



National EMS
SAFETY COUNCIL

Guide for Developing an EMS Agency Safety Program

A roadmap for EMS agencies to develop and implement a comprehensive workplace safety program, customizable to their agency type, size and needs.



Introduction to the EMS Safety Program Guide

In 2013, the National EMS Culture of Safety Strategy was published. Funded by the National Highway Traffic Safety Administration (NHTSA), the initiative brought together the EMS stakeholder community to identify what constitutes a safe environment for EMS patients and practitioners; barriers to achieving a safe EMS environment; and a strategy to overcome these challenges.

The strategy envisioned the establishment of a national level organization to coordinate national EMS safety efforts and serve as a repository for information, data and resources. In 2015, leading national EMS and safety organizations came together to form the **National EMS Safety Council**. The goals of the council are to:

- Ensure that patients receive emergency and mobile healthcare with the highest standards of safety.
- Promote a safe and healthy work environment for all emergency and mobile healthcare practitioners.

This Guide for Developing an EMS Agency Safety Program is an initiative of the National EMS Safety Council. Its members saw the need to provide tools and resources that EMS agencies could use to put the concepts outlined in the Culture of Safety Strategy to use in their daily operations.

The purpose of the guide is to serve as a roadmap for EMS agencies to develop and implement a comprehensive safety program. Recognizing that EMS agencies have differing levels of resources available for safety programs, the guide contains sample policies EMS agencies can adopt or readily customize to their particular agency type, size and needs.

Acknowledgments

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National EMS Safety Council Mission Statement

- Develop practical ways to implement the recommendations included in National EMS Culture of Safety Strategy.
- Review the latest information, research and best practices on EMS patient and practitioner safety.
- Develop and publish consensus statements on the issues of EMS patient and practitioner safety.
- Raise awareness of the importance of EMS patient and practitioner safety within the EMS industry.
- Identify additional steps that the EMS industry can take to improve EMS patient and practitioner safety.

National EMS Safety Council Organizations:

American Ambulance Association (AAA)
American College of Emergency Physicians (ACEP)
Association of Air Medical Services (AAMS)
Center for Patient Safety
International Association of Fire Chiefs (IAFC)
National Association of EMS Educators (NAEMSE)

National Association of EMS Physicians (NAEMSP)
National Association of Emergency Medical Technicians (NAEMT)
National Association of State EMS Officials (NASEMSO)
National EMS Management Association (NEMSMA)
National Registry of Emergency Medical Technicians (NREMT)
National Safety Council

Council Advisor: NHTSA's Office of EMS

Editor: Jenifer Goodwin

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Why implement a safety program?

- Protect the physical and mental health of EMS practitioners.
- Protect patients.
- Protect the public at large.
- Lower operational costs (fewer collisions, time off due to injury, sick days).
- Lower worker's compensation costs.
- Lower insurance costs.
- Fewer liability claims.
- Improved employee satisfaction and reduced burnout.



Why Every EMS Agency Should Have a Safety Program

EMS is an inherently risky job. On any given shift, EMS practitioners may be called to respond to emotionally charged, potentially life-threatening situations. These may be quickly followed by a routine patient transport, with little time for recovery. Research shows that rapidly cycling between high and low intensity, routine work can lead to exhaustion and errors – whether it's forgetting to be careful when lifting a gurney or making a small driving error that leads to serious consequences.

Even when fully alert, long hours spent driving on roadways, in all kinds of weather and traffic conditions, at all hours of the day and night, exposes EMS practitioners to the potential of motor vehicle collisions. EMTs and paramedics have also been injured while responding to accidents by the side of the road.

EMS practitioners are also potentially put into harms way every time they respond to a call that involves interacting with members of the public who are highly stressed, under the influence of drugs and alcohol or in a mental health crisis. Surveys of EMS practitioners have found that assaults, either intentional or unwitting, are all too common.

Mitigating fatigue, reducing the risk of collisions, promoting scene safety and preventing violence against practitioners are among the major issues that an EMS safety program can and should address. But there are many others, including facility safety and security, infection control, substance abuse prevention and all aspects of personal safety, from lift injury prevention to the mental health of practitioners.

In this guide, you will find a range of resources to assist in developing a safety program:

- Specific steps and guidance on recommended policies and protocols to be included in a comprehensive safety program.
- Sample policies currently in use by some of our nation's most highly respected EMS agencies.
- Other resources for educating yourself and your workforce about safety issues and injury prevention.

The National EMS Safety Council encourages EMS agencies to use this guide to develop and implement safety programs that keep EMS practitioners and all of their employees safe and healthy, mentally and physically. In doing so, agencies ensure that their employees can continue in their chosen line of work and continue to serve our nation's communities for many years to come. The development of these policies and protocols related to operational safety directly impacts the safety of our patients as well.



What is an EMS Safety Officer? Roles and Responsibilities

Achieving a culture of safety begins by getting employees at all levels of an agency to commit to the idea of safe practices for patients and practitioners. One of the key roles for an EMS Safety Officer is educating staff about the benefits of a culture of safety. By achieving buy in at all levels, the safety officer creates the conditions for a successful roll out of safety policies and procedures.

EMS safety officers have both operational and administrative responsibilities.

- Oversee safety and risk management initiatives.
- Identify, investigate, analyze, and evaluate potential operational and clinical risks.
- Develop policies and procedures to reduce risk.
- Conduct training and continuing education on procedures, protocols and safety best practices.
- Work with the medical director and operational leadership to develop, implement and measure safety-related quality improvement initiatives.
- Keep up to date on the latest protocols/standards from voluntary and standards-setting organizations, accrediting organizations, and infection control and prevention organizations, including but not limited to: National Fire Protection Association (NFPA), Commission on Accreditation of Ambulance Services (CAAS), Joint Commission, Occupational Safety and Health Administration (OSHA), National Institute for Occupational Safety and Health (NIOSH), Federal Emergency Management Agency (FEMA), Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA) drug alert and medical equipment error reporting.
- Encourage participation in EVENT, an anonymous incident reporting tool.
- Monitor workplace injuries and worker's comp/liability claims, and identify ways to mitigate and prevent those situations in the future.
- Work with human resources to review driving records on an ongoing basis and conduct criminal history checks for new employees.
- Collaborate on new equipment purchases, vehicle operator system reports and fleet maintenance to verify safe driving practices and mechanically sound vehicles.
- Implement infection control policies and conduct education and training to prevent exposure. Have an exposure response plan in place and ensure each employee understands what to do in case of suspected exposure.
- Promote personal wellness initiatives among employees.
- Provide feedback to employees based on analysis of safety data.

Job Titles

Full-time safety officers aren't yet common at many EMS agencies. Realistically, many agencies won't be able to support one. But to the extent it's possible to have a designated safety point person, the role is indispensable. Potential titles for this key member of EMS personnel include:

- Safety Specialist
- Health & Safety Officer/Manager
- Safety & Compliance Officer
- Safety and Risk Management Director
- Safety & Risk Manager

Culture of Safety Tip

EMS Week, held the third week of May each year, sets aside Tuesday for “Safety Day” to promote the advancement of safety measures for practitioners, patients and the public. The EMS safety officer can take the lead on planning activities for Safety Day. One idea: educate EMS personnel about stress reduction and mental illness, and ensure they know how and where to ask for help if they need it.



How to Prepare to Become an EMS Safety Officer

As an EMS safety officer, your primary job is keeping people safe in the workplace and patients safe in the field. Here are some ideas for how to get prepared for the job.

1. Educate yourself about EMS safety issues and best practices. NAEMT’s 8-hour **EMS Safety Course** provides a baseline level of knowledge on EMS safety concerns and ways to mitigate hazards. Participants are taught to identify and protect themselves from a range of threats to their health and safety, from motor vehicle collisions to violent encounters to chronic stress. Topics covered include situational awareness, defensive driving and verbal deflection.

2. Enhance your knowledge through workshops, seminars and reading. Held annually at EMS World Expo, the **EMS Safety Officer Program** offers 5 hours of presentations from leading experts in workplace, driving and patient safety. Participants receive a certification of attendance from the National EMS Safety Council.

Look for other safety-focused sessions at major EMS conferences such as EMS World Expo and EMS Today, or at state conferences. Also, the **National EMS Safety Summit**, held annually in Colorado.

3. Explore healthcare safety certifications. There are several organizations that offer safety certifications related to healthcare. You may want to check with your organization prior to pursuing a certification to determine if it would be viewed as relevant and valuable.

- Certified Professional in Patient Safety (CPPS) – The National Patient Safety Foundation offers a professional **certification program** to distinguish professionals who have demonstrated certain patient safety competencies and expertise.
- Certified Healthcare Safety Professional (CHSP) – The International Board for Certification of Safety Managers, an independent professional credentialing organization, focuses on improving the safety performance of healthcare organizations. CHSP offers a **certification**.

Resources

Crew Resource Management: Principles and Practice, by Paul LeSage, FF, EMT-P, AS, BA, CFM; Jeff Dyar, NREMT-P, BS; and Bruce Evans, MPA. Jones & Bartlett Learning Public Safety Group, 2011.

Sample Job Descriptions

Sample A: **AMR Director of Safety & Risk**

Sample B: **Safety Captain Job Description**

Sample C: **Richmond Ambulance Authority Safety & Risk Management Director**

Sample A

Job Title: AMR Director of Safety & Risk

Reports To: SVP of Professional Services

Department: Safety & Risk Management

FSLA Status: Exempt

Position Summary: The Director of Safety & Risk's role is responsible for providing operational and analytical support in the strategic development of Envisions Risk Management program. This role will be responsible for the planning, implementation and on-going management of all risk and insurance related matters within the organization to ensure optimal coverage and structure in accordance with the company's risk appetite.

Essential Duties & Responsibilities:

- Provide quality claims management services and statistical data controls over the insurance program. Responsibilities include oversight for claims and insurance program including: reserve controls, data corrections, data reviews to ensure accuracy, claim file reviews and audits, and claim authorization of claim payments.
- Prepare analysis and reports of loss history information, identifying potential risk control measures to reduce losses; consult with business leads on effective ways to reduce loss costs.
- Report claims to insurance carriers, provide assistance to Litigation attorneys when filing claims, monitor claims for resolution and payment, coordinate database of claims.
- Analyze and Identify opportunities to enhance the auto, general, professional and workers' compensation safety programs, and lead the implementation of the programs.
- Responsible for the development and implementation of risk management policies and procedures to optimize productivity, effectiveness and support for current risk management best practices and company's risk tolerance.
- Design, draft, and coordinate risk assessment reports that clearly articulate operational risks and controls in accordance with the insurance program.
- Participate in the renewal of certain insurance programs, including accuracy of policy documentation and all underwriting, exposure and loss information.
- Review contracts, recommend acceptable insurance wording and where necessary place additional insurance coverages. Review draft and executed contracts for insurance requirements of Envision and other parties to the contract.

Non-Essential Duties & Requirements:

- Other duties as assigned.

Minimum Qualifications:

Education:

- Bachelor's Degree from an accredited institution; MBA Preferred

Experience:

- Must have at least three years relevant experience with a commercial insurance broker or within an in-house corporate insurance/risk management department.
- Professional Risk Management Certification completed or in process (i.e. ARM, CPCU) preferred.

- Experience and/or demonstrated knowledge of a broad range of corporate insurance programs (i.e. Property, Casualty, Financial, Professional and/or Executive Risk).
- Experience and/or demonstrated knowledge of claims handling across a broad range of insurance classes.

Other Knowledge & Skills:

- Ability to analyze, review and recommend insurance requirement wording in contracts.
- Ability to analyze, review and recommend changes to insurance binders and policies.
- Business acumen – excellent understanding of the breadth of activities undertaken by all parts of the business and the risk management issues that affect them.
- Experience in writing and reviewing insurance and risk management support and guidance documents.
- Strong problem-solving and analytical skills, including a qualitative and quantitative skill-set, with the ability to use data and analytics to drive desired results.
- Demonstrated ability to develop and implement automated processes to improve efficiency and accuracy.
- Must be proficient with Microsoft Office software.
- Must be able to communicate effectively verbally and in writing.
- Ability to work independently on projects or assignments as well as collaborate as part of a cross disciplinary team on group projects.
- Ability to be creative and inquisitive; seek new solutions to challenges; and able to be adaptable, flexible and open to change.

Sample B

Safety Captain Job Description

Reports to: Assistant Chief of Operations

Oversees: n/a

Job Description:

Develops plans to ensure the safety of all personnel, maintains compliance with labor laws and OSHA regulations, and assists personnel with work-related injuries and illnesses. Collect and maintains data relating to quality assurance of agency's infection control and OSHA programs.

Monthly Expectations:

- When needed, schedule and conduct new Member or refresher OSHA class
- When notified, decontaminate crew uniforms or equipment
- Complete a walk-through of Station to ensure that the facility is up to current OSHA standards. If anything is found that needs to be addressed, if able to, correct the issue or notify the appropriate Chief Officer
- When needed, assist with work-related injuries or illnesses

NOTE: From a small, suburban volunteer EMS agency which only runs nights and weekends.

Richmond Ambulance Authority Safety & Risk Management Director

New members/employees

- Review applications for driving record standards
- All applicants reviewed by Suitability Committee
- Interviews include critical thinking exercise
- New employee orientation – employees constantly hear/see safety program and employee expectations are important cornerstone
- Pre-hire background checks
- Pre-hire physical ability test

Injury prevention

- Work with Operations section to review all SOGs, practices, procedures to identify potential injury generating actions.
- Work with Logistics to review any new or potential new equipment
- Regular facility inspections to identify hazards and initiate remedies
- All employees empowered to be a champion of safety practices

Fleet maintenance

- Collaboration with Director of Support Services to identify vehicle design and configuration
- Review any vehicle failure issues to identify root cause
- All vehicles have scheduled preventive maintenance based on mileage
- PMs are more than oil changes – units examined from bumper to bumper/tire tread to antennae tip
- Only OEM parts are used on vehicles
- ASE certified mechanics

Training

- Clinical department teaches NAEMT Safety Course during new employee orientation
- Assist Clinical on protocols or other issues potentially creating provider/patient safety problems
- Clinical Services Committee reviews any potential new protocol or equipment. Clinical department designs and implements training for such
- Clinical staff strives to make standard recertification courses compelling and real life like to better prepare staff

Just Culture/Self-Reporting

- Participate with Chief Clinical Officer in monitoring Self-Reports and determine any links or trends
- Encourage employees to let management know of any actions/situations arising outside of normal EMS activities.
- Near miss – identify those needing remedial training based on event
- Chief Clinical Officer in contact with OMD to discuss patient care near miss issues

Emergency Vehicle Operations Course

- Work with Clinical to assure RAA EVOC meets Commonwealth of Virginia, Department of Health, Office of EMS standards
- Maintain operator monitoring system and share results regularly

Patient safety

- This is part of several of the above categories. Ultimately our goal is to do no harm.
- Device/equipment review during failures or new purchases
- Clinical Services Committee diligently reviews existing and any new patient care protocols to assure patient safety
- Any negative patient interactions reviewed for root cause

Professionalism/Accountability

- During orientation – discuss how professionalism can reduce errors
- Accountability – we are all responsible to each other so “Everybody Goes Home.”
- Take care of equipment so it is ready when you need it
- Use training as a means to improve and learn – not just check a box as completed

Mental Health/Well-being

- RAA believes in complete employee – physical and emotional – processes in place to assist
- CISM/PEER support/ASIST/EAP
- HR maintains a Wellness Committee
- Work to share information with employees on better lifestyle choices
- Garden on property during spring/summer for fresh vegetables
- Encourage all employees to ask for help

Process verification

- Bad events still occur even with a safety program – use them to validate or verify what parts of program work or may need improvement
- After action reviews
- Root cause analysis

Share information

- There are plenty of small agencies struggling to answer calls – much less develop robust safety programs – share successes and offer assistance to others
- Publish articles/teach lectures

Infection control/exposure response

- Maintain Basic and Advanced Designated Infection Control Officer certifications
- Stay up on current infection control information and potential emerging infections

- Advocate for employees during potential exposures following Ryan White Act guidance
- Share trends or information with workforce as needed

Highway safety/Traffic Incident Management

- As part of New Employee Orientation – discuss highway safety and overview of TIMS
- Participate in local/regional discussions on TIMS

Immunizations

- During new hire process – verify employees have MMR/Tdap/Hep-B/Chicken Pox/Seasonal flu vaccinations.
- Have HR collect TSpot (TB test) during prehire drug screen/physical ability testing

Facility safety

- Compressed gas safety
- Overall facility safety
- OSHA compliance

Food Safe

- During events where food is served to employees – assure proper serving guidelines are met to reduce/eliminate foodborne illness

Disaster planning/COOP

- Overall agency disaster planning in accordance with local emergency management
- Inclement weather response – provide safety messages and process review



Chapter One

Facility Safety and Security

Because of the dynamic nature of work in the field, the safety of EMS practitioners while out in the community rightfully gets much of the attention when safety is discussed.

But EMS agencies must also consider the safety of all of its employees, including administrative staff and others who work inside agency facilities. All EMS agencies need a facility/administrative employee safety and security policy. New hires should be familiarized with the policy during orientation.

The policy should cover authorization to enter agency facilities, visitor policy, closures for inclement weather/severe weather plan and building evacuation procedures. Also important are policies covering weapons, harassment and violence in the workplace.

Workplace violence is a very real threat for U.S. workers. In the United States, homicide is the 4th leading cause of fatal occupational injuries, according to the Bureau of Labor Statistics. Research has identified factors associated with an increased risk of workplace violence, some of which apply to EMS, such as working late at night or in areas with high crime rates, and caring for patients who may be volatile or violent.

Topics to be covered by written policies

Access badges – Employees should be given access badges to enter the facility, and wear the badge at all times. Field employees should not wear access badges when they are involved in patient care activities.

Visitors to agency – Visitors should have authorization to access the building, and have a visitor or guest access badge. Establish check-in and check-out procedures.

Personal belongings – The EMS agency should have the right to open and inspect any personal belongings brought on to agency property, including: desks, lockers, personal vehicle, handbag or briefcase, without advance notice. The EMS agency should also provide a list of prohibited items, such as: weapons, alcohol, explosives, illegal drugs or prescription drugs without a current prescription.

Inclement weather/severe weather plan – Your policy should explain how facility closures/delayed openings will be communicated to administrative employees. The policy should also cover expectations for field employees during severe weather. Make sure employees know which locations inside the building are safest in case of severe weather hazards such as tornadoes, and where to seek shelter if they are in the field.

Evacuation plan – Your agency should have and practice a building evacuation plan in case of fire or other emergency.

Workplace violence – There has been a lot of focus on the risks of workplace violence as it relates to field personnel. The reality is that EMS agency employees also face risks when they return to the station, whether because of domestic issues or interpersonal conflicts that end in violence. According to **OSHA**, a well-written and implemented workplace violence prevention program, combined with engineering controls, administrative controls and training can reduce the incidence of workplace violence.

This can be a separate workplace violence prevention program or can be incorporated into a safety and health program, employee handbook, or manual of standard operating procedures. A key aspect of any program is a zero-tolerance policy toward violence.



Chapter One

Facility Safety and Security

Resources

Suggested reading

The U.S. Department of Labor Occupational Safety and Health Administration (OSHA) has information on [preventing workplace violence](#).

OSHA also has specific information on [preventing workplace violence in healthcare](#).

Video

[Run. Hide. Fight. Surviving an Active Shooter Event](#). An FBI-produced video to educate workers about surviving an active shooter event.

Sample policy – Workplace Violence

[American Ambulance Association](#), Workplace Violence Policy

Sample policy – Administrative/Facility Safety

Sample A: [Medstar Administrative Safety Policy](#)

Sample B: [AMR Emergency Action Plan](#)

Safety

Policy

MedStar considers the overall safety of its employees, patients, vendors, and citizens to be of the utmost importance. In turn, it is the responsibility of both MedStar and every employee to conduct themselves and perform their jobs in a safe and efficient manner and in compliance with all local, state, and federal safety and health regulations as well as all established MedStar policies and procedures.

Guidelines

1. It is the responsibility of the employee to report any safety-related incident or potential safety issue to the Risk & Safety Manager immediately. Failure to report such an infraction may result in employee disciplinary action, including termination.
2. All employees will be presented with required safety information to include OSHA, ergonomics, blood borne pathogens, etc., in their new hire orientation class.
3. Failure to follow MedStar's safety and health guidelines or conduct which places the employee, volunteer, client or company property at risk can lead to employee corrective action which could include termination of employment.
4. The Risk & Safety Manager and the Director of Human Resources shall have the responsibility to develop, and authority to implement, the safety and health program in the interest of a safer work environment.

EMPLOYEE SECURITY/ACCESS BADGES

Policy

It is MedStar's policy to provide safety and security to employees. Therefore, individuals must be authorized to access the building and must wear an access control badge.

Guidelines

Employees

1. All employees must use their access control badges to enter the building. Employees must enter the building through either the front lobby door, the side crew lounge door, the supply bay door, or the back hallway entrance door. Employees may not piggy back on other employees' badge usage when entering or exiting the building.
2. Employees must wear their badges at all times while on the premises, and the badges must be visible.
3. Field employees (EMTs and Paramedics) are not required to wear their badges while on duty in the field for patient safety reasons but must have them on their person and accessible at all times.
4. Employees who damage or misplace their badge must request a replacement badge immediately and will be required to pay the replacement cost.
5. In the event an employee is suspended, resigns, or is terminated, the Human Resources Department is responsible for collecting the badge.

Visitors

1. All visitors must also be authorized to access the building. Visitors must be assigned a Visitor or Guest access badge by the receptionist in the front lobby.

Other Policy References

1. Visitors

INSPECTIONS OF COMPANY/PERSONAL PROPERTY

Policy

In order to ensure the safety and security of all employees as well as investigation and resolve certain employee relations matters, MedStar reserves the right to open and inspect anything that may contain contents on MedStar premises.

Guidelines

1. MedStar reserves the right to inspect any employee vehicle, package, case, handbag, or article being brought into or taken from MedStar's premises.
2. Desks, lockers, and other storage devices may be provided for the convenience of employees, but remain the sole property of MedStar and may be inspected at any time, including those devices with locking devices that are not the property of MedStar.
3. Inspection of MedStar or personal employee property can occur at any time without advance notice or consent of the employee. An inspection may be conducted before, during, or after working hours by any member of management.
4. Prohibited materials, including weapons, explosives, alcohol, illegal drugs and prescription drugs that one does not have a current prescription may not be placed in a locker, desk, or other storage device.
5. MedStar is not responsible for articles lost, damaged, or stolen anywhere on the premises.
6. Employees who fail to cooperate as requested in any inspection will be subject to corrective action, which could include termination of employment.

EMERGENCY CLOSING/INCLEMENT WEATHER

Policy

It is the policy of MedStar to remain open during periods of inclement weather; however, where extraordinary circumstances warrant, the company reserves the right to close the facility. Any such action will be clearly communicated to all employees and customers.

Guidelines

1. Any decision to close or delay opening of the MedStar facility due to inclement weather will be communicated via email to all employees as well as via the voicemail message of the main number, 817-923-3700.
2. Regardless of facility closure, all Field Operations functions, including field, communications, supply, and fleet must continue to operate due to the nature of our business. In cases of disaster or inclement weather, hotel rooms will be provided to those employees whose commute would otherwise prevent them from reporting to work. This information is communicated to all affected employees via email as soon as it is known.
3. In all cases, employees should use good judgment and are asked not to take unnecessary risks. If an employee elects not to work in a given situation or will be delayed, the employee is expected to contact his/her direct supervisor to report the absence or delay in accordance with regular call-in procedures as outlined in MedStar's "Attendance & Punctuality" Policy.

