

# WEST KLICKITAT REGIONAL FIRE AUTHORITY

**Policy name:** Travel and Reimbursement Policy **DRAFT**

**Number:** 206

**Adopted:** xx/xx/2026

**Revised:**

## **206.1 Purpose and scope**

It shall be the policy of the Board of Commissioners of the West Klickitat Regional Fire Authority to provide for Travel and Reimbursement for District authorized activities consistent with the procedures listed herein.

Scope: This Policy and Procedure is applicable to all personnel.

## **206.2 POLICY**

It shall be the policy of the Board of Commissioners of the West Klickitat Regional Fire Authority to provide for Travel and Reimbursement for District authorized activities consistent with the procedures listed herein.

## **206.3 RESPONSIBILITIES**

206.3.1 It shall be the responsibility of the Administrative Manager to see that accurate records are filed for Travel and Reimbursement.

206.3.2 It shall be the responsibility of the Administrative Assistant to process Travel and Reimbursement requests for payment.

206.3.4 It shall be the responsibility of all personnel to see that they comply with the procedures indicated below.

## **206.4 PROCEDURE**

206.4.1 Exceptions to the procedures set forth herein may be made only for unusual or extenuating circumstances upon the written directive of the Board of Commissioners. If the Board determines that such exceptional expenses are reasonable and relate to a benefit or service to the District and compliance with these procedures was not feasible, reimbursement will be made.

206.4.2 To qualify for reimbursement of expenses they must be reasonable and prudent and directly related to the conduct of District business.

### **206.4.3 Transportation**

206.4.3.1 Transportation expenses include all necessary travel on railroads, airplanes,

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ships, buses, private autos and other usual means of conveyance, in doing business for the District.

- 206.4.3.2 When employees travel and arrangements are made for an outside agency to reimburse the District for all or part of the expenses, the agency shall be requested to issue the check to West Klickitat Regional Fire Authority, and not the individual.
- 206.4.3.3 Whenever it is feasible for two or more people to travel on official business in one vehicle, they should do so.
- 206.4.3.4 All personnel shall be legally allowed to drive and compliant with other driving related policies of WKRFA.
- 206.4.3.5 The use of a privately owned automobile shall be authorized by the District Chief prior to any travel and provided that there is an advantage to the District, or a District owned vehicle is not available. Generally, personnel are encouraged to utilize district vehicles for travel.
- 206.4.3.6 Mileage shall be reimbursed for travel within a 400-mile radius of the District, at a flat rate per mile. Compensation shall be at a rate equal to that time allowed by IRS. Trips beyond this limit will be reimbursed in an amount equal to the appropriate round trip airfare, if available.
- 206.4.3.7 Reimbursement shall be allowed at a per mile rate established in number 6 above. Mileage between points in the state shall be determined on the basis of the distances shown on a current highway map or by odometer readings. Reimbursement shall be payable to only one of two or more traveling in the same automobile.
- 206.4.3.8 The cost of commercial vehicle rental will be handled on an exception basis and should be approved by the Board of Commissioners.
- 206.4.3.9 When purchasing tickets through a travel agency, the Administrative Assistant shall make all necessary arrangements. Travel arrangements shall include the most reasonable, direct route available at the lowest price offered. Any ticket refunds will be returned to the District.
- 206.4.3.10 Any extended out of state travel must be approved in advance.

## **206.4.4 Meals**

- 206.4.4.1 Compensation for meals shall comply with established per diem limits in conjunction with Washington Office of Financial Management (OFM).
- 206.4.4.2 To be reimbursed for a meal, an Expense Account Form must be prepared and approved by the Administrative Assistant.
- 206.4.4.3 Compensation or reimbursement for meals for a partial days travel including the day of departure and the day of return will be made for the actual meal cost.
- 206.4.4.4 When a meal is scheduled as part of a meeting the actual cost of that meal

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will be paid by the District.

## **206.4.5 Lodging**

- 206.4.5.1 Lodging reimbursements shall comply with government per diem rates established by the Office of Financial Management.
- 206.4.5.2 Compensation or reimbursement for lodging will be made when traveling on District Business. Compensation will not be made for spouses and family members.
- 206.4.5.3 For compensation or to be reimbursed for lodging, a receipt must be presented which reflects the room rate on the Expense Account Form.

