) ** Request alternate talkgroup & confirm staging location(s) for transport units; establish transportation corridor.
- 2.) ** **ANNOUNCE:** Staging talkgroup & location - "Crews **MUST** remain with units - Crews **WILL** receive patient(s) and hospital destination at staging - **DO NOT** make hospital notifications".
- 3.) ** Designate Transportation Loaders
- 4.) **Objective:** Ensure all patients are loaded in a safe & timely manner. Accountability & Track ALL: transport units, hospital destinations, refusals, patients, provide subsequent documentation and communicate respective information with hospitals via EMRC.

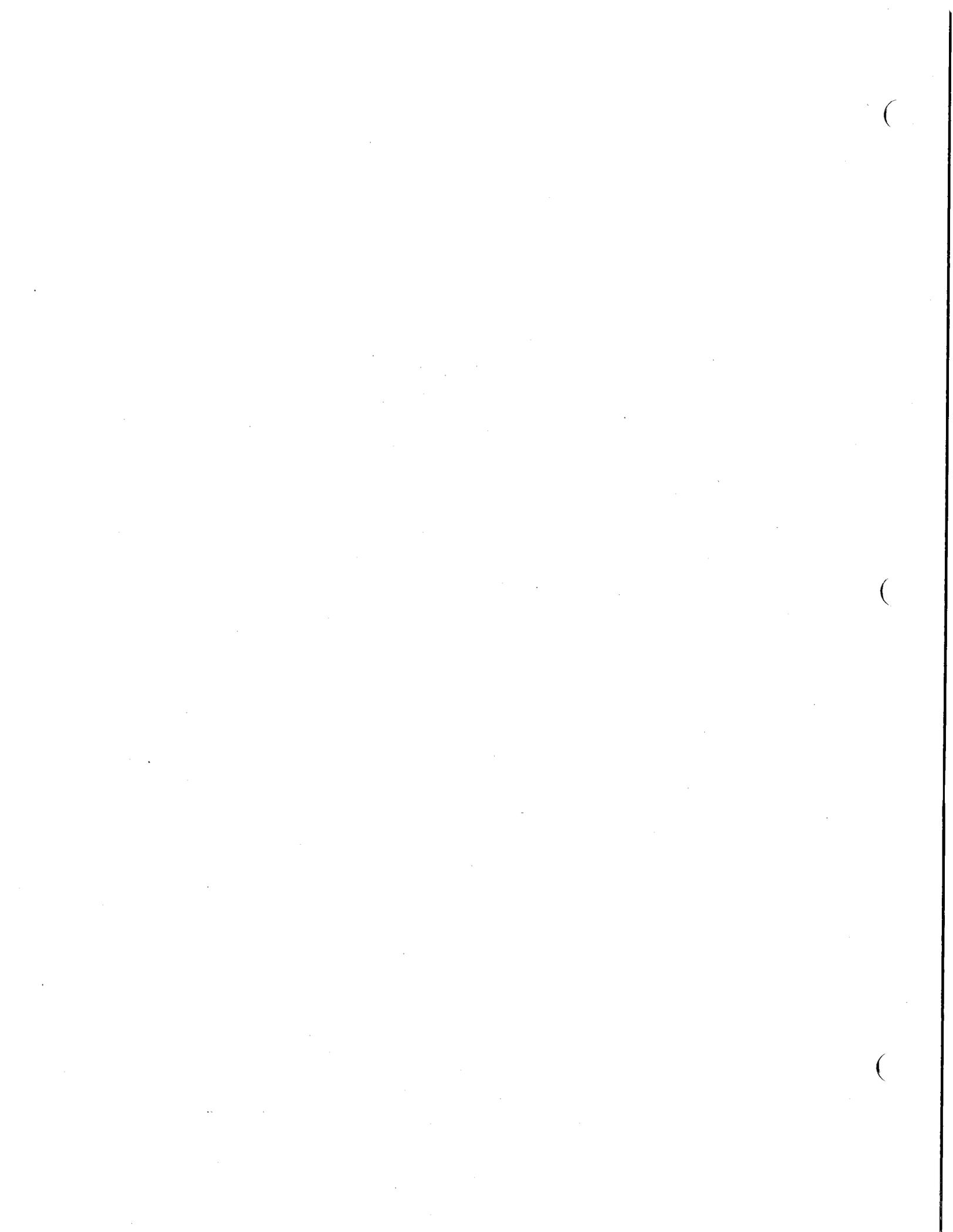
COMMUNICATION - Coordinator

- 1.) Select relative hospital destinations
- 2.) Notify EMRC & request hospitals online communicate C-A-N report.
- 3.) **Objective:** Communicate categorized info with destination hospitals via EMRC:
 1. Total # Patients
 2. Total # Adult & Pediatrics
 3. Priority/Color Ribbon

DISPOSITION (Documentation) Coordinator

- 1.) Collect TRANSPORTATION tags
- 2.) Provide Transport units with hospital destinations
- 3.) **Objective:** Document ALL actions and communications within the Transportation Group.