Facility Closure or Delayed Opening

1. If the decision is made to close the facility or delay opening, all related absences/tardiness will be excused. Non-exempt employees will be allowed to use available benefit time or take the time off without pay

2. For a delayed opening, only the amount of time delayed will be considered excused. Additional absences beyond this time will typically not be excused but will be reviewed for extenuating circumstances (i.e., school closures, extreme commutes, etc.).

Facility Open

1. If the facility is to remain open and operate under normal business hours, absences/tardiness will not be excused. Any related absences/tardiness will be handled as usual under the "Attendance & Punctuality" Policy but will be open for review for extenuating circumstances only. The same pay provisions apply as explained in #1 in the "Facility Closure or Delayed Opening" section above.

Other Policy References

1. Attendance & Punctuality

BUILDING EVACUATION/SEVERE WEATHER PLAN

Policy

It is MedStar's policy to have an established building evacuation plan in the event of a fire or other emergency.

Guidelines

Evacuation Procedures

1. Evacuation drills will be conducted on a bi-annual basis, and employees will receive advance notice. If advance notice is not given, employees should assume that the fire alarm was sounded for an actual emergency.
2. Employees must respond to the fire alarm by immediately stopping what they are doing, remaining calm, and exiting their work area. Under any and all circumstances, employee safety should always be the top priority.
3. Employees should then follow the evacuation plan for their designated areas by following the direction of their area evacuation leader, who is responsible for ensuring that all employees leave the building promptly and safely.
4. All employees should exit the building by way of the nearest exit (marked with a red "exit" sign). If the exit is blocked by smoke, another exit should be used. Employees should not use elevators. It is the responsibility of all able staff to assist an employee with a disability down the stairwell in a safe and quick manner.
5. Once employees have reached the first floor, they should follow the exit signs to exit the building and quickly proceed away from the building. Employees who exit the building first must position themselves far enough away from the building to enable everyone to stand clear of emergency vehicles. The street must be kept clear at all times, so as not to hamper the movement of emergency vehicles into the area.
6. Before leaving the building, the Risk & Safety Manager and/or his designate(s), if possible, will call the Fire Department and leave all doors unlocked to allow the Fire Department easy access.
7. Once outside the building, the Director of Human Resources or his/her designee should designate someone to:
 - a. Confirm with the Risk & Safety Manager that the Fire Department has been called (911).
 - b. Congregate all employees in the parking lot across Grove Street and confirm that all employees and visitors are out of the building. Employees are not to leave the congregation area without specific authorization from the Risk & Safety Manager or the Director of Human Resources or his/her designee.
 - c. Designate someone to meet the Fire Department at the front entrance to provide additional information.
 - d. Employees trained in CPR and rescue breathing should survey the individuals outside to determine if anyone is in need of first aid. Appropriate aid should then be given.

8. Once outside, employees should not re-enter until the building is declared safe by the Fire Department and the Risk & Safety Manager has confirmed that employees may re-enter.

Severe Weather Plan

1. To effectively shelter during a natural hazard, the location within the building must be safe for that hazard. Locations at MedStar have been selected that are in an interior room on the lowest level away from corners, windows, doors and outside walls.
2. In the event of a natural disaster, all employees will be directed to their emergency safety location by supervision and are expected to remain there until the all-clear is given.
3. Field employees should seek shelter under a bridge or overpass or some other form of solid covered area.

WEAPONS/VIOLENCE IN THE WORKPLACE

MedStar desires to provide a safe workplace for all employees, and as a result, will not tolerate any acts or threats of violence by or against employees, customers, or visitors on MedStar's premises at any time or while they are engaged in business with or on behalf of MedStar, on or off MedStar premises. In addition, MedStar expressly prohibits the possession of or bringing firearms or other unauthorized weapons to our place of business, into any of MedStar's vehicles or at any MedStar-sponsored event. An employee may store a lawfully possessed firearm or ammunition in a locked, privately owned motor vehicle in a parking lot, garage, or other parking area in accordance with applicable law. However, the weapon may not be removed from the privately-owned vehicle while on MedStar property or while on MedStar business.

Prohibited Conduct

MedStar does not tolerate any type of workplace violence committed by or against employees. Employees are prohibited from making threats or engaging in violent activities. This list of behaviors, while not inclusive, provides examples of conduct that is prohibited:

- Causing physical injury to another person;
- Making threatening remarks;
- Aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress;
- Intentionally damaging employer property or property of another employee;
- Unlawful or unauthorized possession of a weapon while on company property or while on company business;
- Committing acts motivated by, or related to, sexual harassment or domestic violence.

Reporting Procedures

Any potentially dangerous situations, including suspicious workplace activity, situations, or incidents that are threatened or observed, must be reported immediately to a supervisor or manager or the Human Resource Department. Reports can be made anonymously and all reported incidents will be investigated immediately. MedStar will actively intervene at any indication of a possibly hostile or violent situation.

Risk Reduction Measures

1. **Hiring:** The Human Resources Department takes reasonable measures to conduct background investigations to review candidates' backgrounds and reduce the risk of hiring individuals with a history of violent behavior.

2. Safety: Inspections of the premises are conducted annually to evaluate and determine any vulnerabilities to workplace violence or hazards. Any necessary corrective action will be taken to reduce all risks.

3. Individual Situations: Employees must exercise good judgment and to inform the Human Resources Department if any employee exhibits behavior which could be a sign of a potentially dangerous situation. Such behavior includes:

- Discussing weapons or bringing them to the workplace;
- Displaying overt signs of extreme stress, resentment, hostility, or anger;
- Making threatening remarks;
- Sudden or significant deterioration of performance;
- Displaying irrational or inappropriate behavior.

Enforcement/Corrective Action

Threats, threatening conduct, or any other acts of aggression or violence in the workplace will not be tolerated. Any employee determined to have committed such acts will be subject to disciplinary action, up to and including separation. Non-employees engaged in violent acts on the employer's premises will be reported to the proper authorities and fully prosecuted.

Other Policy References

1. Harassment
2. Corrective Action

VISITORS

Policy

To provide for the safety and security of MedStar's employees and property, only authorized visitors are allowed in the workplace. MedStar's prohibition against unauthorized visitors helps to maintain safety standards, protects against theft, ensures security of equipment, protects confidential information, safeguards employee welfare, and avoids potential distractions and disturbances.

Guidelines

1. All visitors and vendors wishing to conduct business with us, or to visit staff, will be required to sign a log in ink or ball-point. Visitors must enter MedStar through the main lobby and check in with the receptionist.
2. All visitors or vendors will be issued a Visitors badge tag which is to be displayed on the visitor's garment. This badge is to be worn during the visitor's/ vendor's stay and is to be returned upon his/her departure.
3. With the above completed, the receptionist will then advise the "host" by telephone of the presence of the visitor(s) or vendor(s). The "host" is required to escort the visitor/vendor physically to his/her destination.
4. No one is permitted beyond the main lobby without an employee escort. This is necessary as a matter of common courtesy to our guests, but particularly necessary for security/safety reasons.
5. If an unauthorized individual is observed on MedStar's premises, employees should immediately notify their supervisor, or, if necessary, direct the individual to the main lobby.
6. Children are not allowed in the building unescorted or unsupervised. Parents/guardians must remain with children at all times.

Other Policy References

1. Employee Security/Access Badges

Sample B

Background:

American Medical Response (AMR) recognizes that employee injury secondary to a sudden emergency is an occupational hazard. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

Purpose:

The purpose of the AMR Emergency Action Policy is to provide a basic set of procedures that are designed to reduce the likelihood of employee injury in the event of a workplace emergency, thereby supporting AMR's overall Injury and Illness Prevention Program. Each operation or facility is expected to augment these procedures based on their local needs, risks, and employee circumstances.

Applies To:

This policy applies to all AMR employees.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

To obtain further information about reporting or reacting to sudden emergencies in the workplace please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Ensure compliance with all applicable federal, state, and local regulations regarding emergency action planning in the work environment, including 29 CFR 1910.38, 29 CFR 1910.165, and equivalent State regulations.
- 1.2 Provide facilities that allow sufficient emergency egress, emergency alarms [if required], and appropriate emergency equipment to reduce the risk of employee injury secondary to significant facility emergency or environmental crisis.
- 1.3 Clearly define the roles and responsibilities of employees and key staff members in the event of an emergency and expect those responsibilities to be carried out by associated staff members
- 1.4 Provide employees with documented education and training related to reasonably foreseeable workplace emergencies
- 1.5 Designate the local AMR Director or Manager of Operations/Department as having overall responsibility to effectively implement, monitor, and suggest improvements to this written policy within his/her area of concern.

PROCEDURES

- 2.0 Pre-Planning Measures
 - 2.1 Before an actual emergency occurs, employees should be familiar with the emergency escape floor plans that are posted throughout larger facilities, generally on each floor between the elevators or near stairwells. The floor plans indicate where the nearest emergency exits are.
 - 2.2 Employees should be familiar with the location of fire alarms and fire extinguishers in their work area, which will vary based on facility size and other factors, and should ask a supervisor for guidance or instruction as needed.

- 2.3 Exits leading to an outside evacuation route shall be marked with an "EXIT" sign. Doors that do not lead to an outside area that could be mistaken as an exit shall have a "NOT an EXIT" posted.
- 2.4 Exit doors must be unlocked or otherwise configured so that occupants can open exit doors from the inside at all times without keys, tools or special knowledge.
- 2.5 Emergency exits must be adequately illuminated so that a person with normal vision can locate the exit in an efficient manner.
- 2.6 To facilitate emergency evacuation, all stairwells and pathways to and from exit doors must be kept clear of any obstructions, debris, and stored materials at all times.
- 2.7 Each operation or department director should proactively identify any critical facility tasks or operations that should be handled prior to evacuating the facility. No such contingency, however, shall place an AMR employee at additional risk.
- 2.8 In larger facilities, evacuation leaders should be designed for each major work area or for each floor of the building. Unless otherwise specified locally, operation/department supervisors should serve as evacuation leaders. The role and responsibilities of evacuation leaders is specified in Section 6.4.
- 2.9 Large facilities should practice evacuations at least once each year.
- 3.0 Employee Alarm System
- 3.1 Every AMR facility shall have an effective employee alarm system.
 - (a) For work areas with 10 or fewer employees, direct voice communications may serve as the employee alarm system.
 - (b) In facilities with more than 10 employees, an appropriate, commercially installed emergency alarm system should be utilized.
 - (1) "Non-supervised" alarm systems (those that do not automatically report a deficiency or fault in the system as soon as it occurs) should be tested at least every two months to verify adequacy and reliability.
 - (2) "Supervised" alarm systems (those that automatically report a deficiency or fault in the system as soon as it occurs) should be tested at least annually.
 - (3) Whenever the employee alarm system contains multiple actuation devices (such as manual pull-stations), a different actuation device should be used for each test.
 - (c) Service, maintenance, and systems testing of employee alarm systems should be done by persons appropriately trained to complete such work and should be coordinated with the local emergency agencies as appropriate.
 - (d) A combination of "All-Page" announcements to facility telephone speakers as well as employee runners may be used for times the alarm system is "down."
- 3.2 When performing duties in isolated areas, such as a basement, tell a coworker and/or a supervisor before and after completing the work. In the event of an emergency evacuation, you can be notified and accounted for.
- 4.0 **Emergency Evacuation and Route Assignments**
- 4.1 Employees who detect an emergency that requires evacuation of the building shall activate the employee alarm system according to the methods locally designated (direct voice, public address system, manual pull-station, telephone, radio, etc.).

- 4.2 Prior to evacuation of large facilities, the switchboard operator or other employee should confirm that the fire department and/or other appropriate public safety agencies have been requested.
- 4.3 If the emergency alarm system is activated, or when directed to evacuate an AMR facility, the following procedure should be followed:
 - (a) Stop work safely, turn off major equipment in use, and proceed immediately to the nearest exit unless hazards indicate the need to use an alternative exit.
 - (b) Employees in multi-story buildings are **NOT TO USE ELEVATORS** during an evacuation.
 - (c) If evacuating due to fire:
 - (1) Check closed doors **before** opening them to see if they are hot.
 - (2) If a door is hot, **do not** open it. Evacuate using a different exit route.
 - (3) Stay as low as possible to minimize exposure to heat and smoke.
 - (4) Close doors behind you but **DO NOT** lock them.
 - (d) Employees should assist disabled coworkers or visitors to evacuate.
 - (e) When safely out of the building, proceed to a safe/designated staging area for an employee count. Staging locations should be designated on a local basis.
 - (f) Do not leave the area until authorized to do so by management.
 - (g) Follow further instructions from an AMR supervisor or public safety official.

5.0 **Accounting for Employees Following an Evacuation**

- 5.1 It is each department director's responsibility to maintain a means of accounting for his/her employees immediately following an evacuation.
- 5.2 Upon evacuation, all employees must report to a designated staging area. The department heads or designee(s) should take attendance of their employees to determine if anyone is missing.
- 5.3 The front desk receptionist [if any] should take the visitor sign-in log with them to help account for visitors that were in the building.

6.0 **Rescue, Medical and Other Duties**

- 6.1 AMR will not require employees to perform rescue duties involving personal risk.
- 6.2 Employees with medical training may be asked to care for injured coworkers/visitors.
- 6.3 Employees should assist their coworkers and visitors to evacuate as needed.
- 6.4 In larger facilities, evacuation leaders should be designated in advance. If the building must be evacuated, the evacuation leaders should:
 - (a) Systematically sweep through their designated space(s) to ensure everyone is aware the need to evacuate the building. Based on the nature of the hazard, performing this sweep will not always be possible or prudent.
 - (b) Check all storage areas and rest rooms for occupants that are isolated or may be unaware of the evacuation for other reasons.
 - (c) Identify employees or visitors that need assistance to evacuate the area and coordinate resources as needed.

7.0 Employee Education and Training

- 7.1 As part of the implementation of this policy, training in safe and orderly emergency evacuation procedures shall be provided to staff that are locally designated as evacuation leaders.
- 7.2 All employees shall be advised of their responsibilities under the Emergency Action Policy at the following times:
- Prior to initial assignment
 - Whenever the employees' responsibilities under the policy are changed.

8.0 Policy Maintenance and Review

- 8.1 The Emergency Action Policy is reviewed and updated in conjunction with the Injury and Illness Prevention Program. Each location is expected to augment this basic policy with local procedures that are more specific to their location, operations, and employees. A template is provided in the attachments to this policy for local use.

9.0 Exceptions

- 9.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

CONTINGENCY PROTOCOL #1

FIRE

Employees who discover a **FIRE** should do the following:

- Alert fellow employees in the immediate area.
- If applicable, activate the emergency alarm system to initiate the evacuation process.
- If applicable, call **9-1-1** immediately. Be prepared to give:
 - Type/nature of the emergency
 - The location/address
 - The nearest cross street
 - The return phone number
 - Do not hang up the telephone until the operator gives you permission to do so.
- Evacuate the building
 - Check closed doors before opening them to see if they are hot.
 - If a door is hot, do not open it. Evacuate using a different exit route.
 - Stay as low as possible to minimize exposure to heat and smoke.
 - Close doors behind you but **DO NOT** lock them.
- Employees that independently elect to use a fire extinguisher, should only do so if they have a clear means to evacuate the area [i.e. don't get trapped]. The following steps, known as the PASS method, should be used:
 - Pull the pin.
 - Aim at the base of the fire.
 - Squeeze the handles together.
 - Sweep the extinguisher from side to side.

CONTINGENCY PROTOCOL #2

MEDICAL EMERGENCY

If an employee or visitor experiences a medical emergency, AMR employees should:

1. Call 9-1-1. Be prepared to give:
 - Type/nature of the emergency
 - The location/address
 - The nearest cross street
 - The return phone number
 - Do not hang up the telephone until the operator gives you permission to do so.
2. Notify a supervisor.
3. Provide medical care if trained and equipped to do so.
4. Protect the privacy of the person in need to the extent possible.

CONTINGENCY PROTOCOL # .

TYPE OF EMERGENCY

Employees who discover a _____ should do the following:

- 1.
- 2.
- 3.

Note: Each operation/department should use this basic template to address other potential emergencies in the workplace.



Chapter Two

Vehicle Operator Safety

Many people have a fear of flying. Yet statistically, the odds of being in a plane crash are very, very rare. You are far more likely to get into a serious wreck driving to the grocery store.

A similar analogy can be made in EMS. There are many types of catastrophes EMS practitioners may be concerned about. Yet statistically, the time spent driving – whether it’s along a winding country highway or on a suburban thoroughfare – can be the most treacherous.

According to an analysis of 20 years of data by NHTSA, ambulances are involved in 10,000 crashes annually. About 1,500 lead to injuries, resulting in an average of 33 fatalities annually. About 46% of the injuries are to people inside the ambulance; most of the rest are to the occupants of other vehicles.

Reducing emergency vehicle near misses, incidents, injuries, deaths, property damage and operational impacts is one of the most important components of your agency’s safety program.

Factors impacting vehicle operator safety

When thinking about factors impacting driving safety, road and weather conditions – rain, snow, fog – may come to mind. There is not much your agency can do to impact Mother Nature. Yet your agency can improve safety through policies, procedures and training influencing vehicle operator behavior.

An EMS practitioner’s abilities, skills and knowledge of emergency vehicle operation contribute to every EMS response. Agencies should start with the mindset that their personnel are not just “driving” an emergency vehicle. They are operating a complex machine with multiple systems. One should take pride and understand the immense pressure placed on the person behind the wheel. The term “operator” as opposed to “driver” is an option. Operator behavior plays a huge role in either increasing or decreasing the risks to EMS practitioners, patients and bystanders.

EMS Agency Best Practices: Vehicle Operator Safety

- Strongly encourage compliance with applicable federal, state, and local vehicle safety regulations.
- Set performance expectations for employees.
- Provide documented education and training to prepare employees to safely operate vehicles. Evidence-based and tested national EMS driving courses are recommended.
- Implement, monitor, and suggest improvements to written policies regarding safe vehicle operations.
- Reinforce to your personnel the operator and his/her partner have joint responsibility for the safe and professional operation of vehicles.
- Conduct an investigation into each vehicle incident to identify contributing factors and to select, carry out and/or document actions to mitigate the risk of recurrence.



Chapter Two

Vehicle Operator Safety

Topics to be covered by written policies

Compliance with state laws – Verify your vehicles are being operated in compliance with all applicable state and municipal laws. Check your state vehicle and traffic laws pertaining to authorized emergency vehicles.

Driving eligibility – Establish a policy regarding who is eligible to operate agency vehicles. Eligibility criteria should include: valid driver's license, 18 years or older, providing a motor vehicle record from any state in which the driver has held a driver's license in the past 3 years, and specific criteria for the types of moving violations making a driver ineligible.

Vehicle Operation policy/procedure – The driving policy/procedure should cover rules and regulations about topics including:

- Operating a vehicle during emergency situations/lights and sirens.
- Tobacco use in and around vehicles.
- Eating and drinking in vehicle.
- Maneuvering in construction zones or over railroad crossings.
- Operator knowledge of the dimensions of the vehicle.
- Permissible and prohibited communications by the driver or passenger (cell phone, texting, hands free, use of social media).
- Seat belt use.
- Use of headlights and high beams during the day and night.
- Precautions to take during adverse driving conditions.
- High water safety.
- Sleeping in vehicles.
- Navigation.
- Backing up safely.
- Weather safety issues. Identify when a crew can refuse to transport due to inclement weather and potential risk to the crew and patient.

Emergency Operations Protocols/Lights and Sirens

Emergency response involving lights and sirens is increasingly recognized as posing risks to EMS practitioners, patients and bystanders alike. Emergency response may prompt drivers to take risks in their haste to arrive quickly; research has also shown that drivers with their windows closed and radio on simply don't hear or see approaching emergency vehicles.

Many EMS agencies have established strict parameters for when the use of lights and sirens is allowed. EMS safety policies should pay special attention to emergency response situations, including:

- When and how lights, sirens, air horns and spotlights can be used.
- Who determines if a lights and sirens is warranted.
- Rules about obeying traffic laws and special circumstances, such as what to do when encountering a school bus.
- Safety precautions to take immediately following the cancellation of a lights and siren response, when the responder's adrenalin is pumping and it can be easy to make an error.

View MONOC's siren [public service announcement](#).



Chapter Two

Vehicle Operator Safety

Dashboard video cameras – Some EMS agencies use dashboard video camera systems to monitor operator behavior through video and telematics data, such as speed and g-force. If your EMS agency uses a dash cam system, you need a policy to explain to employees what is being monitored, triggering events and how the information will be used.

Vehicle maintenance – An EMS safety program should include a requirement for daily inspections of vehicles and equipment, using a checklist to report current conditions and identify problems. The inspection includes the vehicle's exterior, interior, functional systems and mechanical components. Vehicle inspection checklists can be subpoenaed, so employees should understand that this documentation is to be taken seriously.

Post incident reporting and debriefing – A key role for a safety officer is to conduct an investigation into each vehicle incident to identify contributing factors and to select, carry out and/or document actions to mitigate the risk of recurrence. It is also important to look into "near misses," as a way to find out what went wrong and determine how to avoid the situation in the future.

Culture of Safety Tip: Seatbelt Use

According to NHTSA, only 16% of EMS practitioners in the patient compartment at the time of a serious collision were wearing seatbelts. The rest (84%) were unrestrained, while 22% of the drivers were not wearing seatbelt. Wearing a seatbelt significantly predicts the severity of occupant injuries and fatalities. Be sure your employees are buckling up!



Chapter Two

Vehicle Operator Safety

Resources

Suggested reading

EMS Vehicle Operator Safety, 1st edition, Bob Elling, MPA, EMT-P; Robert Raheb, AS, EMT-P; NAEMT, Jones & Bartlett Learning Public Safety Group, 2018.

Occupational Safety and Health in the Emergency Services, 4th edition, James S. Angle, Jones & Bartlett Learning Public Safety Group, 2016.

Emergency Vehicle Safety Operations for Volunteer and Small Combination Emergency Service Organizations, National Volunteer Fire Council, 2016.

Emergency Scene Accident Investigation – A Guidebook for Emergency Service Organizations, Jonathan G. Williams for VFIS, Inc.

The Fire and EMS Department Safety Officer, Gordon M. Sachs, Prentice Hall, 2001. Available on Amazon. See Chapter 7, Accident and Injury Investigation.

Driver Safety Courses

NAEMT EMS Vehicle Operator Safety Course (EVOS) – 8-hour course for all levels of EMS practitioner. Drawing on the most current research about behaviors and other hazards that lead to crashes, EVOS features case studies and analyses of both common and catastrophic collisions. The course focuses on teaching specific behaviors shown to reduce driver distraction and errors, while fostering a culture of safe driving. EVOS may be taught as an 8-hour classroom course or 16-hour course (8-hour classroom followed by 8-hour hands-on driving component.)

National Safety Council Defensive Driving Training – The National Safety Council offers classroom and online driver safety courses.