## **206.4.6 Allowable Incidental Travel Expenses**

- 206.4.6.1 Educational material required for authorized schools, seminars, or classes.
- 206.4.6.2 Miscellaneous travel cost such as bus, taxi, bridge or other tolls, parking, ferry and the like are authorized. A receipt must be presented.
- 206.4.6.3 Contact the District Office to advise of any change in travel plans.

## **206.4.7 The Following Items are Not Reimbursable Expenses**

- 206.4.7.1 Liquor or tobacco products;
- 206.4.7.2 Personal entertainment and transportation;
- 206.4.7.3 Theft, loss or damage to personal property;
- 206.4.7.4 Expenses of spouse, family or other non-district persons;
- 206.4.7.5 Barber or beauty parlor;
- 206.4.7.6 Airline or other trip insurance;
- 206.4.7.7 Medical or hospital expenses;
- 206.4.7.8 Personal toilet articles;
- 206.4.7.9 Postage; personal
- 206.4.7.10 Reading material;
- 206.4.7.11 Telephone calls; personal
- 206.4.7.12 No compensation or reimbursement for lodging or meals shall be paid for extra time incurred if the travel to or from a destination is for personal convenience in advance of or following an official meeting or work assignment.

**206.4.8** Forms for Travel Expense Accounting are available from the District Office.

**206.4.9** Personnel of the District may attend training seminars, or conventions during working hours out of the area only with prior approval by the District Chief.

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**206.4.10** Personnel of the District may from time to time be requested to instruct or make presentations during working hours.

The following rules apply:

206.4.10.1 With prior approval a paid employee may teach or make presentations without taking vacation or comp time and may utilize District travel funds and vehicle, but (in such instances) any compensation received must be returned to the District.

206.4.10.2 The Expense Account Form shall be utilized by Fire District Personnel for documenting expenditures while traveling for and representing the Fire District.

**206.4.11** In all cases of reimbursement, the expense account form must be accompanied by itemized receipts for all claimed expenditures.

**206.4.12 Payment of Authorized Expenditures:**

206.4.12.1 All requests for reimbursement of expenses shall be presented to the Administrative Assistant prior to the next regularly scheduled meeting of the Board of Commissioners occurring after the authorized travel. All claims shall be certified by district personnel submitting such claims as required under R.C.W. 42.24.090.

206.4.12.2 In the event the District shall have pre-paid the travel expenses out of its advanced travel reimbursement fund, the individual shall reimburse the District back for any funds received from other sources to cover travel expenses.

Approved:

Revised:

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**Policy name:** Volunteer Duty Shift Program policy **DRAFT**

**Number:** 401.00

**Adopted:** xx/xx/2026

**Revised:**

## **1. Purpose**

To outline the Volunteer Duty Shift Program including, expectations of participants, stipend amounts, documentation required, and other necessary elements to support a vibrant program. The Program should provide incentives for volunteer members to engage in staffing, training and other daily duties. The overarching purpose of this program is to provide opportunities for personnel to perform duty shifts for staffing and flexible training opportunities while providing superior levels of service for the community.

## **2. Objective**

To recognize the service of WKRFA members, maintain, and improve morale through recognition of service and improve response times for the community.

## **3. Policy**

Eligible personnel may be scheduled to staff stations at designated times. Eligible personnel shall be approved by the Fire Chief after completing relevant training. A Stipend may be awarded to personnel completing Duty Shifts.

The district may authorize payments of stipends for duty shifts to the level that the operating budget will support. The stipends shall meet the FLSA rules for volunteers (not to exceed 20% of paid staffing rates. Reference FLSA and legal counsel for updates).

WKRFA will pay a stipend to qualified personnel for blocks of time for which volunteer personnel sign up in advance. See section 7 below.

## **4. Authority and Responsibilities**

**Staff** have the authority to increase or decrease available volunteer duty shift hours based on available funds and operational needs.

Members have the responsibility to perform all duties, comply with district policy and provide superior customer service at all times while participating in the Volunteer Duty shift Program.