** Indicates As Needed



.01 Prohibited Conduct.

The following conduct is prohibited:

- A. Fraudulently or deceptively obtaining or attempting to obtain a certificate or license for oneself or for another;
- B. Fraudulently or deceptively using a certificate or license;
- C. Engaging in unprofessional or immoral conduct while providing emergency medical services;
- D. Being adjudicated incompetent;
- E. Abandoning a patient;
- F. Habitual intoxication;
- G. Addiction to or abuse of any narcotic or controlled dangerous substance as defined in Criminal Law Article, Annotated Code of Maryland, or abusing any other drug or substance in a manner that is harmful;
- H. Providing emergency medical services while:
 - (1) Under the influence of alcohol, or
 - (2) Using any narcotic or controlled dangerous substance, as defined in Criminal Law Article, Annotated Code of Maryland, that is in excess of therapeutic amounts or without valid medical indication;
- I. Willfully making or filing a false report or record related to the provision of emergency medical services;
- J. Willfully failing to file or record, willfully impeding or obstructing the filing or recording, or willfully destroying a report required to be filed by statute or regulation;
- K. Knowingly providing emergency medical services with an unauthorized individual, or knowingly aiding an unauthorized individual in providing emergency medical services;
- L. Being disciplined by a licensing or disciplinary authority, or convicted or disciplined by a court of any state or country, or disciplined by any branch of the United States Government for an act that would be grounds for disciplinary action under this regulation;
- M. Failing to meet or violating appropriate protocols or standards of care for the delivery of quality emergency medical services;
- N. Willfully submitting false statements to collect fees;
- O. As a result of an investigation or disciplinary action by a certifying, licensing, or disciplinary authority or by a court of any state or country for an act that would be grounds for disciplinary action under this regulation:
 - (1) Surrendering the certificate or license issued by the state or country, or
 - (2) Allowing the certificate or license issued by the state or country to expire or lapse;

- P. Knowingly failing to report suspected child abuse or neglect in violation of Family Law Article, §5-704, Annotated Code of Maryland, or abuse or neglect of a vulnerable adult under Family Law Article, §14-302, Annotated Code of Maryland;
- Q. Selling, prescribing, giving away, or administering drugs for illegal purposes;
- R. Breaching patient confidentiality in violation of Health-General Article, Title 4, Subtitle 3, Annotated Code of Maryland;
- S. Providing emergency medical services beyond the individual's authorized scope of practice;
- T. Being convicted of or pleading guilty or nolo contendere to or receiving probation before judgment with respect to a felony, a serious crime of violence against a person, a crime involving controlled dangerous substances, a serious crime against property, a crime involving sexual misconduct, a crime in which the victim is a patient or other individual entrusted to the care or protection of the applicant or EMS provider, or a crime involving moral turpitude, whether any appeal or other proceeding is pending to have the conviction or plea set aside, except that the individual may apply for reinstatement upon any successful appeal or upon the conviction being set aside;
- U. Providing or attempting to provide any medical procedure without having received the required education, internship, or experience in the use of the procedure, except as authorized in COMAR 30.02.03;
- V. Refusing, withholding from, denying, or discriminating against an individual in need of emergency medical services, with regard to the provision of services which the licensee or certificate holder is licensed or certified and qualified to render because the individual is HIV positive;
- W. Except in a situation when it is not feasible or practicable, failing to comply with the MIEMSS' guidelines on standard precautions;
- X. Intentionally misrepresenting the level of emergency medical services licensure or certification held by the individual;
- Y. Failing to comply with terms of probation, suspension, or a disposition agreement;
- Z. Failing to comply with any regulations in this subtitle; or
- AA. For incidents occurring before January 1, 1999, any act prohibited under the applicable regulations of the Board of Physician Quality Assurance in effect at that time.