VFIS Emergency Vehicle Driver Training Program (EVDT) – This course combines case studies focused on recent events with psychomotor activities to enhance the relationship between cognitive functions and physical movements, helping instructors and participants understand the real-world scenarios where they may use this training. VFIS is distributed by the U.S. Fire Administration.

Sample policies – Driving

Sample A: **AMR Vehicle Safety Policy**

Sample B: **MedStar Driving Policy**

Sample C: **MedStar DriveCam Policy**

See also: **VFIS Emergency Vehicle/Operator Requirements**

Sample A

Background:

American Medical Response and its subsidiaries, "AMR" operate a large fleet of vehicles in the course of providing medical care and transportation services to the public. Given the risk of vehicle collision associated with both emergency and non-emergency vehicle operation, AMR desires to establish a structured set of safe driving practices that will assist each employee to reduce the risk of collision, injury or other harm.

Purpose:

The purpose of the *AMR Vehicle Safety Policy* is to communicate how AMR and its employees will comply with applicable vehicle safety laws and regulations.

AMR has written policies, procedures, and protocols, and has created expectations that are intended to align with the company's values. The policies and procedures guide AMR employees in their every day work, and it is the company's desire that its employees understand the expectations associated with the policies and procedures that provide guidance to them in their daily tasks, particularly those that are directly related to the safe and effective completion of the company's mission.

Applies To:

This policy applies to all , employees who operate Company vehicles as part of their job duties and responsibilities.

Enforceability:

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of vehicle collision, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Comply with applicable federal, state, and local vehicle safety regulations and set performance expectations for employees.
- 1.2 Provide documented education and training to prepare employees to safely operate Company vehicles.
- 1.3 Designate local Leadership as having overall responsibility to effectively implement, monitor, and suggest improvements to this written policy within his/her area of concern.
- 1.4 Recognize that the driver and his/her partner (if any) have joint responsibility for the safe and professional operation of a Company vehicle as outlined in this policy.
- 1.5 Conduct an investigation into each vehicle incident to identify contributing factors and to select, carry out and/or document actions to mitigate the risk of recurrence.

PROCEDURES

2.0 General Provisions

- 2.1 In addition to complying with the provisions of this policy employees are to follow State Vehicle Code provisions..
- 2.2 Only employees and other individuals authorized by the Company may drive Company vehicles. Such personnel must continuously satisfy minimum driver qualifications, as found in Attachments A and B.
- 2.3 With the exception of designated/specialized vehicles, or in an emergency where no other viable alternative exists, Company vehicles shall not be taken off-pavement excepting dirt or similar road surfaces that are suitable for use by passenger cars. Similarly, Company vehicles may not be driven through unimproved median divides on highways/freeways.

- 2.4 The driver and his/her partner are required to report vehicle collisions to their supervisor immediately or as soon as possible thereafter. "Collision" is defined as any contact between the AMR vehicle and any other car, person, or object regardless of whether observable damage or injury occurred as a result. See Section 9.0 for additional guidance.
- 2.5 Employees who operate Company vehicles as part of their official job duties shall immediately report to their supervisor any disqualifying condition or conviction for offenses listed in Attachment A of this policy.
- 3.0 **Basic Defensive Driving Practices**
- 3.1 Employees must continuously practice defensive driving which means doing everything reasonably possible to avoid collisions, including anticipating possible hazards.
- 3.2 When together in the cab, both employees shall continuously scan for potential hazards around the vehicle.
- 3.3 Driver distractions should be avoided while the vehicle is in motion. Driver distractions include, but are not limited to, the following:
- (a) Eating, drinking, grooming, is prohibited while driving.
 - (b) Texting, messaging or emailing (creating, typing, sending or reading) is prohibited while driving.
 - (c) Radio and cell phone traffic shall be handled by the right-seat partner when the vehicle is in motion.
 - (i) Drivers of vehicles used for patient transport shall not use a cell phone while driving unless an emergency exists requiring a call to 911 or there is a need for the driver to assist the attendant with hospital contact.
 - (ii) In those rare instances when cell phone use is authorized, the use of a hands-free device is encouraged. In these cases, the driver should increase his/her following distance behind vehicles ahead.
 - (d) GPS and/or Mapping Software utilized for driving directions should have data information entered/ updated while the vehicle is stopped.
- 3.4 Drivers must establish and maintain sufficient following distance behind the vehicle ahead to safely avoid the other driver(s) if he/she makes a sudden stop or other unexpected maneuver.
- 3.5 Drivers shall maintain adequate side space cushions around the vehicle whenever maneuvering around or passing other vehicles, persons, or objects.
- 3.6 The right-seat partner, when present, should help the driver by checking right-side blind spots.
- 3.7 Drivers should refrain from making U-turns unless there is no reasonable alternative. Reasonable alternatives, include, but are not limited to the following:
- (a) Going around the block, turning around in a nearby parking lot, or proceeding to the next intersection that allows for a safe U-turn via traffic controls.
- 3.8 Employees may not drive a vehicle while using medications [prescription or over-the-counter] that warn against driving or operating machinery. An exception can be requested if the Company is provided a recent physician's note that indicates it is safe for the employee to drive despite the use of the medication(s).
- 3.9 Employees must not operate a vehicle if they feel too tired to do so safely. In such cases, the employee is required to immediately notify his/her supervisor for guidance.
- 4.0 **Safety Belts and Other Restraint Devices**
- 4.1 Safety belts in the cab must be worn by employees and right-seat passengers at ALL times while the vehicle is in operation.

- 4.2 Safety belts in the patient compartment must be worn by employees at ALL times, except momentarily when performing specific treatment or vehicle backing procedures that prevent such use.
- 4.3 Prior to placing the transmission in gear, and at all times the vehicle is in operation, employees should verify that:
 - (a) Civilian passengers are properly restrained via safety belts.
 - (b) Infants and children, whether passengers or patients, are secured via an appropriate restraint device(s).
[Note: Children under the age of 12 should not ride in seats where airbags are present.]
 - (c) Allied-agency personnel are secured via safety belts except momentarily when performing specific treatment procedures that prevent such use.
 - (d) Ambulance patients are situated on the gurney and dependent upon the gurney manufacturer's configuration the gurney's lateral straps and shoulder restraint system or X-strap system with 3 lateral safety straps are secured properly.
 - (e) Wheelchair patients are properly restrained to the wheelchair, the wheelchair is secured to the vehicle, and the shoulder strap or other supplemental restraint device is attached.
- 4.4 Employees are expected to utilize available means to secure equipment within the unit, such as monitors, oxygen tanks, and other items that could become projectiles in the event of a collision or sudden vehicle stop.

5.0 **Backing and Tight-Quarters Maneuvering**

- 5.1 Drivers should allow adequate space ahead to pull around other vehicles or objects without having to back the vehicle.
- 5.2 The back-up alarm (if so equipped) must remain engaged.
- 5.3 Prior to backing, the driver's partner must exit the vehicle and check for hazards to the sides, behind, overhead and provide the driver with clear instructions to avoid them while directing the driver from the rear, except when a patient is in the ambulance.
- 5.4 When in the patient compartment, and not directly engaged in the provision of emergent patient care, the attendant should move as close to the rear doors as patient's needs will allow, look out the rear windows, and verbally direct the driver until vehicle backing is completed.
- 5.5 The driver shall not move in reverse until the spotter is visible in left mirror and has indicated to begin backing. If the spotter is not visible in the left mirror, the driver shall stop backing the unit. Similarly, if the spotter needs to evaluate clearance in a blind spot, he/she must direct the driver to stop backing while such assessment is made.
- 5.6 When the driver is alone, or a spotter is otherwise unavailable, he/she must perform a "walk around" to check for hazards behind, alongside, and above the vehicle prior to backing. This step should be repeated as necessary to identify and avoid contact with hazards that cannot be seen while in the driver's seat.
- 5.7 In addition to using a spotter while backing the vehicle, use of a spotter (or "walk-arounds") should be considered any time vehicle clearance is in doubt while moving in tight quarters or under a potentially hazardous overhang.
- 5.8 Allied agency personnel [i.e. fire, police, security, etc.] may be used as spotters if the driver's partner is not present or available due to justifiable reasons.

6.0 **Parking and Securing the Vehicle**

- 6.1 When arriving on-scene, Company vehicles should be parked out of the line of traffic and shielded from the rear by other vehicles or objects whenever possible. However, if the scene has not been secured prior to arrival and other traffic will pose a clear hazard to employees, patient(s), or other personnel the vehicle may be parked to shield the scene.

- 6.2 Employees should park in designated spaces/areas and shall not park in red curb fire zones, handicapped spaces, areas marked as "No Parking" zones, tow-away zones, or similar restricted locations unless on an emergency call and no other reasonable parking is available on-scene.
- 6.3 If the vehicle is or will be left unattended, the vehicle must be locked and all supply compartments that are accessible from outside the vehicle are secured.
- 7.0 **Emergency Vehicle Operations**
- 7.1 Drivers must continuously exercise "due regard" for the safety of others while requesting emergency right-of-way.
- 7.2 During emergency operation, drivers may exceed the posted speed limit by 10 mph, subject to a maximum vehicle speed of 75 mph. However, this privilege shall not be exercised in school zones, construction zones, or other restricted zones. In those areas, the posted limit must be observed.
- 7.3 Regardless of circumstances or unit status, vehicles shall not be driven faster than a safe speed for the current road, weather, and traffic conditions.
- 7.4 Under no circumstances shall a company vehicle pass, in either direction, a school bus that has stopped and activated its warning lights and/or stop sign.
- 7.5 Under no circumstances shall a company vehicle be driven around a railway crossing arm or a draw-bridge barrier that has been activated.
- 7.6 During emergency operation, employees should avoid driving in the opposite direction of traffic whenever possible. If doing so is unavoidable, speed must be kept to that which is safe for the conditions (at or below 15 MPH).
- 7.7 The driver shall turn off the emergency lights and siren and wait until the light changes to green when approaching a red-light intersection that is fully blocked with stopped traffic and curbs or median dividers prevent safe vehicle travel to the sides. The driver may resume use of warning devices when clear of the intersection.
- 7.8 During emergency operation, driver shall make a complete stop at every intersection stop sign and red traffic light. "Due regard" should be exercised at every open lane where the driver's view of potential cross traffic is obstructed in any way.
- 7.9 During emergency response, the right seat partner must visually assist the driver to identify potential cross-traffic hazards and safely clear each intersection whenever an emergency vehicle exemption is taken against a red light.
- 7.10 During emergency operation, the driver must exercise "due regard" if using a left turn lane to go straight or to turn right in front of traffic that is stopped at a stop sign or traffic light.
- 8.0 **Use of Emergency Warning Devices**
- 8.1 Emergency vehicle exemptions shall not be taken unless both emergency warning lights and sirens are in use.
- 8.2 On highways or freeways that have free-flowing traffic, employees should disengage emergency warning lights and sirens. If traffic becomes congested use of warning devices may be resumed as needed.
- 8.3 If local procedures designate certain no-siren zones, such as near a crew quarters in a residential area or near a medical facility, drivers are to operate the vehicle in non-emergency mode until clear of those areas.
- 8.4 Emergency warning devices shall not be used in non-emergency response, non-emergency transport, or routine driving situations.

- 8.5 If any emergency warning devices fail to operate normally, the driver shall downgrade to a non-emergency status and advise dispatch immediately.
- 8.6 During emergency operation, a change in siren mode shall be activated 150 feet prior to every stop sign or red-light controlled intersection and shall remain activated until the ambulance is completely through the intersection.
- 8.7 When emergency warning devices are in use, vehicle windows must be tightly closed.
- 9.0 **Post-Collision Guidelines**
- 9.1 If a Company vehicle is involved in a collision with another party, the driver/crew should:
- (a) Contact the communications center immediately to request appropriate services [i.e. police, fire, supervisor, etc.]. Non-field employees should call the police directly.
 - (b) Check for injuries and render care if it is safe to do so.
 - (c) Move the vehicle if an imminent hazard exists or if requested to do so by law enforcement personnel.
 - (d) Collect insurance information, driver's license number(s), vehicle license plate number(s), and contact information for all involved parties.
 - (e) Identify witnesses, if any, and secure their contact information.
 - (f) Assist in the completion of all required Company and state incident forms.
- 10.0 **Service Animals**
- 10.1 If a patient or a person riding with a patient aboard a vehicle utilizes a service animal, the service animal is permitted to ride along with that person.
- 10.2 A person with a disability cannot be asked to remove a service animal unless:
- (a) The animal is out of control and the animal's owner does not take effective action to control it.
 - (b) The animal poses a direct threat to the health or safety of others.
- 10.3 When transporting a patient with a service animal, do so in a safe manner for the patient, the animal and the crew members. When possible, the animal should be secured in order to prevent injury during transport.
- 11.0 **Exceptions**
- 11.1 Any exception(s) to this policy must be approved by Safety and Risk Management, in writing, and in advance of any such exception(s) being take.

Attachment A

Driver Qualification Standards

- A.1 All individuals who drive a Company vehicle as part of their job duties must continuously meet the following standards as evidenced by their comprehensive driving record and/or the Company's incident records. AMR will periodically review driving records..
- A.2 Individuals who operate Company vehicles as part of their job duties must:
- (a) Be at least 18 years old
 - (b) Have a valid driver's license and state-required endorsements applicable to their job, if any
 - (c) Not have a currently suspended, revoked or forfeited driver's license, even if the suspension, revocation or forfeiture does not apply to employment usage
 - (d) Not have a conviction for any of the following (or state equivalents) within the prior 36-month period [per driving records]:
 - 1. DUI, DWI, BAC, Driving with Ability Impaired, or other alcohol/drug-related offense involving the use of a motor vehicle
 - 2. Hit and run or leaving the scene of an accident
 - 3. Reckless driving
 - 4. Falling asleep at the wheel
 - 5. Speed contest or exhibition of speed
 - 6. Fleeing or eluding a police officer
 - 7. Use of a vehicle in a felony
 - 8. More than two (2) moving violations
 - (e) Not have more than two (2) on-duty collisions that involve corrective action for violation of the AMR Vehicle Safety Policy in the prior 36 months [per the Company's incident records].
 - (f) Not have more than three (3) of the following in combination as reflected by driving records and/or the Company's incident records within the prior 36 months:
 - 1. Moving violations [per driving records].
 - 2. On-duty collisions that involve corrective action for violation of the AMR Vehicle Safety Policy [per the Company's incident records].

Attachment B

Employee Education and Training

- B.1 Individuals who drive a Company vehicle as part of their job duties must successfully complete the following education and training requirements related to vehicle operations before operating a Company vehicle.
- (a) At time of hire or as locally required for transferring employees:
 - 1. AMR EVOC Program.
 - 2. Successful completion of FTO driver's training, if applicable.
 - (b) At least every two years:
 - 1. AMR online courses and/or classroom refresher.
 - (c) As assigned by AMR management:
 - 1. Remedial education and/or training based on management's concerns about an employee's knowledge or skill level, or as part of a post-incident remedial action plan.
 - 2. Implementation/change training if the Company implements new procedures that require formal education or training.

Sample B

Purpose:

The purpose of this SOP is to establish procedures for the safe operation of MedStar vehicles.

Scope:

The policy applies to all full time and part time employees of MedStar.

Guidelines:

COMPLIANCE WITH STATE LAWS

All team members who operate emergency vehicles in the MedStar operation will comply with all applicable state and municipal laws. The following are specific excerpts from the Texas Vehicle and Traffic Code pertaining to Authorized Emergency Vehicles:

Sec. 546.001. Permissible Conduct.

In operating an authorized emergency vehicle the operator may:

- (1) park or stand, irrespective of another provision of this subtitle;
- (2) proceed past a red or stop signal or stop sign, after slowing as necessary for safe operation;
- (3) exceed a maximum speed limit, except as provided by an ordinance adopted under Section 545.365, as long as the operator does not endanger life or property; and
- (4) disregard a regulation governing the direction of movement or turning in specified directions.

Sec. 546.005. Duty of Care.

This chapter does not relieve the operator of an authorized emergency vehicle from:

- (1) the duty to operate the vehicle with appropriate regard for the safety of all persons; or
- (2) the consequences of reckless disregard for the safety of others.

MedStar reserves the right to create SOP's regarding the operation of vehicles owned by MedStar that are more restrictive than applicable state law. In that case the employee will comply with the more restrictive covenant.

Eligible Drivers

As a prudent practice to protect the general public, yourself and your partner, as well as the business interests of MedStar, all employees are required to maintain their level of driver acceptability under the MedStar criteria for driver acceptability to drive MedStar vehicles.

MedStar reserves the right in extra-ordinary cases to continue employing individuals who lose their driving privileges, but only in strictly non-driving capacities and on a case by case basis.

MedStar will promulgate rules from time to time which drivers must meet in order to be and remain eligible to drive. Such rules may include, but are not limited to motor vehicle driving record, ambulance operation experience and history, and physical health requirements.

Driver's License

All authorized drivers of MedStar vehicles must have in their possession, a valid Class - C operator's license or equivalent, as issued by the State of Texas, Department of Public Safety.

Upon renewal of your driver's license a clear and readable copy of your temporary permit (front and back) must be submitted to Human Resources before the expiration of the drivers' license being replaced.

After renewal, when you receive your drivers' license, a clear and readable copy (front and back) must be submitted to Human Resources within two (2) business days after you receive it.

Minimum Age for Driver Acceptability

Employees must be eighteen (18) years old or older to be considered for driver eligibility.

Eligibility Criteria

The following criteria apply to all employees who, as a normal part of their duties, drive any MedStar vehicle. The criteria listed below would include vehicle collisions or moving citations that are issued during on duty or off duty incidents in any state they have had a driver license issued in the previous three (3) years. Employees must provide a Motor Vehicle Record (MVR), from any state in which they have held a driver license during the previous three (3) years.

Employees who are convicted of driving while intoxicated, drug abuse, hit and run, or leaving the scene of a collision, license suspensions, and documented risk requiring proof of financial responsibility (SR- 22), will be uninsurable and may be subject to reassignment to a non-driving position or termination at MedStar discretion.

Any employee's driving record that falls into one or more of the below listed categories will normally be unacceptable and may be subject to reassignment to a non-driving position or termination at MedStar discretion.

- A. D.W.I., D.U.I., B.A.C. (blood alcohol content), driving with an open container, refusing a breathalyzer test, or drug abuse.
- B. Convicted of hit and run or leaving the scene of an accident.
- C. More than one (1) at fault collision within the last twelve (12) months
- D. More than two (2) at fault collisions within the last thirty six (36) months
- E. More than two (2) moving violations within the last thirty six (36) months
- F. Combination of more than one (1) at fault collision and one (1) moving violation within the past twelve (12) months
- G. Combination of more than one (1) at fault collision and two (2) moving violations within the past thirty six (36) months
- H. Currently suspended license or revoked license
- I. Driving while license is suspended or revoked
- J. Reckless or careless driving citation
- K. Use of a vehicle in a felony
- L. Any citation for speed contest
- M. Fleeing or eluding a police officer in a motor vehicle
- N. A record which evidences disregard for the law, evidenced by an accumulation of more than two (2) nonmoving type violations (i.e., failure to appear, financial responsibility, expired license, etc.)

Employees who receive a traffic citation, or written warning, while operating a MedStar vehicle must notify the Operations Supervisor immediately and document the incident in writing before the end of their shift. The Operations Supervisor will notify the Health and Safety Administrator immediately.

Employees who receive a traffic citation off duty must notify the Operations Supervisor in writing before their next work shift. The Operations Supervisor will notify the Health and Safety Administrator immediately.

Employees who drive MedStar owned vehicles must report suspension or revocation of their driver's license to the Operations Supervisor in writing before their next work shift after receiving notification of the suspension or revocation or the intent of suspension or revocation of their driver's license. The Operations Supervisor will notify the Health & Safety Administrator immediately.

MedStar will verify by official records, the complete driving record of employees from time to time to verify driver acceptability.

If a driving record shows activity that threatens employee's ability to meet the acceptable driving criteria, the Health & Safety Administrator will be notified and will in turn notify the appropriate Manager, Operations Supervisor, and the employee.

The employee will be required to submit documentation relating to the activity. The documentation will be reviewed for a decision of driver acceptability. During this time the employee will not be eligible to drive MedStar owned, operated, or leased vehicles.

The employee will be responsible for obtaining documentation and information in support of their situation. Time spent to obtain the necessary documentation and information must be during off duty hours. Employees will not be compensated for this time.

Employees suspended for not maintaining their level of driver acceptability are not eligible to be transferred to any other aspect of MedStar operations without going through the regular hiring process for that position.

MedStar bases its driver acceptability on "evidence of conviction" as well as employee Motor Vehicle Record (MVR) and any other documented driving history. The fact that driving records can be legally or illegally altered does not exclude the fact that a particular conviction (s) occurred. Therefore, "evidence of conviction" is used in this case. "Documented driving history" refers, but is not limited to the employee driving experience with MedStar. Vehicle collisions and damage which the employee contributed to or was the cause of, and which may not be recorded on the employee's Motor Vehicle Record (MVR), may contribute to determining driver acceptability.

All employees will notify the Operations Supervisor in writing of any changes in their driving record before their next work shift. Changes in the employee driving record may include receiving written warning, a traffic citation, conviction of any traffic citation, involvement in a motor vehicle collision, or any other information the Department of Motor Vehicles has recorded on the driving record. Failure to report changes in the employee's driving record will result in corrective action up to and including termination.

All full and part time employees will furnish MedStar with all necessary information that could affect the employee's driver acceptability status upon request.

DRIVING POLICY

MedStar believes that its success is greatly affected by the manner and competency of its team members while operating MedStar vehicles. Responsibility and safe driving is as much of an employee's duty as providing competent medical care, or performing any other aspect of their job description/duties. Therefore, it is important and required that drivers of MedStar vehicles exercise due care for the safety of themselves, passengers, patients, all persons and vehicle drivers using the streets, highways and freeways.

All team members should recognize the value of having a good public image and conduct their driving accordingly. They should respect the rights of others to use the roadways and extend courtesy at all times. MedStar vehicles will not be used to "bully" other drivers out of a lane or off the road by tailgating, manipulating the siren or emergency lights, flashing the headlights, by hand gestures, or any other means of intimidation.

Profane, obscene or demeaning gestures or speech will not be transmitted to other drivers under any circumstances by any means. Do not let the actions or in-actions of other drivers frustrate or anger you or cause you to act in an unprofessional manner.

The second crew member in the front seat of the vehicle will watch for potential hazards as if they were driving and advise the driver of such potential hazards. The second crew member will not read newspapers, magazines, etc. when the vehicle is in a driving mode. The only exception is when they are reading the map book and directing the driver to the scene of a call. The second crew member must still be aware of upcoming intersections and assist in clearing each intersection, lane by lane.

All MedStar vehicles are required to be operated utilizing low forces driving techniques, even when on an emergency response or transport.

Team members are required to attend and successfully complete a refresher driver training class annually. Team members who violate any MedStar driving policy (s) or who are involved in any vehicle collision may be required to attend a remedial driver training class.

Responsibility for the safe operation of the vehicle rests with the driver. All collisions and damage to vehicles (or by vehicles) will be investigated, regardless of the extent of property damage or personal injury. Incidents having the potential to result in property damage or personal injury will be investigated as necessary. All investigations will follow the Just Culture algorithm.