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## 5. Procedure

### A. **Eligibility:**

Only eligible volunteers may sign up for a duty shift. Personnel must be authorized in writing by Fire Chief. Examples of eligible personnel:

- a) WKRFA personnel who have successfully completed one year of service.
- b) EVIP certification. To include pumping/operator training.
- c) **Support personnel** who are fully qualified as EVIP operators. To include driver/operator of fire apparatus.
- d) Probationary personnel with less than one year of service only when paired with another fully qualified person.
- e) EMT Only personnel who are fully qualified EVIP drivers or paired with a fully qualified person.
- f) Prospective members who have completed required entry documentation for Ride-Along, HIPPA and Release of Liability. Prospective members shall not receive a stipend for blocks of time served.
- g) At the discretion of the Fire Chief, fully qualified non-resident personnel who have, or are actively working toward, integration into WKRFA apparatus, policies and procedures may be considered to participate in WKRFA's Duty Shift Program

### B. **Duty positions**

- a) Firefighter / Officer
- b) Firefighter/EMT
- c) Driver Operator
- d) Captain/Lieutenant

### C. **Duty Shift – Defined “Bocks”**

- a) Four hours
- b) Eight Hours
- c) Twelve Hours
- d) Monday – Sunday (Staffing days and times are at the discretion of the District).

### D. **Staffing:**

- a) Staffing of up to 3 positions on Saturday's and Sunday's during the hours of 07:00-19:00 will be priority for the District. As the budget allows, additional staffing or shift days may be added.
- b) Personnel shall sign up for shifts in advance, or when filling a well-known vacancy for which a position is opened unexpectedly or on short notice. (This is for the duty program only not for calls).
- c) For scheduling purposes, a “block” of time is as follows:

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- 4 Hours
- 6 Hours
- 8 hours
- 12 hours

## **E. Stipend:**

- a) The District will only pay a stipend based on a block/point system and within FLSA rules for blocks of time served. The stipend will only be paid when all applicable documentation has been submitted.
- b) No duty shift stipends will be paid for blocks of time less than 4 hours, however, personnel can claim one point for that time as projects or standby time.
- c) Personnel are always encouraged to serve at the fire station.
- d) Stipends for bonified calls for service while on duty shall be paid in addition to Duty Shift stipends for blocks of time.
- e) WKRFA will not pay stipends for training while participating in the Duty Shift program as the expectation is that duty shift personnel conduct at least one training evolution while “on shift”.
- f) **Stipend amounts:**
  - i. 4 hours shall be paid a stipend of: \$35.00
  - ii. 6 hours shall be paid a stipend of: \$40.00
  - iii. 8 hours shall be paid a stipend of: \$60.00
  - iv. 12 hours shall be paid a stipend of: \$80.00
- g) **Certification stipend additions to stipend blocks**
  - i. Qualified Firefighter 1 shall be paid \$5.00 in addition
  - ii. Qualified EMT Basic shall be paid \$7.00 in addition.
  - iii. Officer shall be paid \$8.00 in addition.

## **F. Documentation:**

- a) Eligible personnel shall complete all necessary **documentation** in advance of performing duty shifts and have received applicable policies and procedures to participate in the program.
- b) All personnel shall sign up for duty shifts in advance using a District administered schedule.
- c) Timesheets shall be completed and signed before stipend payments are authorized by the District.

## **6. Duty Shift program - daily expectations:**

**See SOP for Duty Shift Program but expectations are generally as follows:**

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- a) Report for duty on time and commensurate to the date/time for which is signed up.
- b) Immediately inspect apparatus and issued personal protection equipment for response-ready status
  - a. Inspect
  - b. Wash/clean equipment as necessary to present to the public.
- c) Perform no less than 30 minutes of physical fitness activity.
- d) Coordinate with captains or chiefs of any projects for the day that need to be completed.
- e) Perform a formal training evolution that follows needed individual training needs or the district's schedule. I.e. Task books, weekly training topics etc.
- f) Always remain ready with reasonable ability to quickly answer emergency requests for service. WKRFA's expectation is for personnel to be fully equipped with appropriate PPE and respond to 911 calls within 90 seconds of dispatch tones. Exceptions to that will be if equipment needs to be quickly re-loaded on apparatus because of ongoing training at time of dispatch. At no time shall the importance of swift response to calls rule appropriate responses to emergencies.
- g) Station 30 is the primary station for the duty program. On occasion, duty crews will travel to the other stations for the purposes of familiarization, station maintenance, projects/chores or training.
- h) Daily station chores at Station 30 are expected to be completed based on the station captain's direction. Truck bays, kitchen, dayroom, bathrooms are to always be in presentable condition.
- i) Communications to scheduled oncoming personnel shall be in writing to pass on needed information for the incoming shift.
- j) When scheduling allows, duty crews are encouraged to be visible in the community and interact with all customers appropriately.
- k) Duty crews are expected to ensure stations and apparatus are in a ready state at the end of duty at all times.
- l) Complete all required documentation: Training, physical fitness session, incident reports, apparatus inspections, time sheets, etc.

