

Managing Farm Chemical Emergencies (MFCS), 8 hours



York County Fire School

"A part of the Fire Chiefs and Firefighters Association of York County"

330 Emig Road

York, Pennsylvania 17406

www.yorkcountymfireschool.org

Phone: (717) 767-4097, Fax: (717) 764-3243

Course Title: Managing Farm Chemical Emergencies, **SFA Course Code:** MFCS **Length of Course:** 8 Hours

- 🔥 **Prerequisites:** Introduction to Farm Emergencies & Hazardous Materials Operations.
- 🔥 **Referenced Texts:** TBA
- 🔥 **Course Goal:** Students will be able to size-up and develop a strategy for managing a farm chemical emergency.
- 🔥 **Description of Course:** This module is designed to teach emergency providers (fire, rescue, EMS, & police) how to properly size-up and manage emergencies that involve agricultural chemicals. Emphasis is put on teamwork to efficiently treat patients and protect property of chemical emergencies. Following NFPA 472: Standards for Professional Competence of Responders to Hazardous Materials Incidents, and 473 Standard for Competencies for EMS Personnel Responding to Hazardous Materials Incidents, participants will learn how to quickly calculate their hazard exposure to the various materials that they encounter, how to choose the appropriate personal protection for the specific incident, how to field decontaminate a patient about proper communication and resources, and patient care issues. This operations/technical level training will teach responders how to efficiently manage farm chemical emergencies.

Dates: October 11th; 08:00 – 17:00

Instructor: Eric Rickenbach

This is a Pennsylvania State Agricultural Rescue Training Course

USING INK PLEASE WRITE CLEARLY.

REGISTRATION INFORMATION

Student Name : _____ Date of Birth ___/___/___ Age ___

Sponsoring Organization: _____ Sta. No. _____

Address: _____

City: _____ State: _____ Zip: _____

_____ @ _____ () - _____

(Student's Email Address)

(Student's Phone #)

CHIEF'S AUTHORIZATION

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions that would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker's Compensation Insurance.

Signature of AUTHORIZING PERSON: _____

E-mail address **OR** phone # for confirmation / class cancellation notification purposes only (**REQUIRED**):

Phone Number (_____) _____ - _____ or _____ @ _____.

Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY.

Thank you.