MedStar believes team members who consistently demonstrate safe driving practices, along with collision free driving records, deserve recognition. The Health & Safety Administrator will be responsible for monitoring and identifying those team members whose driving performance is deserving of recognition.

Duty of Care

All MedStar vehicles will be operated in accordance with motor vehicle laws of the State of Texas and under the law of "duty of care".

All emergency vehicles will be operated in accordance with State of Texas emergency vehicle operations laws and under the law of "duty of care" when on an authorized emergency run. A determination as to whether or not someone exercised DUTY OF CARE would be to compare the actions of a "reasonably careful person, performing similar duties, under similar conditions, to the acts of the person in question."

Use of Tobacco Products

The use of any tobacco products in MedStar vehicles, on any scene in public view, or No Smoking Area is prohibited.

Eating and Drinking in an Ambulance, Supervisor Vehicle, Supply Vehicle, Maintenance Vehicle

It is recommended that crew members eat outside the ambulance whenever possible. If eating inside the vehicle, it must be in the cab of the vehicle, it is strictly prohibited to store or consume food in the patient compartment.

Care must be given to protect the electronic equipment in the front of the ambulance. Food and drink spills are extremely dangerous to electronic equipment and can interfere with your ability to operate that equipment in the event of an emergency response, radio traffic, or crew emergency. Your radio is your lifeline, protect it.

Eating and/or drinking will be allowed in an ambulance, supervisor, supply or maintenance vehicle under the specific guidelines listed below:

1. The vehicle must be parked at a designated Post location or other location with prior approval from a System Status Controller.
2. Crew members must wash their hands immediately before and after eating (use of the "waterless" hand cleaner when running water is not available is acceptable)
3. Drinks will be contained in screw top containers that prevent spills if the drink container is turned over. (i.e., plastic drink bottles, water bottles, etc.)
4. It is the responsibility of both crew members to clean up all leftovers, trash and debris immediately after eating, before arrival on scene of the next call, and not waiting until the end of the shift.
5. In accordance with the current Exposure Control Plan and Exposure Control Policies.

Eating or drinking is expressly prohibited while on the course of a call, while the vehicle is in motion, or is in a driving mode (i.e., stopped at a controlled intersection, congested traffic, etc.).

Under no circumstances will food or drink be allowed in the patient compartment of the ambulance. (Reference the Exposure Control Plan and Exposure Control Policies)

Personal belongings will be stored either in the cab or the front left driver side compartment. No personal belongings are to be stored in the patient compartment.

Prohibited Use of Drive Through

The use of all "drive thru" businesses is prohibited for ambulances due to the danger of low overhangs and limited egress. (i.e., fast food restaurants, banks, credit unions, etc.)

Driving Through Work Zones/Construction Zones

When driving through work zone areas you must not exceed the posted speed limit for that work zone, even if driving in the emergency mode.

An additional one (1) second must be added to the minimum following distances based on vehicle speed, road conditions and visibility.

Obey the warnings and instructions of the road signs as well as road crew "flaggers".

Railroad Crossings

If you see or hear a train approaching do not give into the temptation to cross the tracks before the train gets to the roadway. An approaching train may be closer and traveling faster than it appears.

You must come to a complete stop at a railroad crossing posted with passive warning devices (no gates or lights) and look both ways before crossing the railroad tracks.

You must watch for vehicles that are in front of you that are required by law to stop at all railroad crossing. These vehicles include, but are not limited to, school buses, commercial buses, and trucks carrying hazardous or flammable materials. Maintain your following distance based on vehicle speed, road conditions and visibility and be prepared to stop behind those vehicles.

Do not go around the warning gates at a railroad crossing when the gates are activated, even if the tracks look clear. If necessary take an alternate route and notify the Communications Center of the delay and possible malfunction of the gates.

The recommended minimum safe distance from the tracks is fifteen (15) feet.

If working a call on or very near the tracks, and a train is approaching, it is recommended to move everyone at the crossing away from the tracks in the direction of the oncoming train. When a locomotive (engine) strikes an object

on the tracks, it tends to push it forward. By you moving in the direction of the oncoming locomotive (engine) you will be moving away from most debris resulting from the impact.

Emergency phone numbers are located on or near the warning signs at the tracks, with a crossing ID number, if there is a need to warn the railroad of a problem at the crossing.

Unit Dimensions

All drivers must be acutely aware of all dimensions of the vehicle they are operating. Each ambulance and support vehicle will have the unit's specific height and width posted in the cab.

In being acutely aware of the ambulance's dimensions, no ambulance will be driven under any awning, building overhang or garage with a clearance of less than 9' 6".

Off Road Driving

The vehicle operator will not drive off of any paved surfaces during or immediately after a heavy rainfall. This includes but is not limited to highway mediums, fields, pastures or dirt roads. The vehicle operator should realize that the weight of the ambulance may cause the vehicle to sink in soft ground.

Assistance to Other Drivers

When safe and appropriate, MedStar personnel will provide assistance to other drivers providing there is no potential interference with job duties such as posting or call assignments. No ambulance will be used to push, pull or jump-start another vehicle.

Red Light Cameras

Several cities in the MedStar service area have implemented Red Light Cameras. When a vehicle is in an intersection when the traffic light turns red, a camera takes a photo of the vehicle and license plate. A civil traffic citation is issued to the owner of the vehicle with a fine (currently \$75.00). The owner of the vehicle is ultimately responsible for paying the fine.

The following is the MedStar procedure for resolving red light camera citations;

1. The license plate is matched with the MedStar unit.
2. CAD research is performed to determine the crew assigned to the unit.
3. If the unit was responding to an emergency or was transporting in the emergency mode, documentation will be provided to the vendor who manages the red light camera program for the city. The citation will be dismissed;
 - a. If the unit was not responding to an emergency or transporting in the emergency mode, this procedure continues.
4. The red light citation information is forwarded to the crew's assigned Supervisor.
5. The Supervisor interviews the crew to determine who was driving at the time;
 - a. If the driver is known, that employee may be responsible for the fine.
 - b. If the driver is unknown, both team members may be responsible for the fine.
6. The responsible driver will be asked if they intend to contest the citation by requesting an administrative hearing with the appropriate municipal court;
 - a. If the driver intends to contest the citation, the case will be placed on hold pending the outcome of the administrative hearing.
 - b. If the result of the administrative hearing is dismissal of the citation, no further action is required.
 - c. If the driver does not intend to contest the citation or the citation is upheld at the administrative hearing, this procedure continues.

7. Since MedStar is ultimately responsible for the citation as the owner of the vehicle, Accounts Receivable will pay the fine. The driver may be required to sign a Payroll Deduction Authorization form for the amount of the fine. The fine will be deducted from the next paycheck.
8. A copy of the citation will be placed in the driver's personnel file and the incident will be logged in the Red Light Camera database to identify multiple occurrences that may result in corrective action.

Should team members choose to contest a citation, they should be aware of the DOT standards for traffic controls. The DOT Manual of Traffic Control Devices provides the following guidance;

Guidance:

A yellow change interval should have a duration of approximately 3 to 6 seconds. The longer intervals should be reserved for use on approaches with higher speeds.

Typical application is that the yellow change interval is one (1) second for each ten (10) mph. In a 45 mph speed limit, the yellow change interval should be 4.5 seconds. Improper yellow intervals could be cause for dismissal of a citation.

To avoid the potential for a citation, and more importantly, the potential for an intersection collision, compliance with the MedStar policy regarding intersections is the best choice.

Communications When Driving

When driving a MedStar vehicle, communications via cellular telephone are prohibited. When responding to a call, the employee riding as a passenger in the front seat is responsible for communications. The only exception is radio communications with the Communications Center when transporting a patient and the driver is the only person in the cab of the vehicle. If cellular telephone communication is necessary for business purposes, the driver will park in a safe location to complete the telephone communication, as appropriate. See the policy on Cellular/Mobile Phone Use While Driving.

The employee in the passenger seat, not the driver, will handle all radio tasks while responding to any call.

Assuring the unit is placed on scene by radio will be the sole responsibility of the passenger in the unit. To ensure the unit is placed on scene, the employee in the passenger seat should first voice on scene over the radio, and receive confirmation from the System Status Controller. In the event the System Status Controller does not give voice confirmation of your radio traffic, voice over can be reattempted by portable radio from the scene. Receiving voice confirmation is the only guarantee that your on scene transmission was received. More than three (3) incidents of failure to update on scene status during a 12-month period is cause for corrective action.

Responding to a Call

The general area of the call will be located before moving the vehicle. The exact location can be obtained while en route from the second crew member or by routing assistance from electronic means or from the Communications Center.

Seat Belt Use

Take responsibility for your own safety and wear your seatbelt.

Proper use of seat belts is mandatory in all MedStar vehicles. The use of seat belts helps to restrain you in the event of a collision, evasive maneuver, hard stop or hard acceleration.

Seat belts provide the best restraint when:

1. The seat back is upright
2. You are sitting upright (not slouched) in the seat
3. The lap belt is snug and as low as possible over the pelvis
4. The shoulder belt is snug against the chest

If the seat belts are worn loosely across the chest & shoulder (slack of one inch or greater) or too high over the pelvis there is an increased risk of neck and abdominal injuries caused by sliding under the seat belt during a collision. A seat belt will not be used for more than one person in a seat and not across more than one seating position. The shoulder belt will be worn across the outside shoulder only. Do not wear the shoulder belt under your arm, behind your neck or back, or across the inside shoulder.

It is the responsibility of the driver to ensure that driver, 2nd crew member and all passengers will have a seat belt on and worn properly. Proper seat belt use is mandatory in all MedStar vehicles.

Front seat passengers must also be made aware of the passenger side airbag. The ambulance may or may not have a switch allowing the airbag to be turned off therefore creating a potential hazard for the front seat passenger. The front seat passenger must be made aware of the mandatory passenger side airbag warning label located on the passenger side sun visor. The passenger side airbag warnings must be followed by all MedStar team members.

Night Time Driving

When driving at night, headlights should be in the high-beam mode whenever possible and it does not create a hazard for other drivers. The headlights should be turned off when the vehicle is parked, whether at Post or on a scene unless the headlights are needed to illuminate the scene.

To reduce reflections on the inside of the windshield, for clearer visibility, the dashboard will not be used as a shelf. Books, papers and other items should be placed on the floor in the cab or a storage compartment, not on the dash.

Day Time Driving

During daylight hours, all MedStar vehicles will be driven with the headlights on and in the high-beam mode. You are 33% less likely to become involved in a collision when your headlights are on and in high-beam as other drivers are less likely to pull out in front of you causing you to brake suddenly and risk a rear end collision. The headlights should be turned off when the vehicle is parked, whether at post, at destination, or on a scene.

To reduce reflections on the inside of the windshield, for clearer visibility, the dashboard will not be used as a shelf. Books, papers and other items will be placed on the floor in the cab or a storage compartment, not on the dash.

ALLSAFE® (Failsafe)

The AllSafe® (Failsafe) Driving program is an integral part of the MedStar Driver/Operator Training Program.

Team members who violate any driving policies or who are involved in or contribute to damage to a MedStar vehicle will be subject to attend remedial AllSafe® (Failsafe) training.

Remedial AllSafe® (Failsafe) training will include, but not be limited to classroom instruction, the AllSafe® Driving Standards, practical driving instruction, follow up driving instruction and evaluation.

All team members will utilize the twelve (12) AllSafe® (Failsafe) Driving Standards while driving any MedStar vehicle under any circumstances.

The twelve (12) AllSafe® (Failsafe) Driving Standards are:

Constant Rate Acceleration	Signaling For Turns And Exits
Smooth Braking	Twelve (12) Second Lane Change
Rear Tire Concept	Looking Far Ahead
Four (4) Second Following Distance (minimum)	Systematic Eye Movement Pattern
Rear Space Cushion	Mirror Use
Side Space Cushion	Speed Control

Adverse Driving Conditions

Adverse conditions come in a variety of forms including ice, snow, sleet, rain, fog, diminishing light, and darkness just to name a few.

Problems associated with driving in snow or sleet is headlights and emergency lights can be covered by the snow or sleet and reduce the distance the lights shine. Also the sirens can become clogged at the same time, reducing their effectiveness. During these adverse weather conditions, frequently check the headlights, emergency lights and sirens to make sure they are clear of snow or sleet.

When driving in any adverse conditions it is important to use proper visual habits, increase your following distances and decrease the vehicle's speed.

To increase your following distances use the AllSafe (Failsafe) criteria:

Following distance is computed by using a stationary object adjacent to the road or a marking on the pavement and counting the interval from the passage of the vehicle in front to the agency vehicle using the mnemonic one-one thousand, two-one thousand, three-one thousand, etc. The time for the specific road conditions noted above is cumulative and added to the initial time for the vehicle speed.

1. Keep a minimum four (4) seconds following distance at speeds up to forty (40) MPH, a minimum of five (5) seconds following distance at speeds over forty (40) MPH.

In adverse driving conditions increase the following distances as listed below, adding the seconds cumulatively:

1. Add a minimum of one (1) second for reduced visibility - diminished light, night, fog, etc.
2. Add a minimum of one (1) second when driving through a work zone/construction zone
3. Add a minimum of one (1) second when physically or emotionally impaired/tired.
4. Add a minimum of one (1) second for reduced road grip - wet surfaces.
5. Add a minimum of one (1) second for wet brake pads, rotors and/or drums.
6. Add a minimum of two (2) seconds for driving on fresh snow.
7. Add a minimum of three (3) seconds for driving on ice or packed snow.

High Water

Never attempt to cross water that is fast flowing or of unknown depth.

Do not drive through water that is higher than the bottom of the running boards. (Approximately twelve [12] inches deep)

After driving through water you may have limited traction or wet brakes so allow for increased following distances, increased braking distances and reduced vehicle speed.

After driving through standing water apply your brakes gently several times as the vehicle moves slowly. This helps to dry the brakes.

Cellular/Mobile Phone Use While Driving

Placing or receiving cellular/mobile phone calls or text messages is expressly prohibited while driving any MedStar vehicle. This includes any means of "hands free" phone operation, including but not limited to "Blue Tooth®" technology.

The Operations Supervisor may, in the course of their duties, place or receive a cellular/mobile phone call while driving. If traffic, weather, or road conditions are such that warrant extra caution while driving, the Operations Supervisor will advise the person on the phone they will call them back when safe to do so.

Using, or wearing of "hands free" phone equipment including but not limited to "Blue Tooth®" technology, while on the course of an "ambulance call"*, while the vehicle is in motion, or is in a driving mode (i.e., stopped at a controlled intersection, congested traffic, etc.), is expressly prohibited.

*While on the course of an “ambulance call” includes but is not limited to any phase of receiving dispatch information, en route to the scene, on the scene, transporting to any destination, unloading at the destination, transferring the patient care to others at the destination site, while completing verbal and/or written reports, and while readying the stretcher and truck for Code 5 status.

Manual Shifting

All MedStar vehicles have automatic transmissions; there is no need for any manual shifting from a lower gear to a higher gear on takeoffs from a stop, or shifting from a higher gear to a lower gear while coming to a stop. This is very strenuous on the transmission and drive train and is considered vehicle abuse.

Driving on the Property around the Star

At no time is a vehicle to exceed 5 mph in the parking lot areas around the Star or inside the building.

Parking at the Star

To facilitate the parking of ambulances, parking of personal vehicles in the designated ambulance parking spaces is prohibited. Violation of this policy will result in the vehicle being towed. The owner of the vehicle will be responsible for the towing/storage charges.

MedStar vehicles will not be parked (with or without someone in the driver’s seat) in the fire lanes on the property at the Star. This includes parking in the fire lane to clock in.

Sleeping in Ambulances

All team members are required to arrive for work well rested and physically capable of completing the assigned shift. If, during your shift you become fatigued and unable to stay awake, notify the Operations Supervisor and the Communications Center immediately.

If, while stationary at a post, an employee wishes to relax in the patient compartment, the squad bench or the captain's seat may be utilized. Reclining or sitting on the stretcher is prohibited. **Sleeping in the cab of the ambulance is not permissible.**

Both crew members are required to be in the front seats, with their seatbelts properly secured, while the vehicle is responding to a call, traveling to a post assignment, or anytime the vehicle is in a driving mode without a patient onboard. The only exception is when a new hire employee or student is riding out on the unit. They will ride in the captain’s chair that must always face rearward and secured in a seat belt when the vehicle is in motion.

Sleeping through a call assignment or post move may subject team members to corrective action.

EMERGENCY DRIVING

MedStar requires all MedStar vehicles be operated with "duty of care" for the safety of team members, passengers, patients, and all other persons and vehicle drivers using the streets, highways, and freeways.

Team members are reminded the most important factors contributing to a quick response time are a quick response to the ambulance, a thorough knowledge of the use of a map book and a thorough knowledge of the area.

Authorization for an emergency response to a scene is determined by a Status System Controller only. No crew member will determine on their own to respond to a scene with emergency lights and/or siren without the expressed verbal authority from the Communications Center.

Upon being canceled off of an emergency response, never pull into a restaurant or convenience store parking lot.

Speed Limits

Never drive at a speed which is excessive for weather or road conditions regardless of the posted speed. (e.g., rain, sleet/snow, limited visibility, traffic, etc.)

During non - emergency operation of any MedStar vehicle the posted speed limit will be followed with respect to visibility, road/traffic, and weather conditions as well as patient and crew comfort.

The speed limit during emergency mode driving, with emergency lights and siren activated, when driving through a school zone will be a maximum of twenty (20) MPH with respect to visibility, road/traffic and weather conditions, regardless of time of day, day of the week, or time of the year.

The speed limit during emergency mode driving, with emergency lights and siren activated, when driving through a residential area or construction zone will be limited to the posted speed limit or ten (10) MPH over the posted speed limit with respect to visibility, road/traffic, and weather conditions.

The speed limit during emergency mode driving, with emergency lights and siren activated, when driving on a secondary street or feeder road will be limited to the posted speed limit or flow of the surrounding traffic to a maximum of forty five (45) MPH or ten (10) MPH over the posted speed limit with respect to visibility, road/traffic and weather conditions.

The speed limit during emergency mode driving, with emergency lights and siren activated, when driving on a highway or freeway will be limited to the posted speed limit or flow of traffic to a maximum of ten (10) MPH over the posted speed limit in a fifty five (55) MPH zone or a maximum of seventy-five (75) MPH in a sixty-five (65) MPH zone with respect to visibility, road/traffic and weather conditions.

While transporting a patient accelerating, decelerating, stopping or maneuvering around corners and curves must not interfere with patient care or cause undue discomfort to the patient or other crew members.

Use of Emergency Lights, Siren, Spotlights, and Air Horn

Authorization for an emergency response to a scene is determined by a Status System Controller only.

If emergency transport to a medical facility is warranted due to the patient's condition, the Primary or Lead Secondary Paramedic assumes the responsibility for this decision and the driver must notify the Communications Center accordingly.

When driving in the emergency mode, stay to the far left of your travel lane this provides greater visibility to oncoming traffic and to traffic traveling in your direction.

It should never be assumed the use of the siren and emergency warning lights will clear the way through traffic. You should also not assume a motorist in the vicinity will do what is expected after becoming aware of the ambulance's presence.

Emergency warning lights and sirens only serve to notify other drivers of your presence and to request the right of way from them. Usually other drivers will yield to an emergency vehicle if they are given enough time to realize you are behind them, to make a decision as to what to do, and time to carry out that decision.

Proper use of signaling equipment does not relieve the driver of the duty to otherwise exercise caution and drive with "duty of care" for the safety of others.

Crews should be aware warning lights may disorient some drivers or create a hypnotic focus of attraction for an intoxicated driver.

All emergency lights and the siren must be activated when on an emergency response or transport (Priorities 1 and 2).

Air horns, if the vehicle is so equipped, will be used when one hundred fifty (150) feet from and when proceeding through an intersection or one hundred fifty (150) feet from the last vehicle stopped at the intersection and when

proceeding through an intersection. Be aware that when the air horn is activated the siren is deactivated.

All warning lights will be used when breaking any flare pattern at night, in order to be identified as an emergency vehicle to other responders on the scene.

Sirens and air horns will be used as follows:

1. The "wail" mode is to be used as the primary siren and is required at all times when driving in the emergency mode (Priority 1 and 2)
2. The "yelp" mode is to be used only when clearing intersections and will be used in conjunction with the air horn if the unit is so equipped.
3. The air horn (if the unit is so equipped) may be used as a supplement to the siren but never by itself.

Employee will not "make music" with the siren or otherwise manipulate the sounds of the siren. This does not make drivers move out of your way any faster but can confuse drivers who may react in an unsafe manner. It can also increase your stress level since other drivers do not move out of your way any faster.

Use of spotlights as warning devices is prohibited since they can temporarily blind the drivers of other vehicles. Do not shine the spotlight in the mirrors or windows of other vehicles on the roadway. When operating the spotlight always open a side window and extend the light outside before use.

Use of the public address system while the vehicle is in motion is expressly prohibited. Use of the public address system is limited to polite use to direct victims of a mass casualty incident.

Freeway Driving

Sirens and air horns do not provide adequate warning at freeway speeds. Extreme caution should be used when entering the freeway with lights and siren. Drivers may be surprised by the sudden awareness of the lights and siren and react in an unsafe manner. Likewise, extreme caution should be used when exiting the freeway with lights and siren. Exiting traffic and approaching traffic on the service road may be surprised by the sudden awareness of the lights and siren and react in an unsafe manner. Make sure the exit ramp is clear of traffic or you have made "eye" contact with the drivers ahead of you through their mirrors, before activating the lights and siren.

Emergency Driving on Public Streets

During emergency driving, the ambulance will be in the far left lane when moving in the same direction as traffic on your side of the roadway.

Using one way streets the wrong way must be justified by the fact that access from any other direction is virtually impossible. When deemed necessary, your vehicle speed will be reduced to a maximum of ten (10) MPH, and you should drive to the right side of the road allowing approaching traffic to move to their right.

The procedures for using an oncoming lane are as follows:

1. Speed reduced to a maximum of ten (10) MPH
2. Enter oncoming lane at least one hundred (100) feet back from the intersection
3. Stop within two hundred (200) feet of moving, oncoming vehicles
4. Follow intersection procedures
5. Expect cars in the left-turn lane to turn left, thus creating a hazard

Passing moving vehicles on the right is prohibited with the exception of entering or exiting a freeway and when necessary on a one way street. Extreme caution must be used in this situation.

A stopped vehicle must never be passed on the right unless there is absolutely no other option. If a stopped vehicle must be passed on the right, the driver will bring the ambulance to a complete stop behind the stopped vehicle and then proceed past the stopped vehicle slowly, exercising caution and "duty of care".

When it is necessary to pass a vehicle that is attempting a left turn, the driver must bring the ambulance to a complete stop behind the vehicle attempting the left turn and allow the driver to make the left turn or move to the right before proceeding. (Drivers in the left turn lane have a tendency to turn left, even when an emergency vehicle is attempting to pass them on the left.) Likewise, use caution when approaching vehicles in the lane to the right of a left turn lane; they will frequently turn left from that lane also, even when an emergency vehicle is attempting to pass them on the left.

If the ambulance is "trapped" by vehicles stopped at a red light, or other controlled intersection, and opposing lanes are not accessible, the driver will turn off all warning devices until the signal changes and the traffic proceeds. Do not force other drivers into an intersection against a red light or other signal device. If drivers voluntarily proceed through, resume with lights and siren.