Policy Drafted: 02/19/2026

Adopted: xxxx1/2026

Revised:

# WEST KLICKITAT REGIONAL FIRE AUTHORITY

**Policy name: Infection Control Policy DRAFT**

**Number: 701**

**Adopted: xx/xx/2026**

**Revised:**

## **Purpose**

The West Klickitat Regional Fire Authority (WKRFA) is committed to protecting the health and safety of its members and the public by minimizing exposure to infectious diseases and biological hazards encountered during emergency response, training, station duties, and public interactions. This policy establishes infection control standards and procedures intended to reduce the risk of disease transmission and ensure proper prevention, exposure response, and reporting practices.

## **Objective**

To establish consistent infection prevention and control practices for WKRFA personnel through training, personal protective equipment (PPE), hygiene standards, exposure reporting, decontamination procedures, and medical follow-up in order to reduce occupational illness and exposure risk.

## **Policy**

It is the policy of the WKRFA that all members shall follow established infection control practices when there is a potential for exposure to bloodborne pathogens, airborne pathogens, bodily fluids, or other potentially infectious materials.

WKRFA shall provide appropriate personal protective equipment, training, immunization guidance, and exposure reporting procedures consistent with applicable federal, state, and local regulations. Members are required to use provided protective equipment and follow approved infection control procedures at all times when exposure risk exists.

Failure to follow infection control requirements may result in corrective action consistent with WKRFA policy.

## **Authority and Responsibilities**

Applicable standards and guidance include, but are not limited to:

- OSHA Bloodborne Pathogens Standard
- Washington State Department of Labor & Industries regulations
- Centers for Disease Control and Prevention (CDC) guidance
- Applicable RCWs and WACs governing occupational safety and health

## **Fire Chief**

The Fire Chief, or designee, shall ensure that:

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- An infection control program is maintained
- Required PPE and infection control supplies are available
- Members receive required training
- Exposure incidents are documented and investigated
- Post-exposure evaluation and follow-up are provided

## **Officers and Supervisors**

Officers and supervisors shall:

- Enforce infection control practices
- Ensure PPE use and scene safety compliance
- Report exposure incidents promptly
- Support decontamination and documentation procedures

## **Members**

All members shall:

- Follow universal/standard precautions
- Use required PPE
- Report exposures immediately
- Participate in required training
- Follow decontamination and reporting procedures

## **Procedure**

### **Standard Precautions**

All blood and bodily fluids shall be treated as potentially infectious. Members shall use appropriate PPE whenever exposure risk is present.

### **2. Personal Protective Equipment (PPE)**

Appropriate PPE may include:

- Medical gloves
- Eye protection
- Masks or respirators
- Gowns or protective clothing
- Face shields

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PPE shall be worn based on risk level and disposed of or decontaminated after use according to approved procedures.

### **3. Hand Hygiene**

Members shall wash hands with soap and water or use approved sanitizer:

- After patient contact
- After glove removal
- After contact with contaminated surfaces
- As soon as practical after each incident

### **4. Equipment and Apparatus Decontamination**

- Medical equipment and tools shall be cleaned and disinfected after each use
- Contaminated surfaces shall be disinfected using approved solutions
- Disposable items shall be properly discarded in approved containers

### **5. Station and Laundry Practices**

- Contaminated clothing or gear shall be bagged and handled separately
- Members shall not take contaminated items home
- Approved cleaning procedures shall be followed

### **6. Exposure Reporting**

Any suspected exposure shall be reported immediately to the supervising officer and documented before the end of the call or as soon as practical. An exposure report shall be completed according to WKRFA reporting procedures.