Go around uncooperative or inattentive drivers. DO NOT attempt to force them to give way by tailgating, manipulating the siren or lights, by hand gestures or by any other means.

Proper Approach to Intersections - Emergency Operations

When negotiating intersections, crews must be aware a majority of all major ambulance collisions occur at intersections, mandating extreme caution be exercised, then proceed under the law of "duty of care". (Reference the intersection policy for specific use of sirens, siren modes and air horns)

When approaching an intersection be in the mind frame another driver will not see you and come through the intersection into your path of travel.

When approaching a "blind or obstructed view" lane, or any controlled intersection (i.e., red light, stop sign, green light, or "stale" green light - defined as a stop light that has been green for some time, or was green when the driver first saw it) the following procedures will be accomplished at least one hundred fifty (150) feet prior to the intersection or one hundred fifty (150) feet from the last vehicle stopped or approaching the intersection in front of you:

1. Remove your foot from the accelerator
2. Let engine compression, gravity, etc., start to slow the vehicle
3. Start to apply pressure to the brake
4. Place the electronic siren in the "yelp" position

After making a complete stop at the traffic line prior to the intersection, the following procedures will be accomplished:

1. Make eye contact with all stopped vehicle drivers
2. After making eye contact with all stopped vehicle drivers and looking to your left, forward, right, and again to your left, then under the law of "duty of care", you can proceed through the intersection at a speed not greater than ten (10) MPH.
3. Intersections must be cleared at each lane individually, using all appropriate procedures
4. If your view of the intersection is blocked by a large vehicle in any direction, move up slowly (idle speed), clearing each lane individually, using all appropriate procedures
5. Specifically look for open lanes, large vehicles blocking anyone's view, parked vehicles on the side of the road blocking anyone's view, moving vehicles, and pedestrians.

When required to turn right in front of stopped traffic, after stopping prior to the intersection, you should proceed slowly, well in front of the other stopped vehicles prior to executing your turn. In addition, the crew member in the right seat should roll down their window and signal the drivers of the stopped vehicles to hold their position. The driver should be aware that this type of turn carries increased risks if traffic receives a green light prior to you clearing the intersection, requiring extreme caution to be used when faced with this type of situation.

Second Crew Member Responsibilities During an Emergency Call

When responding to a scene the second crew member will handle radio communications while the vehicle is in the emergency mode.

The second crew member will check the appropriate map and guide the driver into the scene but must be aware of upcoming intersections and assist in clearing the intersection as stated in the policy below.

When responding to a call, the second crew member will observe the right side of the intersection and advise the driver as to the intersection being "clear" or having "traffic". The driver of the vehicle is still responsible for the vehicle's safe operation and must double check to the left, forward, right and left again before proceeding through the intersection.

Following Another Emergency Vehicle

When two emergency vehicles are responding together, the driver of the second vehicle must maintain at least a five hundred (500) foot distance behind the first vehicle. The driver of the second vehicle must exercise extreme caution as drivers who yielded to the first emergency vehicle may not see or hear the second emergency vehicle and resume their course of travel.

Do not overtake and pass any other vehicle which is running in the emergency mode.

Beware of and coordinate your activities with other vehicles which may be responding in the emergency mode in the same vicinity.

Encountering School or Church Busses While on an Emergency Response

When on an emergency response and a school or church bus that is loading or unloading with lights flashing is encountered, the following will be done regardless of whether you are traveling in the same direction as the bus or not :

1. Come to a complete stop prior to passing the bus. At this time the bus driver may retract the stop sign and wave you on by. If the bus driver does not retract the sign, stop completely and turn off all emergency lights and sirens
2. Look for movement or shadows that may be children about to cross the roadway. Children are taught to unload and cross the street in front of the bus.
3. Look for movement from both sides of the roadway. Parents may walk across the roadway to meet their children at the bus.
4. If no children or other pedestrians are encountered, proceed at idle speed to the other end of the bus and come to a complete stop again.
5. Again watch for movement or shadows that may be children about to cross the roadway.
6. If no children or other pedestrians are encountered, proceed on the call.

The Communications Center will be notified of the response delay due to encountering a bus in the above situation.

When posting or in a non-emergency mode and a school or a church bus that is loading or unloading with lights flashing is encountered the unit will be brought to a complete stop. The unit will remain stopped until the bus has completed loading or unloading, pedestrians have cleared the crosswalk or street and the bus proceeds on its way.

Children are taught to unload and cross the street in front of the bus but may not follow those directions.

This policy will apply regardless of whether you are traveling in the same direction as the bus or not.

BACKING AND PARKING

MedStar believes backing an ambulance is the responsibility of both the driver and second crew member. It is mandatory a spotter be used at all times when backing a MedStar vehicle, regardless of the distance being traveled.

Backing

If both crew members are in the vehicle and no patient is in the vehicle, the second crew member will get out and act as the spotter according to the backing policies and procedures, even if an alternate spotter is present.

The driver will request the second crew member get out of the vehicle and perform the spotter duties.

The driver will bring the vehicle to a complete stop and give sufficient time for the second crew member to safely get out of the vehicle.

The driver must inform the spotter where the vehicle will be backed prior to moving the vehicle.

The ambulance and other response vehicles will be backed into parking spaces rather than being "nosed in" to eliminate the necessity of using backing maneuvers when responding to a call or Post move.

Persons authorized to act as backing spotters for MedStar vehicles are:

- On duty MedStar team members
- Authorized observers \ students on MedStar units
- Off duty MedStar team members who are on the scene
- Fire, Law Enforcement or Security personnel

When backing an ambulance, supervisor vehicle or support vehicle and utilizing authorized observers, Fire, Law Enforcement or Security personnel, the driver assumes all responsibility in the event of a collision or other damage.

If an "authorized" spotter is not available, the driver may ask any responsible adult to assist in the backing of the vehicle. The spotter must be advised of where the vehicle is to be backed and both must agree on the hand signal for stop. All other backing policies apply.

Supervisor and Support Vehicles

The supervisor vehicle and all support vehicles will be backed into parking spaces rather than being "nosed in" to eliminate the necessity of using backing maneuvers when responding to a call.

If a passenger is riding in the vehicle they must act as a spotter anytime the vehicle is being backed.

All other backing policies apply.

Driver Responsibilities During Backing

Upon determining the need to back a MedStar vehicle, the driver will bring the vehicle to a complete stop, check in all mirrors for obstacles, request the second crew member to act as a spotter and to identify any potential or obvious obstacles previously noted in the mirrors. The driver will utilize both outside mirrors while backing.

The driver will not place the vehicle in motion until the spotter is positioned at the rear of the vehicle, eye contact is made and hand communications have been established. The driver will also roll down the side window to assist in hearing any verbal warning that may be given.

The driver will not place the vehicle in motion if there is any doubt as to the signals they are receiving from the spotter.

The driver will back the vehicle slowly using idle speed unless additional power is needed to overcome a hill, uneven terrain, etc. Regardless of the terrain, never back faster than the spotter can comfortably and safely walk.

If at any time during the backing process, the driver loses sight of the spotter, the vehicle must be stopped immediately and backing not resumed until eye contact and hand communication is re-established with the spotter.

When backing in poorly lighted areas, at night, dusk, or dawn, all scene and rear loading lights will be on to illuminate the terrain, spotter and potential hazards.

It is mandatory to use the back up alarm in the following situations;

1. When a patient is in the ambulance, no other spotter is available, and the attendant is spotting from inside the ambulance at the rear doors end of the squad bench.
2. When other vehicles or pedestrians are near that could move into the path of the backing ambulance, even when using a spotter outside of the ambulance.

When a patient is in the ambulance and no other authorized spotters are available, the driver will walk around and survey the area on all sides of the unit prior to beginning the backing process. The patient attendant will serve as the spotter by moving to the end of the squad bench next to the back doors and looking out the rear window and supplying verbal direction to the driver.

Spotter Responsibilities During Backing

After insuring the vehicle has come to a complete stop, the crew member in the right front seat will exit the vehicle. After exiting the vehicle, the spotter will survey both sides and rear area around the vehicle from ground level to a height of 12 feet for obstacles or hazards.

The spotter will position themselves eight (8) to ten (10) feet from the left rear of the vehicle and establish eye contact with the driver. The spotter will be closer than eight (8) to ten (10) feet from the vehicle if vision is difficult due to sun glare, shadows, or if inadequate room exists.

If an obstacle or hazard that would make the backing of the vehicle unsafe or hazardous is identified, the spotter will signal the driver to stop, proceed to the driver's window and give a verbal report of the obstacles or hazards to the driver.

Hand communication signals will be in accordance with standardized MedStar hand and arm signals. If the spotter identifies the need to move to the opposite side of the vehicle to ensure clearance, etc., the driver should be signaled to stop the vehicle. After moving and when ready to resume the backing process, the spotter will re-establish eye contact with the driver and signal for the backing to continue.

Backing Policy Exceptions

MedStar supervisors, maintenance and supply team members, when driving vehicles alone, will follow the backing policy as written for field team members with the following exceptions:

If, in the function of normal business activities there is no spotter available, supervisors, maintenance and supply team members will walk around and survey the area on all sides of the vehicle from ground level to a height of twelve (12) feet for obstacles and hazards prior to beginning the backing process. The lack of an available spotter does not release the driver of responsibility in the event of a collision. If other MedStar team members are in the area, they will be requested to act as a spotter according to policy.

An ambulance or support vehicle will not be backed to a scene location in the event the scene is passed up, due to uncertainty of the scene location or any other reason. This is especially true on busy streets, roads, highways, or freeways.

Parking of MedStar Vehicles

In general, when responding to a call at a residence, it is normally advisable to park the ambulance on the street, out of traffic, with the rear of the ambulance near to the foot of the driveway or sidewalk allowing easier access across the property to the ambulance. When responding to a call at a business, it is normally advisable to park the ambulance close to the building entrance, out of traffic, with the rear of the ambulance near to the foot of the driveway, parking area, or entrance sidewalk allowing for easier access across the property to the ambulance. Parking of the ambulance on scene must not block access or egress to other emergency vehicles. When MedStar vehicles are in park the emergency brake must be engaged. The only exception to this is when the temperature reaches thirty five (35) degrees or lower. (During low temperatures the brake can freeze in position)

Do not park, idle, or operate any MedStar vehicle in tall grass that may reach the bottom of the vehicle. The high heat generated by the engine and emissions components can start a ground fire.

When parking at an emergency scene, the unit should be parked as to prevent the need to back the vehicle when leaving the scene.

If the scene contains downed power lines, a danger zone exists on either side of the incident extending to the next intact pole for a full span and to the sides as far as the severed wires can reach. The MedStar vehicle will not be parked inside this zone. Crew members should remain out of the zone until trained employee have secured the wires or deactivated the power.

When parking at a restaurant or convenience store, or other business the unit will be parked in a parking space (nose out) away from the entrance and not parked perpendicular across multiple parking spaces. Parking in handicapped spaces or in fire lanes is prohibited. As a courtesy to the general public, units will be parked away from restaurant or convenience store entrances. At night it is important to park in well lighted areas to reduce vulnerability. When parking on post, do not park behind businesses or in poorly lighted areas.

As a courtesy at post locations, restaurants, businesses, etc., remember the heat and exhaust from the tailpipe can damage plants, painted surfaces, etc. Park appropriately to minimize the effects of the exhaust system on property and others.

Safe Vehicle Positioning While Operating In Or Near Moving Traffic

All emergency personnel are at a great risk while operating in or near moving traffic. There are safety precautions that can be taken to reduce the risk to yourself and others on the scene. Remember, MedStar team members must perform their duties safely and make every effort to minimize the risk of injury to themselves, others on scene, and those who use the streets, roads, highways, and freeways:

1. Do not take for granted that passing drivers will conduct themselves safely around the scene. Maintain an acute awareness of the high risk of working in or near moving traffic. Avoid turning your back to approaching traffic.
2. Park in the appropriate position, with the rear doors angled away from the nearest lanes of moving traffic. This enhances the safety of the scene, your movement from and back to the ambulance for equipment/supplies, and moving the patient (s) back to the ambulance for loading and transport.
3. Wear your high visibility, reflective vests every time you are working a scene in or near moving traffic. **It is mandatory to put on safety vests before exiting the ambulance.** Each ambulance will have 3 safety vests available.
4. Always exit and enter your vehicle with extreme caution remaining alert to moving traffic at all times. Always look before opening doors and stepping out of your vehicle into any area in or near moving traffic. When walking around any vehicle on scene, be alert to your proximity to moving traffic. Stop at the corner of the vehicle, check for traffic, and proceed along the vehicle remaining as close to the vehicle as possible. When at all possible do not walk along the side of a vehicle closest to moving traffic.
5. Reduce possible vision impairments to other motorist by not parking the ambulance so the headlights shine into the oncoming traffic lanes. At night, if the headlights are not needed to illuminate the scene turn the headlights off. During daylight hours always turn the headlights off while on the scene.
6. Use traffic cones/road flares to give adequate warning to oncoming traffic. Cones/road flares identify, but only suggest, the transition and tapering actions that are required of the approaching motorist; cones/road flares do not "block" traffic. Always place and retrieve cones while facing on coming traffic.

Emergency Vehicle Operation

At the scene of a possible or actual hazardous material spill, MedStar vehicles will be parked upwind, whether fumes are evident or not. Refer to the Emergency response Guidebook for the minimum safe distance to park the vehicle. Follow the directions of the Incident Commander as a part of this policy.

MedStar vehicles will not be parked in such a manner that causes crew members to cross lanes of traffic or climb over barriers (concrete, metal guardrails, fencing, etc) dividing opposing directions of traffic to gain access to a scene.

When being first to arrive on the scene of a collision where the vehicle (s) have come to rest off of the roadway, do not park in lanes of traffic "down stream" of the crest of a hill, curve or other "blind" area. Approaching traffic may not have time to see your vehicle; even when emergency lights are activated, possibly resulting in your vehicle being struck by the oncoming vehicle (s).

When being first to arrive on the scene in or near moving traffic, position the ambulance between the scene and on-coming traffic, in your direction of travel, at an approximately 45 degree angle to the traffic lanes with the front wheels turned away from the scene and the rear doors angled away from the nearest lanes of moving traffic. When practical this must be accomplished in such a manner as to position the curb side patient compartment door from being exposed to oncoming traffic.

When being first to arrive on the scene in or near moving traffic and there is an immediate need to place cones or road flares always face the oncoming traffic while placing those cones or road flares. Before placing road flares you must insure there are no flammable liquids or fumes on the scene that may be ignited by the road flares. Always face the oncoming traffic when picking up placed cones. You must make every effort to minimize the risk of injury to yourself and others in or in close proximity to moving traffic.

The speed of traffic or the limited visibility of the scene by oncoming traffic must be considered when establishing a safe work area. Utilize the following table to determine how far to place the first cone or road flare away from the incident scene:

POSTED SPEED LIMIT	DISTANCE OF FIRST CONE/FLARE FROM INCIDENT
35 MPH	100 FT.
45 MPH	150 FT.
55 MPH	200 FT.
Greater Than 55 MPH	250 FT. plus 50' for each additional 10 MPH over 55 MPH

Fire apparatus will be used to "block" on coming traffic while police vehicles will be used to redirect the flow of on coming traffic. MedStar vehicles, unless being the first and only responder vehicle on scene, will be used for the treatment and transport of patients.

MedStar vehicles will be parked "downstream" of the blocking apparatus and incident scene allowing for safe access to our vehicles within the "shadow" of the blocking apparatus.

At the scene of a call where MedStar has responded to aid another agency, the ambulance will be parked at the Incident Commander's direction with due regard to access to the scene and egress for transport.

On multiple patient incident scenes where more than one (1) ambulance will be needed to transport, the first arriving crew will work with the Incident Commander to ensure blocking apparatus has established a sufficient size safe work zone that covers all damaged vehicles, the patient triage area, the extrication area, personnel and equipment staging area, and the ambulance loading zone.

Ambulances will be positioned within the safe work zone with the rear doors angled away from the nearest lanes of moving traffic. You must assure that all patient loading into the ambulance (s) is done from within the safe work zone.

Remain vigilant at all times while on a scene in or near moving traffic. Even with all safety precautions in place, you are at risk from drivers who may violate safety zones, blocking vehicles, cones, curbs, etc.

After Incident Review

Responsibility for the safe operation of the vehicle rests with the driver. All collisions and damage to vehicles (or by vehicles) will be initially investigated by the department's supervisors, regardless of the extent of property damage or personal injury. All collisions will then be investigated by the Risk and Safety Department through Just Culture. The focus of all investigations will be to provide recommendations to prevent a similar incident in the future. Trends will be presented at monthly Safety Committee meetings for mitigation planning.

Attendance at an AIR meeting is mandatory for all team members involved in a collision, injury, lost/damaged equipment, patient injury and/or other bodily or property damage incident. Failure to attend will be considered an absence and an attendance point will be assessed. Failure to show for an AIR meeting will result in disciplinary action up to and including termination.

What to do if you become involved in a collision/damage incident

1. Stop immediately
2. Render aid as needed
3. Contact the Communications Center by radio and advise by radio of the collision/damage, your location and if there are any injuries. The Communications Center will contact the Police, Fire Department and MedStar Supervisor.
5. Do not admit guilt or fault to anyone.
6. Do not apologize for the collision/damage, this can be used as an acknowledgment of guilt and/or fault.
7. Do not discuss the collision with anyone except the Police and/or MedStar management. This includes any other MedStar team members on the scene, or anytime later. The incident will be discussed in an After Incident Review meeting as scheduled. (AIR meetings are mandatory)
8. Do not sign any forms or documents, other than those from the Police and/or MedStar Supervisor.
9. Do not argue with anyone concerning fault for the collision/damage.
10. Complete the following reports before leaving the scene:
 - a. Other vehicle & Driver Information. A separate report for each "Other Vehicle" involved.
 - b. Passenger Information. A separate report for each "Passenger" in any "Other Vehicle" involved.
 - c. Witness Statement. A separate report for each "Witness"
11. Leave the collision scene as soon as released by the Police and MedStar Supervisor and return to the Star as directed.
12. Complete the entire Crew Report of Vehicle Incident (under Vehicle Incidents on the Risk and Safety intranet) before the end of your shift.
13. Your description of the incident must be thorough (see definition below). After reading the description of the collision/damage incident, the reader should have a clear mental picture of what happened and how it happened.
 - a. Thorough – Covering all aspects with painstaking accuracy.
 - i. Intensive; complete.
 - ii. Very careful or accurate.

During severe, inclement weather, a simplified one page collision report can be completed and submitted to the on duty operations supervisor.

What to do if you become involved in an employee injury incident

1. Stop immediately
2. Render aid as needed
3. Contact the Communications Center by radio and advise by radio of the injury (s). The Communications Center will contact the MedStar Supervisor and Police and Fire Department as needed.

4. The injury (s) will be evaluated and treated by the appropriate medical personnel and facilities
5. Complete all forms as directed by the investigating MedStar Supervisor
6. Complete the entire Crew Report of Vehicle Incident (under Vehicle Incidents on the Risk and Safety intranet) before the end of your shift.
7. Your written description of the incident must be thorough (see definition below). After reading the description of the collision/damage incident, the reader should have a clear mental picture of what happened and how it happened.
 - a. Thorough – Covering all aspects with painstaking accuracy.
 - iii. Intensive; complete.
 - iv. Very careful and accurate.

Sample C

Purpose:

To outline the processes and use of the DriveCam Event Recorder to improve driving safety.

Scope:

The policy applies to all full time and part time employees of MedStar.

Guidelines:

Any team member driving a MedStar vehicle is expected to drive according to the 12 Fail Safe Standards. Maintaining these standards promotes a safe place to work and ensures the safety of all team members, patients, and the general public. The DriveCam ER device will be used to complement driver training by aiding in the development and remediation of training at an individual and organizational level.

- I. DriveCam unit:
 - a. A DriveCam ER unit will be installed on all vehicles that operate in the MedStar system.
 - b. Team members shall not tamper with, or allow others to tamper with, the DriveCam ER or its components. This includes obstructing the view of the forward or rear-facing camera.
- II. DriveCam triggers
 - a. The DriveCam ER unit will record 12 seconds of video for each triggered event.
 - b. The triggers will be based upon g-force and speed thresholds.
 - c. When an event is triggered, it will be sent to the DriveCam team for analysis and graded based on the criteria listed in Appendix A.
- III. Triggered video events
 - a. Events that meet organizational criteria will be marked by DriveCam as requiring Face to Face Coaching.
 - b. As part of this process, the operator of the vehicle involved in the coaching event will be required to meet with his/ her supervisor to discuss the event and evaluate it from a Just Culture perspective.
 - c. Most coaching events will be treated as driver improvement opportunities with no further action required.
 - d. Events that are not marked as face to face coaching will not require any action from the team member. It should be known, however, that a pattern of triggered events may negatively affect the driver's monthly score.
 - e. Face to Face Coaching events shall be evaluated through the Just Culture algorithm. Repetitive at risk behavior and human error shall be managed based on the Just Culture algorithm for repetitive behavior.
 - f. Behaviors that are found to be reckless may escalate through the corrective action process faster than at risk behavior.
 - g. Events will accumulate on a rolling 12 month period.
- IV. Collisions
 - a. Any collision recorded on the DriveCam ER will be saved internally for investigation and possible defense.
 - b. A copy of the recording will also be sent to the Compliance Manager in the event that a video is requested either by subpoena or official police request.
 - c. The recording will be used to complement the After Incident Review process to identify areas of improvement.



Chapter Three

Scene Safety

It is the responsibility of the EMS agency to ensure that its EMTs and paramedics understand and can implement the scene safety policies and protocols that will help protect them and their patients.

From providing patient care by the side of the road to entering the homes of strangers to answering calls during still unfolding crises, EMS professionals can be placed in a wide variety of potentially risky situations. The illegal drug epidemic and a push toward deinstitutionalization/outpatient management of patients with psychiatric issues has exposed EMS to more patients in a psychiatric crisis known as agitated or excited delirium.

EMS practitioners must also be aware that any call could be a potential crime scene, including domestic violence, shootings, stabbings or child abuse. In addition, hazards may be physical, chemical or biological. Assaults on EMS practitioners are far too common. Every week, the media share stories of EMTs and paramedics being attacked and injured while attempting to provide patient care.

Having EMTs and paramedics understand scene safety best practices and execute them properly on the scene is the goal that every EMS safety program should strive to achieve.

Topics to be covered by written policies

Vehicle security – Ambulances can be a target for criminals and patients in psychiatric crisis. A vehicle security protocol should spell out when it's OK to leave a door unlocked and when it should be locked.

Sample policies – Vehicle security

Sample A: MedStar Field Employee Safety, Vehicle Security Section

See also: AMR Vehicle Safety Policy, Section 6.0

Universal precautions for violence – Some EMS agencies recommend in their protocols to take universal precautions for violence – that is, regarding every patient, family member or bystander as a potential source for violence. Employees should not enter any location if they feel threatened or unsafe. Instead, summon appropriate resources to the scene.

Sample policy – Violence prevention

Sample B: AMR Workplace Violence Prevention Policy, Section 5.0

EMS Agency Best Practices: Educating Practitioners on Situational Awareness and Scene Size-Up

A core element of scene safety is situational awareness – paying close attention to potential threats and all aspects of the surrounding environment, continuously monitoring the situation for changes, and making good decisions in response to what is observed or sensed. EMS agencies must make it a priority to educate practitioners about scene size-up as a first step in the patient assessment, as well as steps to take continuously throughout the patient encounter. Examples of scene size-up steps include:

- As part of a medical history, asking about recent patterns of violence or psychological instability.
- Incorporating a discreet weapons check into every physical exam.
- Securing tools and instruments that could be used as weapons, especially while in the presence of prisoners, suicidal/homicidal patients and other potentially violent clients.
- Watching for non-verbal cues of impending violence.
- Maintaining a viable route of escape from every scene.



Chapter Three

Scene Safety

Staging protocol – In situations identified as potentially unsafe by dispatch or responders, staging should be in close proximity but out of the line of sight or upwind of the unsafe area. Staging protocols should outline the types of situations that are considered unsafe (for example, an ongoing violent event, animal bite in which the animal poses an immediate threat, electrical hazard or suicidal patient.)

Sample policy – Staging protocol

Sample A: MedStar Field Employee Safety, Staging Section

Scene safety for violent situations such as active shooters – Active crime scenes, such as active shooter events, should have boundaries set up to protect EMS practitioners, patients and bystanders. These are divided into zones – the hot zone is where the incident is unfolding, the warm zone is where the risk of encountering the shooter is lower but still present, and the cold zone (the perimeter). The warm zone may also contain a decontamination corridor.

Every year, EMS responds to hundreds of active shooter events. Unless a practitioner is a member of a tactical EMS team, EMS should stage at a safe distance from an active crime scene until the area has been declared secure. Whenever possible, move patients to an ambulance or drive to a safe location to continue patient care.

Sample policy – Violent situations

Sample A: MedStar Field Employee Safety, Violent Situations Section

Process for reporting and debriefing on violent incidents – Traditionally, EMS practitioners have felt that they are expected to deal with stressful situations, including assaults, on their own. Assaults were an expected part of the job, and reporting them or acknowledging the trauma of being attacked was considered a sign of weakness. While those attitudes are beginning to change, more effort must be made to encourage EMS practitioners to speak up about incidents of violence on the job and to seek help. A key element of that is a policy covering threat/incident reports, which will allow management or law enforcement to initiate an investigation or take other actions.

Sample policy – Reporting violent incidents

Sample B: AMR Workplace Violence Prevention Policy, Attachment A

Resources

Suggested reading

EMS Safety, 2nd edition, NAEMT, Jones & Bartlett Learning Public Safety Group, 2017.

Toolkit to Address The Impact of Vicarious Trauma – Witnessing violence against others can also take a toll on the mental health of EMS practitioners. The Dept. of Justice Office for Victims of Crime has developed a toolkit to help EMS address this occupational hazard.

Course

NAEMT EMS Safety Course – 8-hour course for all levels of EMS practitioner. The goal is to promote a culture of EMS safety, help reduce injuries among practitioners, and increase awareness and understanding of EMS safety standards and practices. The course covers crew resource management, emergency vehicle safety, responsibilities in scene operations, patient handling, patient, practitioner and bystander safety, and personal health.



Chapter Three

Scene Safety – Hazmat

EMS practitioners may come into contact with hazardous and toxic substances in the course of doing their jobs. Hazmat protocols should include the emergency treatment and handling of exposures for a range of chemicals. According to the U.S. Department of Health's Agency for Toxic Substances and Disease Registry (ATSDR), EMS protocols for responding to potential hazardous materials incidents should include:

1. Activities to undertake en route and upon arrival at the scene.
2. Guidelines for assessment, decontamination, and treatment of affected persons.
3. Patient transport to the hospital.

Steps in the protocol must be practiced before a hazardous materials emergency occurs. EMS personnel should know their responsibilities and how to perform them, and all required equipment should be readily accessible and ready to use.

Resources

Sample policies – Hazmat

Sample C: [AMR Hazmat Policy](#)

Sample D: [AMR Hazcom Policy](#)

Suggested reading: Hazmat

The Agency for Toxic Substances and Disease Registry (ATSDR) has detailed information on [EMS response to hazardous materials incidents](#) and [patient management](#) during hazmat responses.

[NFPA Standard 473](#), Competencies for Emergency Medical Services Personnel Responding to Hazardous Materials/Weapons of Mass Destruction Incidents, defines competencies that BLS and ALS providers should have when responding to hazmat or WMD incidents.

[Hazardous Materials: Managing the Incident](#), 4th edition. Noll, GG. Jones & Bartlett Public Safety Group, 2014.

[OSHA Best Practices for Protecting EMS Responders During Treatment and Transport and Victims of Hazardous Substance Releases](#), 2009.

An Emerging Threat – Synthetic Opioids

Powerful synthetic opioids such as fentanyl and carfentanil have emerged as a new and potentially lethal threat to responders. These drugs are extraordinarily potent – less than a grain of sand can cause death due to overdose. EMS agencies need to ensure their EMS responders are educated about the risks of accidental exposure, and how to protect themselves. The [CDC](#) offers tips on protecting responders and implementing standard safe operating procedures to prevent exposure.

VEHICLE SECURITY

Purpose

MedStar considers the overall safety of its employees, patients, vendors, and citizens to be of the utmost importance. In turn, it is the responsibility of both MedStar and every employee to conduct themselves and perform their jobs in a safe and efficient manner and in compliance with all local, state, and federal safety and health regulations as well as all established MedStar policies and procedures.

Intent

MedStar considers the overall safety of its employees, patients, vendors, and citizens to be of the utmost importance. In turn, it is the responsibility of both MedStar and every employee to conduct themselves and perform their job in the interest of a safer work environment.

Procedure

Vehicle Security

At the beginning of each shift, one (1) key will be located in the assigned ambulance and one (1) keyless remote will be checked out for each vehicle.

All keys and keyless remotes for vehicles other than ambulances will be checked in and out at the Logistics Window.

Support vehicles will have each key and keyless remote issued...

If a keyless remote is not available, or the ambulance will not lock, the unit will be unavailable and the Operations Supervisor will be notified immediately.

Vehicle Security during a Shift

During the shift, while NO PERSON IS PHYSICALLY in the vehicle, the unit will be locked at all times. This includes both cab and patient compartments.

If the crew is in **close proximity with direct visual contact of the vehicle**, the vehicle may be left unlocked. If the situation requires you to enter a hospital, building, or residence, or in any way takes you out of direct visual contact with the vehicle, it must remain locked.

STAGING

Purpose

To outline the process for response and staging when the call-taker has identified a situation where there is an immediate or potential threat to crew member safety.

Definitions:

1. **Staging** is defined as placing a unit in close proximity but out of the line of sight, upwind or otherwise, out of an area or scene considered unsafe based on call taking information.
2. **Secure** is defined as protecting against threats or making safe.
3. An **appropriate agency** is either the Police or the Fire department.

Procedure

I. Call taking

- a. The call-taker will identify an unsecure scene during the call-taking process using the list below.
- b. All pertinent information that could affect the safety of the crews or First Responders is to be added to the comments of the incident during the call-taking process, prior to dispatch.
 - i. The call-taker should utilize the CAD shorthand code `"/stg"` to document the reason the scene has been deemed unsafe.
- c. Once the determinant has been assigned, the call is to be downgraded to Priority 3 with the original priority noted in the location field of the incident.
- d. Both Police and Fire are to be notified that we will be staging.

II. Dispatching

- a. Crews will be dispatched as "responding priority 3 to a priority # <complaint>", inserting the original priority and chief complaint, and will advise the crew to "stage for <PD/FD>".
- b. When the crew arrives at the staged location, the unit shall be placed "Staged" in CAD.
- c. Once Communications confirms that the scene is secured the unit will be advised that they are "clear in with <PD/FD>" and instructed to update their status when they arrive "On Scene" and "At Patient".
 - i. The controller is not to advise a unit to enter the scene until appropriately cleared by PD or FD.
 - ii. Should PD or FD clear MedStar in while the unit is responding, the call is to be upgraded to the original priority as noted in the location field of the incident.
- d. Crews who, in the opinion of the Communications Center, have staged in a location that is too close to the scene or request to make the scene prior to being cleared should be reminded of the staging policy.
- e. Any additional information provided by the crew as to why they should continue to stage and not make the scene must be relayed to the Fire Department via CAD comment and radio.
- f. Any agency other than the PD or FD attempting to clear-in the MedStar unit will be advised of MedStar's staging policy and will be advised that he/she will call the appropriate agency for a status update.

III. Crews Responding

- a. In order to prevent the actor, violent patient, or others on scene from seeing the unit, the crew will stage at a location no less than 2 streets over (east or west) and 2 streets up/down (north or south) from the scene.
 - i. The crew is not to stage more than 2 streets over (east or west) and 2 streets up/down (north or south) to ensure a timely response once the scene is secured.

- b. Upon arrival at an appropriate staging location, the crew shall voice "staged" and provide the location they are staging.
- c. The crew will remain staged until cleared in by the communication center.
 - i. If the crew has additional information of a reason they should continue to stage and not make scene must be relayed to Communications immediately.
- d. The crew should advise the communication center any time they are changing location after they have staged
 - i. The crew should advise the communication center of anyone approaching their unit when they are staged.
 - ii. If the crew feels that someone is approaching their unit that may pose a safety hazard, the crew shall carefully pull away from their original staging location to another location away from the potential hazard.
 - iii. If any scene becomes unsafe the crew should move to a safe location and advise the communication center that they are doing so.
- e. The crew will not release the Fire Department from the scene until they determine that the scene is safe.

IV. The following situations will be considered unsafe and are to be secured by an appropriate agency, prior to MedStar arrival.

- **Actor/assailant** on-scene, nearby, or in location that poses immediate threat (Cards 4 & 27)
- **Animal Bite** where animal poses immediate threat (03D05; 03D06; 03D07)
- **Electrical Hazard** (15D02; 15D03; 15D08; Any Card 29 with electrical hazard present)
- **Hazardous material** (unknown liquid/gas smell/vapor/smoke or solid material) (All Card 08; 29B03/any Card 29 with hazardous material present)
- **High and Swift Water**
- Potentially **violent scene** (Cards 4, 23, 25, & 27)
- Reported **Fire** (07C01; 29B03/any 29 where fire present)
- **Suicidal** patient 8 years or older (25B03; 25B04)
- **Unknown problem, person down** in an unapproachable location (ex. dark alley, confined location) (32B03)
- **Unknown problem, patient ambulating away** from caller's location (32B01)
- **Violence-in-progress**
- **Violent patient** (Card 23 suffix V, Card 25 suffix V & B)
- **Weapon** involved (Card 4, 25 suffix W & B, 27)
- Any other **situation that poses an immediate threat**

Reporting:

Any failures in this process should be reported to the Communications Supervisor and/or the Operations Supervisor as soon as safely possible.

VIOLENT SITUATIONS

Purpose

The purpose of this SOP is to standardize appropriate responses to violent situations

Intent

The intent of this SOP is to:

- Protect the health and safety of MedStar team members, patients, First Responders, and the public.

Procedure

Personnel on an Unsecured Scene

When crews have made a scene and subsequently determined the scene is not secure they should make every attempt to evacuate the scene and notify the Communications Center of the following:

1. The scene is not secure
2. Description and location of situation
3. Request for additional resources (e.g. police)
4. Location of staging

Emergency Radio Transmissions

When the Emergency button is pressed on the radio, it is important to verify that an emergency exists to minimize the potential for false alarms. Transmission of the emergency status will initiate the following procedures;

1. The Communications Center will attempt to contact the personnel assigned that radio;
 - a. The scripted radio message from the Communications Center will be, "MedStar XX, confirming your status."
 - b. If the Emergency button was intentionally pressed, the personnel are in danger, and are able to respond, be as descriptive and discrete as possible.
2. If the personnel transmitting the emergency signal do not respond to the radio call within thirty (30) seconds;
 - a. The Code Blue procedures will be activated
 - b. A page will be sent to the personnel transmitting the emergency status to verify that it is not a false alarm.
 - c. If the personnel transmitting the emergency status respond with the scripted message indicating that they are not in danger, the Code Blue will be cancelled.
 - d. If the personnel transmitting the emergency status do not respond, the Code Blue response will continue
3. It is understood that accidental transmissions of the emergency status will occur. To maintain the integrity of the process, excessive accidental transmissions could result in a "Just Culture" investigation.

Code Blue

The use of the "Code Blue" designation is to alert others in the system to the fact MedStar team members are involved in a dangerous situation in which they fear bodily harm or endangerment.

Utilization of CODE BLUE Status

Utilization of a "CODE BLUE" can include but is not limited to the below situations:

1. When evacuation of a scene is not feasible

2. When found in a hostile situation without appropriate resource (e.g. police)
3. Assault of responding team members

CODE BLUE IS NOT TO BE UTILIZED TO EXPEDITE POLICE RESPONSE IN SITUATIONS NOT INVOLVING VIOLENT BEHAVIOR.

Declaring CODE BLUE

Information to be relayed to Communications Center:

1. Unit number
2. Address to which resources are to be sent.
3. Description of situation
4. Action crew is taking (e.g. staging)

Situations may develop that do not allow all pertinent information to be relayed to the Communications Center. In such cases, the minimum information to be relayed may be the Code Blue declaration and the Unit number.

The Communications Center will make one attempt to contact the team members to gather additional information. If this attempt is not successful, the Code Blue Response will be initiated.

Dedicated Code Blue Radio Channel

Upon the declaration of a Code Blue, the Communications Center will notify all on-duty crews the MEDDIS1 is closed for emergency traffic and instruct them to move to MEDDIS2. This notification will be provided by radio and pager.

Code Blue Response

Upon receipt of a Code Blue declaration, the Communications Center will dispatch the following response:

- Police Department
- Fire Department First Responders
- MedStar MICU (which must stage until cleared to the scene by the Police Department)
- MedStar Operations Supervisor

Back Up Response

A second ambulance will be dispatched Priority 3. This unit will be advised to stage until the scene is secured and cleared by PD. The second ambulance is being sent for medical assistance in case of injury to the first responding unit's team members.

Declaring a Code Blue to only expedite PD, FD, another unit, or the Operations Supervisor may result in a "Just Culture" investigation.

Incident Review

All Code Blue requests will be reviewed by the Risk and Safety Department within 7 days. The Risk and Safety Department will provide a report of the review to the Executive Director within ten (10) days.

Sample B

Background:

American Medical Response (AMR) recognizes that violence in the workplace is an occupational health hazard. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

Purpose:

The purpose of the AMR Workplace Violence Prevention Policy is to outline a comprehensive prevention and response system that will reduce the likelihood of workplace violence, thereby supporting AMR's overall Injury and Illness Prevention Program.

Applies To:

This program applies to all AMR employees.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of workplace violence, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Provide safe and secure work areas as required in federal safety regulations and other State equivalents, which include protecting employees against recognized risks of violence in the workplace.
- 1.2 Not tolerate threats or acts of violence in the workplace by or towards AMR employees.
- 1.3 Recognize that violence and harassment affect the health, productivity, and morale of victims and other employees.
- 1.4 Promptly, thoroughly, and objectively investigate credible reports of workplace violence incidents or potential risks and, based on documented findings, assure timely and effective corrective actions are taken to protect the safety and welfare of employees and other affected individuals.
- 1.5 Designate the local AMR Director or Manager of Operations as having overall responsibility to effectively implement, monitor, and suggest improvements to this written policy within his/her area of concern.
- 1.6 Enforce and reinforce all elements of this written policy such that employee risk of workplace violence is reduced.

2.0 Applicant Background Checks

- 2.1 The company will not knowingly hire applicants that pose a risk to others.
- 2.2 Every applicant for employment shall be subject to a thorough background check.
- 2.3 Each former employer shall be contacted to verify an applicant's dates of employment and positions held [which may not always be disclosed].
- 2.4 AMR employment applications shall advise applicants that omissions, misrepresentations or falsification of information in the application shall be grounds for rejection or immediate termination of employment.
- 2.5 Where allowed by law, the company shall obtain and review a confidential summary criminal history ("rap sheet") on applicants that desire a medical care or transportation focused position at AMR. Applicants may

be fingerprinted as necessary to obtain such records.

(a) Candidates for employment will not be acceptable for hire if their record evidences a conviction for any of the following offenses:

- (1) Any felony
- (2) Any crime involving moral turpitude or intentional dishonesty for personal gain, including fraud, theft, etc.
- (3) Any crime related to the use, possession, sale or transportation of controlled substances
- (4) Any crime involving use of force, violence, threat or intimidation
- (5) Sex related crimes

2.6 Existing employees are subject to the same employment standards outlined in Section 2.5(a).

2.7 Every applicant for employment shall be subject to a confidential drug test.

3.0 **Facility Security and Access Control**

3.1 Operational and administrative facilities should be designed [or modified where feasible] to regulate access to the facility in a manner which balances operational necessities and security concerns.

3.2 Local management is encouraged to establish a system of name and visitor badges to allow for rapid identification and tracking of all individuals within the facility at any given time.

3.3 Each operation should have a written plan that governs key/keycode access and a contingency plan to rapidly re-key or reprogram door locks in a timely fashion.

3.4 All exterior facility doors and windows should be routinely locked after dark, after business hours, and when the building is unoccupied. If feasible, doors and windows should remain locked at all times.

3.5 Propping exterior doors should be avoided.

3.6 Local management is responsible for keeping facility door and window locks in good working condition at all times. Employees should immediately report damaged or non-operational locking mechanisms to a supervisor.

3.7 Bright and effective lighting systems should be provided around AMR facilities and employee parking areas whenever practical.

4.0 **AMR Employee Conduct Standards**

4.1 Communications between employees across all levels of the organization are expected to be considerate and respectful, regardless of the subject being discussed.

4.2 Employees are strongly encouraged to voluntarily utilize the Employee Assistance Program (EAP) if they are experiencing unusual life stressors or personal changes such as death or divorce, financial trouble, accidents and illnesses, or trouble at work.

4.3 * Employees shall at no time engage in verbal or written threats (implicit or explicit), harassment, or physical actions that suggest a threat to the safety and security of any other person. In addition to violating this policy, such threats, even when conveyed to a third party, constitute a criminal act under State Law.

4.4 * Threats or acts of violence that will not be tolerated by AMR include, but are not limited to:

- (a) Hitting or shoving an individual
- (b) Threatening an individual or his/her family, friends or property with harm
- (c) Threatening violence or harm to oneself

- (d) Intentional destruction or threat of destruction of company property
 - (e) Harassing or threatening communications, including phone calls, voice messages, emails, text messages, pages, notes, written communications, etc.
 - (f) Harassing surveillance or stalking
 - (g) The suggestion or intimation that violence is appropriate
 - (h) Any violation of criminal law relating to vandalism, violence, or harassment.
- 4.5 Carrying weapons by employees is prohibited, with the following specific exceptions:
- (a) AMR-issued cutting tools appropriate to job duties are allowed only if carried and used in such a way that they pose no risk to others. Personally-owned knives shall not be carried.
 - (b) Pressurized sprays, such as mace or pepper spray, and/or electronic discharge devices (e.g. Tasers, etc.), may not be carried on ambulance responses nor by any other field employee that provides medical treatment or transport services.
 - (1) Such sprays or devices may be carried by employees before and after work for personal protection against violence in parking lots, while commuting, etc., but they must be left in a personal vehicle, locker, etc., prior to beginning work.
 - (2) Employees may carry such sprays or devices while on business-related travel.
- 4.6 * Guns shall not be brought onto company property by AMR employees, or carried or concealed during on-duty activities in any manner regardless of concealed weapon permits, law enforcement affiliations, desire to carry the gun for personal protection, etc. This prohibition includes all AMR facilities, parking lots, vehicles, equipment kits, etc. This policy will be enforced in accordance with state law(s).
- 5.0 **Scene Safety**
- 5.1 A system of “universal precautions for violence” should be used by every AMR employee. Under such a system, employees should regard every patient as a potential source of violence and routinely exercise appropriate vigilance and precautions. Examples include:
- (a) As part of taking a medical history, asking first responders, sending facility staff, or patient family members about recent patterns of violence or psychological instability
 - (b) Incorporating a discreet weapons check into every physical exam
 - (c) Securing tools and instruments which could be used as weapons, especially while in the presence of prisoners, suicidal/homicidal patients and other potentially violent clients.
 - (d) Watching for non-verbal cues of impending violence
 - (e) Maintaining a viable route of escape from every scene
- 5.2 Employees should not enter any location if they feel seriously threatened or unsafe. Summon appropriate resources to the scene.
- 5.3 Employees should stage at a safe distance from violent crime scenes until they have been declared secure by appropriate authorities.
- 5.4 AMR employees are not expected to provide law enforcement services. If a physical altercation takes place in the field, AMR employees should avoid attempting to physically intervene. Instead, call appropriate resources.
- 6.0 **Patient Management and Physical Restraints**
- 6.1 AMR employees should routinely ask about any history of violent behavior when assuming care of a patient, especially those with a known or suspected psychiatric history.

- (a) Employees have a right to expect disclosure of that information from the transferring agency, health care provider, family members, etc.
 - (b) Conversely, employees should disclose such information, if known to them, to receiving facility staff at the conclusion of a transport.
 - (c) Local operations are encouraged to develop appropriate mechanisms to facilitate such disclosure between sending facilities and AMR field employees.
- 6.2 Field employees should generally use the lowest level of control which is effective in managing a hostile or combative patient, i.e., psychological before verbal before physical before mechanical (restraint) techniques.
- 6.3 Potentially violent patients/clients should be physically restrained in accordance with local operational policy and local EMS Agency standards.
- 6.4 The use of handcuffs by AMR employees to restrain patients is prohibited except when authorized in writing as part of an expanded scope mental health service, wherein such use may be approved after appropriate training.
- 6.5 Patients handcuffed by law enforcement officers may be transported only if the officer, with a key, accompanies the patient in the ambulance. If the officer refuses to do so, the patient should be transferred to 4-point restraints attached to the gurney frame.
- 6.6 Due to the risk of asphyxiation, AMR employees are prohibited from “hobbling” a patient as a means of physical restraint [binding wrist(s) to ankle(s) across a patient’s back]. Similarly, AMR employees may not assist law enforcement officers to do so.
- (a) If this technique is used by law enforcement officers, AMR employees should inform the them of the serious risks to the patient during transport and request that 4-point restraints be used as a safer alternative.
 - (b) If the officers refuse to transfer the patient to 4-point restraints, AMR employees should record their recommendation and the refusing officer’s names/badge numbers as part of the official documentation of the transport.
 - (c) In these cases, it is strongly suggested that a law enforcement officer accompany the patient in the back of the ambulance all the way to the receiving facility.
- 6.7 Patients may not be compressed or “sandwiched” under scoop stretchers or other rigid devices as a means of physical restraint.
- 6.8 Employee use of choke holds is prohibited as a means of temporary physical restraint.
- 6.9 If a patient who is on a mental health hold or is under arrest by law enforcement somehow escapes AMR employees, notify the on-duty AMR supervisor, law enforcement and the sending/receiving facilities as appropriate. Do not attempt to follow or capture the patient, as this is a law enforcement role and is very dangerous.
- 7.0 **Threats & Workplace Violence Reporting**
- 7.1 Employees are required to report workplace security threats, violence or hazards involving violence or threats of violence, including belligerent or intimidating behavior, harassment or stalking to the company. Attachment A to this policy provides specific questions that can be used to capture critical information about a threat or other related incident.
- (a) Reporting is required even if the perpetrator is a non-employee or if the reporter is not the intended victim.