### **7. Post-Exposure Follow-Up**

WKRFA shall provide support the member in obtaining follow up medical care and screening as needed post exposure.

### **8. Training**

Infection control training shall be provided upon initial membership and at regular intervals thereafter. Training shall include:

- Bloodborne and airborne pathogen risks
- PPE use
- Decontamination procedures

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- Exposure reporting

## 9. Immunizations

Members shall be offered immunizations as required or recommended by occupational health standards and department policy.

Policy Drafted: 2/6/2026

Adopted: xxxx1/2026

Revised:

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## WEST KLICKITAT REGIONAL FIRE AUTHORITY

### Exposure Incident Report Form

Policy Reference: Infection Control Policy

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#### EXPOSURE INCIDENT REPORT

This form shall be completed as soon as possible following any suspected or confirmed exposure incident. Submit to the Duty Officer or Fire Chief/designee before end of call/shift whenever possible.

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#### SECTION 1 — MEMBER INFORMATION

Name: \_\_\_\_\_

Rank/Position: \_\_\_\_\_

Shift/Assignment: \_\_\_\_\_

Station: \_\_\_\_\_

Employee/Member ID #: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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#### SECTION 2 — INCIDENT INFORMATION

Incident Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Location of Incident:

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## Type of Call:

- EMS
- Fire
- Rescue
- Training
- Station Duty
- Other: \_\_\_\_\_

Supervisor on Scene: \_\_\_\_\_

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## SECTION 3 — TYPE OF EXPOSURE (Check all that apply)

- Blood
  - Respiratory secretions
  - Saliva
  - Vomit
  - Urine
  - Feces
  - Needle stick / sharp injury
  - Airborne respiratory exposure
  - Skin contact with bodily fluid
  - Eye/mucous membrane splash
  - Bite / scratch
  - Other: \_\_\_\_\_
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## SECTION 4 — ROUTE OF EXPOSURE

- Broken skin
- Intact skin
- Eyes
- Nose
- Mouth
- Inhalation

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Injection (needle/sharp)

Other: \_\_\_\_\_

Body area exposed:

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## SECTION 5 — PPE IN USE AT TIME OF EXPOSURE

Medical gloves

Eye protection

Mask / N95 / Respirator

Face shield

Gown

Turnouts

SCBA

No PPE

Other: \_\_\_\_\_

Was PPE damaged or compromised?

Yes  No

If yes, explain: \_\_\_\_\_

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## SECTION 6 — DESCRIPTION OF INCIDENT

Describe exactly how the exposure occurred (attach additional pages if needed):

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## SECTION 7 — SOURCE PATIENT / MATERIAL (If Known)

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Source individual known?

Yes  No  Unknown

Name (if permitted): \_\_\_\_\_

Known or suspected infectious condition:

Unknown

Hepatitis

HIV

TB

Respiratory illness

Other: \_\_\_\_\_

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## SECTION 8 — IMMEDIATE ACTIONS TAKEN

Washed area with soap and water

Flushed eyes/mucous membranes

Decontaminated equipment

Removed contaminated clothing

Reported to supervisor immediately

Sought medical evaluation

Other: \_\_\_\_\_

Time decontamination performed: \_\_\_\_\_

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## SECTION 9 — MEDICAL FOLLOW-UP

Medical facility/provider: \_\_\_\_\_

Date/time evaluated: \_\_\_\_\_

Baseline labs drawn

Prophylaxis offered

Treatment provided

Follow-up required

Instructions given:

# WEST KLICKITAT REGIONAL FIRE AUTHORITY

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## SECTION 10 — NOTIFICATIONS

Supervisor notified: \_\_\_\_\_ Time: \_\_\_\_\_

Duty Officer notified: \_\_\_\_\_ Time: \_\_\_\_\_

Fire Chief/Designee notified: \_\_\_\_\_ Time: \_\_\_\_\_

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## SECTION 11 — MEMBER STATEMENT

I certify that this report is accurate to the best of my knowledge.

Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## SECTION 12 — SUPERVISOR REVIEW

Reviewed by: \_\_\_\_\_

- Report complete
- Investigation required
- Policy followed
- Training issue identified
- Equipment issue identified

Comments:

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Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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