(b) Such occurrences may be reported directly to a supervisor. If the perpetrator of the violence or threat is a supervisor or a management staff member, the employee may report the matter directly to the AMR Human Resources Department.

(c) Employees will not suffer any employer reprisals for such reporting in good faith.

7.2 Employees are encouraged to report any erratic, irrational or otherwise inappropriate behavior on the part of applicants, employees, or ex-employees which might constitute a threat to workplace safety or security.

7.3 The Company will take all reasonable steps to protect a reporting employee from physical retaliation for reporting threats or violence.

8.0 **Threat/Violence Investigation**

8.1 The company shall initiate an internal investigation upon receipt of credible evidence indicating a potential threat of workplace violence or compromised workplace security.

8.2 In the interests of employee safety and security, suspicious behavior short of overt threats may be investigated at the discretion of the AMR Human Resources Department.

8.3 Employees who allegedly threatened another individual or committed an act of violence in the workplace shall be immediately placed on administrative leave pending conclusion of the investigation. The employee(s) should be informed that if they are prohibited from all AMR facilities except by invitation of management and that failure to comply may result in immediate termination.

8.4 Together with local leadership, the AMR Human Resources and Safety/Risk Management Departments must be involved in the investigation and corrective action process. In general, Human Resources should assist the operation or department to investigate and address the circumstances of employee conduct issues. The Safety and Risk Management Department can assist the operation or department to address facility security concerns.

9.0 **Intervention Strategies**

9.1 After a prompt and good-faith investigation, the company shall immediately warn any employee who is believed to be the targeted victim of workplace violence.

9.2 Items received via mail and package delivery services at an AMR worksite are assumed to be related to Company business. Therefore, AMR reserves the right to confiscate, inspect, open, and review the contents of all letters, parcels, or similar materials at any time, including items that are addressed to a specific employee, marked "personal", "confidential", etc.

9.3 The company should avoid circulating information about an individual unless there is a credible threat and steps are taken to inform employees on a "need to know" basis.

9.4 Based on the circumstances of each case, AMR management should notify local law enforcement officers of the workplace security threat/issue and seek their guidance. Most police departments have officers who specialize in workplace security/violence prevention. In more extreme cases, AMR may contract with private security firms or consulting groups as appropriate.

9.5 If workplace security issues are relevant to the threat, operations/department leadership should work with SRM staff to evaluate workplace access controls, lighting, etc. as well as local procedures that can be enacted to further safeguard AMR employees.

9.6 When appropriate, the company will consider seeking an employer's workplace violence restraining order or an individual civil harassment restraining order against a person who has threatened workplace security. The company should confer with targeted employee(s) when doing so such that they are aware of the restraining order and the date it is served.

- 9.7 Any employee experiencing a threat of violence outside the workplace should also consider obtaining an individual civil harassment restraining order for their personal protection.
- 9.8 Suggested, recommended, or mandatory EAP referrals may be made after investigation for employees evidencing threatening, intimidating, harassing, or otherwise inappropriate behaviors. AMR management may also require a psychological fitness for duty test if warranted.
- 9.9 Employees who have been assaulted should be permitted to request police assistance or to file criminal charges of assault and/or battery against any person who willfully injures them.
- 9.10 Prompt medical evaluation and treatment should be offered whenever an assault on an AMR employee takes place, regardless of severity.
- 9.11 Employees coping with incidents of workplace violence should be referred to appropriate support services such as, EAP, etc.
- 9.12 Workers' compensation benefits and treatment may be denied where an employee injury arises out of an altercation where the injured employee was the initial physical aggressor.

10.0 Employee Education and Training

- 10.1 Orientation: All employees will receive training on workplace violence prevention and the specifications of this policy as part of their new-hire orientation process.
- 10.2 Refresher: Employees may receive annual refresher training or equivalent information as part of AMR's harassment prevention training or other complimentary undertakings.
- 10.3 Remedial: To be carried out when a remedial training need is discovered.

11.0 Exceptions

- 11.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management and the National Vice President of Human Resources, in writing, and in advance of any such exception(s) being taken.

Attachment A

Threat/Incident Report Guidance

The following questions should be addressed, if possible, on each potential case of workplace security threat, violence or other related concern. Using the information captured by these questions, AMR management and other resources to initiate an investigation or take other appropriate actions in a timely fashion.

** In the incident report, please provide the most complete and accurate answers possible for each question. If a question is not relevant, simply mark it with an N/A and provide an explanation if necessary.

1. Name of the threat-maker and his/her relationship to the company and to the recipient(s) of the threats or other harm
2. Names of the victim(s) or potential victim(s)
3. When and where the incident occurred
4. Time of incident
5. What took place immediately prior to the incident?
6. The specific language of the threat or other description of how the threat was conveyed
7. Any physical conduct that would substantiate an intention to follow through on the threat
8. How the threat-maker appeared (physically and emotionally)
9. Names of others who were directly involved and actions they took
10. How the incident ended
11. Names of witnesses, if any
12. What happened to the threat maker after the incident?
13. What happened to the other employees directly involved after the incident?
14. Names of any supervisory staff involved and how they responded
15. What event(s) triggered the incident?
16. Any history leading up to the incident or history of the threat-maker that is relevant
17. The steps which have been taken to ensure that the threat will not be carried out
18. Suggestions regarding how to prevent this incident or similar incidents in the future
19. Other information you think would assist in the investigation or that may be important to document
20. Your printed name, job title, operation/department, signature and date

Background:

American Medical Response (AMR) recognizes that exposure to hazardous materials during emergency response, treatment and transport activities is an occupational health hazard. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

Purpose:

The purpose of the AMR Hazardous Materials (Hazmat) Emergency Response Policy is to provide a structured exposure prevention and control system that maximizes protection against hazmat-related injury and illness for all AMR employees.

Applies To:

This policy applies to all AMR field employees.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of hazardous materials exposure, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Fully comply with 29 CFR 1910.120 and applicable State Plan equivalents.
- 1.2 Ensure hazmat safety for employees through policy development, employee training, provision of approved equipment, and management communication/coordination with external responding agencies in each community.
- 1.3 Recognize that AMR's role at hazmat scenes is limited to providing emergency medical treatment and transportation only to properly decontaminated victims of hazmat exposure.
- 1.4 Prohibit AMR employees from participating in hazmat rescue, extrication, decontamination, and from transporting contaminated patients to hospitals.
- 1.5 Prevent contamination of AMR personnel, vehicles, and equipment while ensuring the best possible care is delivered to patients that have been exposed to hazardous materials.
- 1.6 Provide only AMR-approved personal protective equipment and other supplies for employee use in the cold zone at a hazmat incident scene or during patient transport activities.
- 1.7 Participate in post-incident critiques and actively seek ways to improve employee safety when called to a hazardous materials incident.
- 1.8 Designate the local AMR Director or Manager of Operations as having overall responsibility to effectively implement, monitor, and suggest improvements to this written policy within his/her area of concern.
- 1.9 Enforce and reinforce the provisions of this written policy, thereby reducing the personal risk faced by AMR employees, other responding personnel, receiving hospital staff, and the public.

PROCEDURES

2.0 Pre-Emergency Planning & Coordination

- 2.1 Emergency response to hazardous materials incidents is within the scope of responsibility of AMR's ambulance operations.
- 2.2 Emergency ambulances are normally expected to respond to hazmat incidents for the purpose of providing medical treatment and transportation for decontaminated victims of exposure.
- 2.3 Non-emergency ambulances do not normally respond to such incidents but may have occasion to do so either when providing back-up to an EMS system or by discovering a hazmat release in the course of providing "non-emergency" ambulance service.
- 2.4 To minimize confusion and inefficiency on scene, each AMR operation should actively participate in the local process of pre-planning and coordinating their response with that of allied agencies and other resources.
- 2.5 Local AMR management should proactively and clearly communicate to allied agency resources the nature and scope of AMR employees' responsibilities as well as the specific prohibitions detailed in this written policy.

3.0 **AMR Personnel Roles and Responsibilities**

- 3.1 Employees are expected to perform the following at hazmat scenes:
 - (a) Recognize potential hazards
 - (b) Isolate the scene and deny entry
 - (c) Call for additional resources if not already present
 - (d) Direct exposed victims to begin self-decontamination prior to arrival of rescuers
 - (e) Attempt identification of materials, when feasible to do so from a safe distance
 - (f) When possible, obtain or verify information from Regional Poison Centers regarding secondary contamination risks, decontamination requirements and medical treatment advice.
 - (g) Maintain self and equipment outside of contaminated areas at all times
 - (h) If possible from the cold-zone, monitor the appropriateness and thoroughness, per Poison Center recommendations, of decontamination procedures being performed by others
 - (i) If requested, monitor pre and post-entry vital signs of emergency entry personnel.
- 3.2 Unless modified by explicit local policy that has received advanced and written approval from the AMR National Vice President of Safety and Risk Management, employees are not to perform any of the following tasks at hazmat scenes:
 - (a) Examine or treat (including CPR) victims prior to appropriate decontamination
 - (b) Enter a hot zone, warm zone, or if unmarked, any area with secondary contamination risk
 - (c) Perform patient decontamination procedures, other than continuous eye irrigation in the cold zone or during transport

4.0 **Emergency Alert and Response Procedures**

- 4.1 Dispatch to reported hazmat incidents should be by the usual means employed within the county.
- 4.2 En route, crews should seek additional information about the material involved, wind direction if applicable, and suggestions for access routes and staging areas.
- 4.3 If first on scene, initial reports should include at least the following information:
 - (a) Description of incident including identity of substance if known
 - (b) Extent of contamination if known

- (c) Conditions at scene including wind direction
- (d) Suggestions regarding access routes and staging areas.

5.0 **Safe Distances and Places of Refuge**

- 5.1 Employees should maintain a vigilant attitude on every ambulance response since visible signs of hazmat release may not be evident on arrival at many scenes.
- 5.2 Employees responding to reported hazmat releases should approach from upwind and upgrade if at all possible.
- 5.3 Ambulances should be parked upwind and upgrade, facing away from the scene, with doors and windows closed.
- 5.4 The DOT Emergency Response Guidebook and other appropriate resources should be consulted regarding safe distances.
- 5.5 Initial staging distances for significant releases are suggested as follows:
 - (a) Open Areas - 1,000 feet
 - (b) Residential Areas - 1 block
 - (c) Light Commercial Areas - 1 block
 - (d) Large Industrial Complexes - 500 feet
 - (e) Incidents Hidden by Large Buildings - 500 feet
- 5.6 In the event of a sudden, uncontrolled escalation of the release, employees shall immediately drive away from the area [upwind and uphill if possible] until new cold zone perimeters are established by the authorities in charge.

6.0 **Scene Security and Evacuation Procedures**

- 6.1 Employees are expected to provide site security and control, to the best of their abilities, until the arrival of appropriate public safety personnel.
- 6.2 Employees may utilize unit positioning, existing barriers, chemical light sticks and citizen volunteers as appropriate.
- 6.3 Employee safety at all times takes precedence over efforts to secure a scene.
- 6.4 Evacuation responsibilities rest with the public safety agency with overall scene management responsibility.
- 6.5 Unless specifically directed by the Incident Commander (IC), employees should not have evacuation responsibilities other than to direct individuals in the immediate vicinity of a release to withdraw to a designated location or distance from the hazard.
- 6.6 Directions from the IC regarding evacuation of EMS personnel are to be followed.

7.0 **Lines of Authority & Communication at the Scene**

- 7.1 The Incident Commander (IC) is responsible for overall scene management and the Site Safety Officer is responsible for scene safety
- 7.2 AMR ambulance personnel are responsible for patient medical care decisions unless higher medical authority is present on scene. Until the victim(s) are fully decontaminated by the fire department or hazmat team and released to AMR personnel in the cold zone, this responsibility may be limited to advising entry personnel on the treatment measures they should use.

- 7.3 Employees are expected, if feasible, to make contact with the Regional Poison Control Center prior to personally treating or transporting a hazmat victim. The purpose of said contact is to verify that proper decontamination requirements were used and to identify secondary contamination risks.
- 7.4 Information received from the Poison Control Center and any immediate safety concerns should be immediately relayed to the Incident Commander or Site Safety Officer as appropriate in order to assure the safety of AMR employees and other members of the healthcare team.
- 7.5 Any disputes regarding decontamination requirements at the scene should be resolved, if possible, by letting the Incident Commander or designee confer directly with Poison Control.

8.0 Decontamination

- 8.1 Responsibility for the provision of patient decontamination rests solely with the fire service, hazmat team or other agency specifically trained and equipped to provide this service.
- 8.2 AMR employees are not to personally conduct or participate in decontamination other than to continue irrigation during transport for site specific injuries, such as eyes, to otherwise fully decontaminated patients.
- 8.3 To reduce the risk of secondary contamination, employees should carefully monitor decontamination activities from the cold zone [which may not always be possible] to assess compliance with Poison Center instructions, i.e. techniques used, duration, and thoroughness.
- 8.4 Durable medical equipment (e.g. gurneys, monitors, medical kits, etc.) are not to enter hot zones, warm zones or decontamination areas except to receive a fully decontaminated patient. It is suggested such transfers occur at the border of the cold and warm zones.
- 8.5 Contaminated clothing should be left at the scene with public safety personnel to prevent secondary contamination of employees, the ambulance, or hospital staff.
- 8.6 Should the ambulance be inadvertently contaminated despite these precautions, immediately notify an AMR supervisor and the Incident Commander to determine how to proceed.

9.0 Emergency Medical Treatment and First Aid

- 9.1 All medical treatment within the hot zone and decontamination areas shall be provided by fire service or hazmat entry personnel only.
- 9.2 After thorough decontamination, including complete clothing removal and flushing or exchange of backboards, employees may initiate medical care authorized within their scope of practice, utilizing direction from the Poison Center and medical control as appropriate.
- 9.3 Patients with ingestion of hazardous substances should be expected to vomit. Plastic bags with twist ties should be provided to contain such emesis and prevent release of harmful vapors within the ambulance.
- 9.4 Off-gassing following chemical exposure can sometimes pose a significant hazard to the crew during transport, even following thorough decontamination. Potential hazards of off-gassing should be thoroughly discussed with the Poison Center prior to transport.
 - (a) The risk of off-gassing can be minimized by transporting the patient in a tightly-zipped body bag (face exposed) or using other reverse-isolation techniques while simultaneously utilizing the patient compartment exhaust fan coupled with fresh air intake.

10.0 Personal Protective Equipment and Emergency Equipment

- 10.1 AMR-approved personal protective equipment (PPE) and other supplies that may be provided to employees for hazmat incidents are listed in Attachment A.

- 10.2 AMR employees shall not utilize any specialized hazmat PPE or equipment to expand their involvement in the incident management process beyond that outlined in this written policy.
- (a) Examples of prohibited equipment, unless authorized in writing by the AMR National Vice President of Safety and Risk Management, include Level-A or B isolation suits, SCBA's, or similar items used by the fire department or hazmat teams to enter warm and hot zones.

11.0 Critique of Response and Follow-Up

- 11.1 Employees may be asked to participate in post-response critiques of significant hazmat incidents or those where a significant breach of safety procedures occurred.
- 11.2 Employees are encouraged to report unusual occurrences at hazmat incidents to their supervisor with suggestions for follow-up or critique.

12.0 Education and Training

- 12.1 All field employees shall complete a First Responder Awareness for Emergency Medical Services training class or otherwise objectively demonstrate equivalent competency. Hazmat training shall include detailed instruction on this written policy as well as the various ways hazmat incidents are initially reported, basic hazmat recognition clues, and warning signs of potential hazmat releases.
- 12.2 In addition to core curriculum, First Responder Awareness for EMS courses should address patient decontamination issues, appropriate personal protective equipment for non-entry EMS/ambulance employees, and medical management issues at the scene and during transport.
- 12.3 Training shall be provided prior to initial job assignment and retraining or retesting shall be performed at least annually thereafter.

13.0 Policy Maintenance and Review

- 13.1 This HazMat Emergency Response policy is maintained by the AMR National office. It is reviewed and updated periodically or whenever sufficient need arises.

14.0 Exceptions

- 14.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

Attachment A

Table Of Approved Personal Protective Equipment For Employee Use While Treating And Transporting Decontaminated Patients

- Protective (splash guard) eyewear and surgical masks or combination visor masks
- Latex gloves in appropriate sizes
- Long sleeve water impervious isolation gowns or Tyvek suits
- Waterproof disposable shoe covers

Table Of Suggested Emergency Supplies For Employee Use In The Cold Zone At A Hazardous Materials Incident Scene

- DOT Emergency Response Guidebook
- DOT Chart 9
- NFPA 704-M Chart
- Binoculars (optional, at operation's discretion)
- Chemical light sticks (in lieu of flares)
- DOT truck placard chart
- Poison Control Center label fixed inside clipboard or other suitable location
- Emergency Care for Hazardous Materials Exposure—Bronstein and Currance or other reference texts
- Disposable plastic coated blanket to protect ambulance floor
- Disposable plastic zip-up body bags for modesty and irrigation containment
- Sealable plastic bags for isolating contaminated emesis
- Liquid green soap for oily contaminants (for fire service decontamination use)
- Epsom salts (for soaking hydrofluoric acid burns)
- Disposable stethoscope

Sample D

Background:

American Medical Response (AMR) recognizes that exposure to hazardous substances is an occupational health hazard. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

Purpose:

The purpose of the *AMR Hazard Communication Policy* is to provide a comprehensive hazard communication system that will help employees reduce the risk of harmful exposure to hazardous substances in their work environments, thereby supporting AMR's Injury and Illness Prevention Program.

Applies To:

This policy applies to all AMR employees.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information on how to reduce the risk of harmful exposure to hazardous substances, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Achieve and sustain full compliance with 29 CFR 1910.1200, titled Hazard Communication, and equivalent state regulations.
- 1.2 Provide information about hazardous substances and their safe use through provision of MSDS Binders, Material Safety Data Sheets (MSDS), Area Hazardous Substance Inventory Lists, container labeling, and employee training.
- 1.3 Safeguard against employee access to hazardous substances in the workplace unless they are correctly listed in the Area Hazardous Substance Inventory List, a current MSDS is available, and employees have received hazard information and training as appropriate.
- 1.4 Ensure that this written policy and a current MSDS binder are readily available in employee work areas and throughout each work shift. Copies for mobile units shall be maintained at the primary workplace facility.
- 1.5 Seek out and implement feasible engineering and administrative controls (including elimination or substitution with less hazardous alternatives) such that complete reliance on work practice controls and personal protective equipment (PPE) is minimized.
- 1.6 Designate the local AMR Director or Manager of Operations/Department as having overall responsibility to effectively implement, monitor, and suggest improvements to this written policy within his/her area of concern.
- 1.7 Investigate and document the circumstances of each reported hazardous substance leak, spill, release, or potential employee exposure to determine and implement corrective actions that will reduce the risk of similar events in the future.
- 1.8 Enforce and reinforce the provisions of this entire written policy such that employee risk of harmful exposure to hazardous substances is reduced.

PROCEDURES

2.0 Selection of a HazCom Program Administrator

- 2.1 To assist the operation or department Director meet the requirements of this policy, a local HazCom Program Administrator (HPA) should be selected.
- 2.2 The Director should consider the following staff when selecting an HPA: (a) Materials Coordinator, (b) Local Safety Coordinator, (c) Safety Committee Chairperson, (d) Operational or Administrative Supervisor, (e) Operations Manager.
- 2.3 AMR Safety and Risk Management Department staff can provide the selected HPA with training, additional information and guidance upon request.

3.0 **Hazardous Substance Identification**

- 3.1 This policy applies to hazardous substances in the workplace that employees may be exposed to under normal conditions of use or in a "foreseeable emergency" resulting from workplace operations. Foreseeable emergencies may include equipment failure, rupture of containers, or failure of control equipment that releases a hazardous substance into the workplace.
- 3.2 This policy does not apply to hazardous or infectious waste
- 3.3 Upon initial implementation of this policy and at least annually thereafter, each AMR operation or department shall complete a thorough review of all chemicals or substances in their respective work areas to determine whether they qualify as "hazardous". A product should be considered hazardous if any of the following criteria are met:
 - (a) The words DANGER, WARNING, CAUTION, POISON, FLAMMABLE or CORROSIVE appear on a container label or in the MSDS
 - (b) The container label or MSDS indicates the substance is a carcinogen, toxic or highly toxic agent, reproductive toxin, mutagen, teratogen, irritant, corrosive, sensitizer, hepatotoxin, nephrotoxin, neurotoxin, an agent which acts on the hematopoietic system, or an agent which damage the lungs, skin, eyes, or mucous membranes
 - (c) The label or MSDS indicates that protective equipment such as gloves, gown, or protective eyewear is necessary to safely use the substance, or that high-flow ventilation is required
 - (d) The label or MSDS indicates that harmful exposure requires emergency treatment at a medical facility or that a fire department or hazardous materials team is required to abate a significant spill, leak, or release
- 3.4 Each substance classified as "hazardous" according to Section 3.3 (a)-(d) above, shall be listed in the Area Inventory Hazardous Substance Inventory List (see Section 4.0 and Attachment B).
- 3.5 Whenever possible, the use of hazardous substances should be discontinued (elimination) or, if available, safer alternatives purchased (substitution).
- 3.6 All hazardous substances no longer in use shall be removed from the workplace and properly disposed of in accordance with applicable laws and regulations.

4.0 **Area Hazardous Substance Inventory Lists**

- 4.1 The Area Hazardous Substance Inventory List (hereafter referred to as "Inventory List") shall itemize the specific hazardous substances found in the work area and enable a user to cross-reference Common Name, Chemical Name, and Manufacturer of a given product quickly.
- 4.2 The Inventory List shall be:
 - (a) Alphabetized by common name or chemical name
 - (b) Maintained in the front of the MSDS binder

- (c) Kept current to within 15 days
 - (d) An accurate reflection of the hazardous materials in the work area as well as a table of contents of the MSDS' that are available in the binder or by electronic/telephonic means.
- 4.3 The chemical names listed in the inventory shall be the same as that found on the product containers and MSDS'.
- 4.4 The HPA should develop a system to assure that new hazardous substances are not introduced into the work area unless the appropriate Inventory List(s) is updated.
- 5.0 **Material Safety Data Sheet (MSDS) Binder Requirements**
- 5.1 Each AMR facility, station, or stand-alone work area that contains hazardous substances shall be equipped with a current MSDS binder. Each binder shall contain:
- (a) The Area Hazardous Substance Inventory List
 - (b) The MSDS' for the hazardous substances found in the work area OR the written instructions of how to use an electronic/telephonic MSDS request system for on-demand access to an MSDS
 - (c) Instructions on how to read an MSDS
 - (d) A glossary of common MSDS terms
- 5.2 In larger facilities that house several distinctly different departments, separate and work-area specific MSDS binders are recommended. For example, a large deployment facility might include several MSDS binders to accommodate office, shop, and field employee work areas. This separation helps to prevent a single MSDS binder from becoming too large and difficult to use efficiently.
- 5.3 MSDS binders shall be brightly colored and prominently labeled to facilitate rapid identification. The AMR Purchasing Department can order MSDS binders specifically made for this purpose.
- 5.4 The MSDS binder should be kept in a designated location within the facility or work area. Attaching the binder to a fixed object is recommended, as doing so helps to ensure availability to all employees at all times.
- 5.5 MSDS' must be site-specific. That is, each MSDS binder should only include information about the specific hazardous substances that are present in the particular work area.
- 6.0 **Material Safety Data Sheet (MSDS) Management**
- 6.1 Manufacturers and importers of hazardous substances are legally required to develop an MSDS for each hazardous substance they produce based upon the information they obtain during a hazard review process. This MSDS must be provided with their initial shipment to a customer and with the first shipment after the MSDS is updated.
- 6.2 The local HPA shall maintain one of the following:
- (a) An MSDS for every hazardous substance present in the operation or department, OR
 - (b) An effectively implemented system of electronic/telephonic access to MSDS' using an on-demand system.
- 6.3 Even if electronic/telephonic MSDS access is provided, it is recommended that the HPA maintain a master hard-copy file of current MSDS' for each work area.
- 6.4 The HPA should develop a system to assure that new hazardous substances are not introduced into the work area unless:
- (a) The appropriate Area Hazardous Substance Inventory Lists are updated with the new hazardous substance information
 - (b) The product's MSDS is placed in appropriate MSDS binders or electronic/telephonic access is verified

- (c) The MSDS/container label has been reviewed to determine whether there is a significant change in the type or degree of potential employee exposure or if modification to work practices/PPE procedures are indicated. If true in either case, the HPA should:
- (1) Provide the product's MSDS to affected managers and the local safety committee
 - (2) Within 30 days, new hazard information and/or procedural changes shall be conveyed to affected employees by their respective supervisors unless the local safety committee implements a more effective communication plan.
- 6.5 If an MSDS is missing, outdated, incomplete, or cannot be accessed using the site's electronic/telephonic MSDS request on-demand system, the following procedure should be used:
- (a) The local HPA should utilize the Internet to search for the MSDS. Good sites include: <http://www.msdssearch.com/index.htm>, <http://www.msdsonline.com/>, or <http://msds.pdc.cornell.edu/msdssrch.asp>.
 - (b) If the MSDS cannot be obtained within 7 days, the local HPA shall request the MSDS, in writing, directly from the manufacturer (see Attachment D).
 - (c) The AMR Director of Safety and Risk Management shall be notified if a complete MSDS has not been received from the manufacturer within 25 working days of the HPA's written request.
- 6.6 If an employee discovers that an MSDS is missing or he/she cannot access it through the site's electronic/telephonic MSDS on-demand system, he/she should complete the MSDS Request Form (see Attachment C) and submit it to the local safety committee, local HPA, or a supervisor.
- (a) Within 15 days of obtaining an employee-requested MSDS, the HPA shall provide a copy of the MSDS to the requester. If a letter to the manufacturer was sent, a copy of the letter shall be provided to the employee (followed by the MSDS immediately upon receipt).
- 6.7 If a hazardous substance is discontinued and the substance is completely removed from the work site, the MSDS and the associated Area Hazardous Substance Inventory List should be taken out of the MSDS binder(s) and archived for 30 years as required by State and Federal regulations. Similarly, when an updated MSDS is placed into an MSDS binder(s), the outdated materials shall be removed and archived for 30 years.
- 7.0 Container Labeling**
- 7.1 AMR will not accept or release hazardous substances for use unless the original container is clearly labeled, tagged, or marked with at least the following information:
- (a) Identity of the hazardous substance
 - (b) Appropriate hazard-warning statement(s)
 - (c) The name and address of the manufacturer, importer, or other responsible party.
- 7.2 If the hazardous substance is transferred to a secondary container, that container must be clearly and durably labeled with at least the following information:
- (a) Identify of the hazardous substance
 - (b) Appropriate hazard-warning statement(s)
 - (c) Required PPE to use the product safely
- 7.3 Employees who have questions regarding secondary container labeling should contact a supervisor or the local HPA for guidance prior to transferring the substance from one container into another.
- 7.4 All container labels must be legible, in English, and prominently displayed on the container.

- 7.5 Labels shall not be defaced or removed.
- 7.6 Unlabeled chemical containers should be immediately reported to a supervisor or the local HPA for proper identification and corrective action.
- 8.0 **Non-Routine Tasks**
- 8.1 Rarely, AMR employees will be assigned non-routine tasks that involve the use of specialized hazardous substances they may not be familiar with. Prior to starting such projects, each affected employee will be given a pre-task briefing about the hazards they may be exposed to while carrying out the assignment.
- 8.2 The following information shall be provided to the employee regarding the non-routine task:
- (a) Specific hazards and the safety measures, work practices, and PPE to be used
 - (b) Steps taken by the AMR to ensure the safety and health of the employee while carrying out the non-routine task, such as ventilation controls, task-specific training, provision of PPE, presence of another employee (safety observer) and emergency procedures.
- 9.0 **Outside Contractors**
- 9.1 It is the operation or department Director's responsibility to provide (or cause to be provided) the following information prior to an outside contractor commencing work at an AMR facility:
- (a) Hazardous substances that may be present in the work area as well as the precautions that the contractor's employees should take to reduce the risk of harmful exposure
 - (b) Location of an MSDS binder and, if applicable, how to use the site's electronic/telephonic MSDS request on-demand system
 - (c) If original container labels have been removed/replaced, an explanation of the hazardous substance labeling system in local use
 - (d) Emergency procedures to be followed in case of an emergency such as an evacuation, fire, chemical spill, injury or illness.
- 9.2 Prior to commencing work, outside contractors should be required to provide AMR with an MSDS for each hazardous substance that will be used.
- 10.0 **Exceptions**
- 10.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

Attachment A

AMR Employee Education and Training

A.1 Employees shall receive information and/or training, as outlined below:

(a) Classroom Orientation (at time of hire):

1. Overview of the AMR Hazard Communications Policy and its basic requirements
2. How to access or request a copy of the AMR Hazard Communications Policy and relevant governmental regulations
3. The legal rights of employees and their representatives to receive information regarding the hazardous substances in the workplace, and the protections afforded employees against discharge or discrimination if they exercise those rights
4. How to read MSDS' and container labels to obtain key information regarding product use, safety, required PPE and first-aid procedures
5. Physical and health effects of the most common hazardous substances in use and measures employees should take to protect themselves from harmful exposure
6. Methods and observation techniques used to detect the presence or release of hazardous substances in the work area
7. Emergency and first aid procedures to follow in case of harmful exposure
8. Steps that AMR has taken to reduce or prevent exposure to hazardous substances, including any engineering, work practice, and/or personal protective equipment controls that can prevent or lessen exposure.

(b) Field/Department Orientation (at time of initial assignment):

1. Specific tasks involving hazardous chemicals or substances in the work area and the work practice or PPE controls needed to reduce or eliminate employee exposure
2. Hazards caused by chemicals contained in unlabeled pipes (if any)
3. Location and availability of the site-specific MSDS binder
4. How to use the site's electronic/telephonic MSDS request on-demand system, if applicable.

(c) Annual Refresher:

1. To reinforce their initial training, AMR field employees should receive annual refresher training or equivalent information.

(d) Change-related:

1. Within 30 days of the local HPA receiving a new or updated MSDS that indicates a significant increase in employee risk or that requires changes to work practice or PPE controls, affected employees will receive relevant information to help them reduce their risk of harmful exposure.

A.2 All Hazard Communication related training documentation shall be maintained for at least 5 years.

Attachment C
MSDS Request Form/Tracking Sheet

REQUESTING EMPLOYEE INFORMATION	
Employee Name: (print clearly)	Job Title:
Operation or Dept. of Employment:	Date Request Submitted to AMR:

Please provide me with an MSDS for the following substance(s):

PRODUCT NAME	MANUFACTURER
_____	_____
Employee Signature	Employee Representative's Signature (if applicable)

REQUEST TRACKING LOG	
Date Written Request Was Sent to Manufacturer:	_____
	HPA or Supervisor Signature
Date Requested Copy(ies) Were Received:	_____
	HPA or Supervisor Signature
Date Requested Copy(ies) Were Provided to Employee:	_____
	HPA or Supervisor Signature

When complete, return 1 copy to the requesting employee with the MSDS and place 1 copy in a local MSDS request file.

Attachment D
Sample MSDS Request Letter

Your Mailing Address
City, State, Zip Code
Area Code and Telephone Number

Today's Date

Manufacturer/Supplier
Address
City, State, Zip

Reference: Material Safety Data Sheet Request

Dear Sir/Madam:

As you know, OSHA's Hazard Communication Standard (29 CFR 1910.1200 and state-plan equivalents) requires employers to have in their possession the most current Material Safety Data Sheets (MSDS) relevant to all hazardous substances in use in their workplace. Additionally, the standard requires manufacturers of hazardous substances to prepare and provide MSDS to their purchasers, either directly or through their suppliers.

I am updating our MSDS files on potentially hazardous products which we purchase from your Company (or a request has been made by one of our employees for an MSDS) and request your assistance in providing current health and safety information as follows:

- Attached is a list of products that we currently purchase from your Company. Will you please provide a current MSDS on each of the products listed?
- I need the most current MSDS for _____.

A timely reply would be appreciated.

Sincerely,

Your Name
Your Job Title
Emergency Medical Services Corporation



Chapter Four

Infection Control

EMS practitioners deliver care to patients with many types of illnesses and injuries, in many types of environments. Lighting, temperature and location of the patient may be less than ideal and not under the control of those delivering medical care. Patients may be in nursing homes or homeless, chronically ill or critically ill, young people with traumatic injuries or older people in hospice. Care may be delivered in someone's home, by the side of the road or deep in the wilderness.

The sheer variety of patients and situations means the potential for exposure to infectious disease is high. Infectious disease may be blood-borne, spread through contact with bodily fluids, through small droplets or by tiny aerosol particles – each of which require different exposure prevention strategies.

It's very important for EMS agencies to support infection prevention policies and protocols to ensure a safe work environment and prevent the transmission of infectious disease to practitioners, their families, patients and the community at large.

It's also a matter of law. EMS must comply with various regulations to reduce the risk of exposure and prevent the spread of infection, including:

OSHA's Bloodborne Pathogens Standard which safeguards workers who have the potential for on-the-job exposure to bloodborne pathogens. OSHA's requirements address items such as exposure control plans, universal precautions, engineering and work practice controls, personal protective equipment (PPE), handwashing stations, housekeeping, Hepatitis B vaccination, post-exposure follow-up, hazard communication and training, and recordkeeping. See **Bloodborne Pathogens Standard fact sheet**

The Needlestick Safety and Prevention Act, which requires healthcare entities including EMS to evaluate and select safer sharps devices as they become available. It also requires that the evaluation be conducted annually, and that employers solicit input from the clinical team (such as the medical director). This process must be documented.

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (often called the Ryan White Notification Law), which requires every emergency response entity, including fire and EMS agencies, to have a designated infection control officer (DICO) to manage exposure issues. Roles for the DICO include working with public health departments, notifying responders of exposures, investigating the potential exposure incident, and serving as a liaison between responders and hospitals treating the source patient. Responders who suspect they may have been exposed also have a right to information about whether they have been exposed. The DICO is the point of contact for fact-finding and notifications.

OSHA's Respiratory Protection Standard which outlines requirements for the types of respirators employers must provide to protect the health of employees from contaminated air.

APIC GUIDE and EMS Infectious Disease Playbook

In 2013, the Association for Professionals in Infection Control and Epidemiology (APIC) published the **Guide to Infection Prevention in Emergency Medical Services**. APIC is considered a national authority in infection control best practices, and their publications and guides are widely used by healthcare institutions. Refer to this guide for:

- Sample Ambulance Cleaning Procedures
- Sample Exposure Control Plan
- Occupational Exposure worksheet for use in documentation/reporting

Another important infection control resource is the **EMS Infectious Disease Playbook**, created by the U.S. Department of Health and Human Services/Office of the Assistant Secretary for Preparedness and Response (ASPR). The playbook is a step-by-step guide to infection control, beginning with dispatch through transport and decontamination.



Chapter Four

Infection Control

Components of an EMS Agency Exposure Prevention Plan

Protocols for exposure prevention fall into several categories.

- 1. Universal Precautions/Standard Precautions** – An approach to infection control in which human blood and certain human body fluids are treated as if known to be infectious for HIV, Hepatitis, and other bloodborne pathogens.
- 2. Engineering controls** – Engineering controls include the use of devices with built in safety mechanisms to reduce the risk of exposure. Examples include the use of syringes with a safety sleeve so they don't need to be recapped, and puncture-resistant sharps disposal containers.
- 3. Work practice controls** – Work practice controls reduce the chance of exposure by altering the manner in which a task is performed. Examples of work practice controls are policies regarding the use of PPE, or a policy regarding using mechanical means to pick up contaminated sharps (tongs/broom). Work practice controls include hand-washing policies, waste disposal practices, and proper cleaning of contaminated backboards.
- 4. Administrative controls** – Administrative controls include education, training, and written plans to help EMS professionals understand how to avoid accidental exposure to blood and body fluid. For example, all EMS practitioners should receive regular bloodborne pathogen training and ongoing infection-control education. All clinical employees should be required to review these written plans at least annually.

The role of the safety officer in exposure prevention/infection control

- Maintain Basic and Advanced Designated Infection Control Officer certifications. **APIC** offers a Certification in Infection Prevention and Control.
- Ensure compliance with OSHA policies.
- Work with management and staff to develop and implement exposure control policies.
- Ensure all staff are properly trained on the OSHA bloodborne pathogens standard.
- Stay up on current infection control information and potential emerging infections from the CDC.
- Facilitate an immunization program in accordance with current CDC guidelines and other medical guidance.
- Advocate for employees during potential exposures.
- Share trends or information with workforce as needed.
- Review and update the exposure control plan annually.
- Maintain records of employee vaccinations, training and education related to exposure prevention.

Culture of Safety Tip:

EMS agencies should have a written plan outlining work restriction guidelines for EMS practitioners who have contracted or are exposed to an infectious disease. Encourage personnel to report their illnesses or exposures without penalizing them with loss of wages, benefits, or job status.



Chapter Four

Infection Control

Topics to be covered by written policies

Vaccinations – Up-to-date vaccinations, including an annual flu shot, are a simple and important way for EMS practitioners to protect themselves from infectious diseases they may encounter on the job. During the new hire process, verify employees have CDC recommended vaccines: Hepatitis B, (MMR) Measles, Mumps & Rubella, Varicella (Chickenpox), Tdap (Tetanus, Diphtheria, Pertussis) and Meningococcal. All EMS practitioners should receive a **Hepatitis B vaccine** at no cost to them. EMS agencies should also participate in tuberculosis screening.

Sample policies – Vaccinations and TB screening

Sample A: **AMR Employee Vaccination and Titer Policy**

Sample B: **AMR TB Exposure Prevention & Skin Testing Policy**

Cleaning and disinfection protocols – EMS agencies should have procedures to ensure ambulances, equipment and uniforms are kept in clean and sanitary conditions. This means there should be policies dealing with: the cleaning and disinfection of equipment, laundry, surfaces and containers; disposal/labeling of regulated waste materials; and location of waste and contaminated laundry containers. Policies should also cover the laundering of contaminated uniforms/gear.

Sample policies – Cleaning and disinfection

Sample C: **AMR Infection Control Cleaning & Disinfection Policy**

See also: **Metropolitan Chicago Healthcare Council, Ambulance Cleaning Standards for Ambulance Equipment**, "Infection Prevention and Control Guidance for EMS Providers," Appendix B, Page 29.

See also: **Metropolitan Chicago Healthcare Council, Ambulance Cleaning Checklist**, Appendix A, Page 25.

See also: **Salt River Fire Department, Ambulance Cleaning Procedures**, Appendix A, APIC Guide, Page 78.

Protocols for exposure prevention: Personal Protective Equipment (PPE) and safe handling and disposal of sharps – EMS agencies should have procedures in place to ensure all company personnel who may reasonably anticipate contact with blood or other potentially infectious materials are provided with appropriate PPE and that this PPE is cleaned or replaced, as appropriate, upon use. PPE should be provided at no cost to employees. Training in the proper donning, doffing and disposal of PPE should be done on a regular basis. Types of PPE that should be made available to EMS practitioners include: Disposable gloves, shoe covers, eye protection, gowns and fit-tested N95 masks (recommended for airborne and special respiratory precautions). The **APIC Guide** and the **EMS Infectious Disease Playbook** contain detailed guidance on the proper use of PPE.

Medical sharps also pose a risk to EMS practitioners, though choosing devices with built-in safety mechanisms and adhering to safety protocols can go a long way in preventing sticks.

Sample policies

Sample D: **AMR Sharps Exposure Prevention Policy**

Sample E: **AMR Respiratory Protection Policy**



Chapter Four

Infection Control

Determination of employee exposure – A list of job classifications that determined to have occupational exposure to bloodborne or other infectious materials. Includes EMS practitioners, but also vehicle technicians, janitorial staff and others.

Sample policy

Sample F: AMR Infection Control Policy

Post exposure evaluation and follow-up – Every EMS agency should have a written policy covering what to do in case of an exposure or suspected exposure. The policy should include information about the employee's right to quickly receive a confidential medical evaluation, who should be notified, consent for testing/evaluations and documentation.

Resources

Suggested reading

Metropolitan Chicago Healthcare Council, *Infection Prevention and Control Guidance for EMS Providers*

EPA, List of registered disinfectants.

CDC, *Handwashing: Clean Hands Save Lives*. Hand hygiene best practices.

NFPA 1581, Standard on Fire Department Infection Control Program, 2005.

NFPA 1582, Standard on Comprehensive Occupational Medical Program for Fire Departments, 2007.

Occupational Exposure Worksheet

Occupational Exposure Worksheet, APIC Guide, Page 54.

Sample policies – Infection control

Sample G: MedStar Bloodborne Pathogens Exposure Control Plan

See also: North Dakota Ambulance Services, Appendix B, Page 80, APIC Guide

Sample A

Background:

American Medical Response (AMR) recognizes that providing medical care services can involve occupational exposure to infectious agents. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

Purpose:

The purpose of the AMR Employee Vaccination and Titer Policy is to provide employees and management staff with the policies and procedures needed to help reduce the risk of infectious disease through the use of employee vaccinations.

AMR has written policies, procedures, and protocols, and has created expectations that are intended to align with the company's values. The policies and procedures guide AMR employees in their every day work, and it is the company's desire that its employees understand the expectations associated with the policies and procedures that provide guidance to them in their daily tasks, particularly those that are directly related to the safe and effective completion of the company's mission.

Applies To:

This policy applies to all AMR employees who provide medical care or transportation services to the public as well as any other employee who has occupational exposure to infectious disease.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of infection or disease, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Comply with applicable federal and state safety standards related to employee vaccination against infectious pathogens of concern in the healthcare setting.
- 1.2 Select appropriate vaccination providers, internal or external, based on their adherence to CDC recommendations, license/certification requirements, scope of practice considerations, and demonstrated competence related to the documentation/administrative aspects of providing vaccinations, titers, and related services to covered AMR employees.
- 1.3 Pay the costs of providing appropriate vaccinations and titers, as outlined in this policy, provided they were sought by an employee with prior management approval and were given by an AMR-authorized provider.
- 1.4 Assign responsibility for local implementation of all elements of this policy to the local Director/Manager of Operations. He or she shall also take steps to ensure and sustain employee compliance.
- 1.5 Consistently enforce/reinforce the elements of this written policy, thereby supporting AMR's overall Infection Control Program.

PROCEDURES

2.0 General Provisions

- 2.1 AMR employees will not be assigned to duties involving occupational exposure to infectious disease until they have initiated the required vaccinations/titers as outlined in this policy or have signed and submitted an informed refusal/waiver, if applicable.
- 2.2 Company offered vaccinations/titers shall be offered to covered employees at no expense.
- 2.3 Company offered vaccinations shall be administered by qualified providers, and in the manner recommended by the CDC and standard medical practice.
- 3.0 **Hepatitis B Vaccination**
- 3.1 The following employees shall be offered hepatitis B vaccination after receiving infection control training and within 10 days of initial assignment to job duties that involve occupational exposure to blood or other potentially infectious materials (OPIM):
 - (a) Field employees, including:
 - (1) EMT's
 - (2) Paramedics
 - (3) CCT Nurses
 - (4) Field Supervisors
 - (5) Mobile Healthcare Technicians
 - (6) Other employees if they are directly involved in patient/customer care that presents the risk of occupational exposure to blood or OPIM.
 - (b) Select Support Service employees, including:
 - (1) Vehicle Service Technicians, or local equivalents
 - (2) Fleet mechanics
 - (3) Non-field [i.e. administrative] employees who are authorized to do periodic ride-alongs as a formal component of their job description/responsibilities.
- 3.2 All employees identified in Section 3.1 (a)-(b) shall complete the HBV immunization series as a condition of employment unless they do one of the following:
 - (a) Show evidence of previous completion of the hepatitis B series.
 - (b) Sign a hepatitis B vaccination waiver for undeclared reasons.
- 3.3 Employees who initially refuse hepatitis B vaccination based on Section 3.2 (a)-(b) are required to read, understand, and sign the hepatitis B vaccination waiver found in Attachment A. Such employees may later receive hepatitis B immunization, upon request, and at AMR's expense.
- 3.4 AMR employees are encouraged to consult with their private physician regarding the risks and benefits of vaccination against hepatitis B.
- 4.0 **Hepatitis B Titers**
- 4.1 Hepatitis B titers are only offered by the Company in the following circumstances:
 - (a) To gauge the effectiveness of an AMR-provided hepatitis B series
 - (b) If directed by the treater, to determine whether an employee has sufficient artificial immunity subsequent to a confirmed occupational exposure.

- 4.2 Employees who are deemed “Non-Responders” based on hepatitis B titer results should be directed back to the vaccination provider for consultation. It’s possible a second HBV series will be undertaken or a vaccination booster dose will be given.
- (a) If an employee remains a “Non-Responder” despite completion of additional efforts as recommended by the CDC, he/she should receive counseling from an infection control resource regarding the risks of working in a healthcare field without HBV immunity.
 - (b) Such employees shall not be disqualified, based solely on their lack of HBV immunity, from holding a field Caregiver position.
- 4.3 Routine hepatitis B titering, such as “every two years”, is contraindicated by the Centers for Disease Control and Prevention (CDC). Employees who wish to quantify their hepatitis B immunity levels on a periodic basis may do so through their private medical provider.
- 5.0 **Influenza Vaccination**
- 5.1 Influenza vaccination may be offered to field employees based on local management discretion and availability of influenza vaccine. AMR employees are encouraged to consult with their private physician regarding the risks and benefits of vaccination against influenza.
- 6.0 **Hepatitis A**
- 6.1 Hepatitis A vaccination is not offered or paid by AMR unless specifically required by local or State regulations. Field employees who directly interact with patients are encouraged to consult with their private physician regarding the benefits and risks of undergoing vaccination against hepatitis A.
- 7.0 **Recommended Vaccinations**
- 7.1 Field employees are strongly encouraged to consult with their private healthcare physician regarding other vaccinations, including those recommended by the Centers for Disease Control and Prevention (CDC) or required by law:
- (a) Measles, mumps and rubella [MMR] vaccination (MMR)
 - (b) Chicken pox/shingles/varicella vaccination
 - (c) Meningitis vaccination
 - (d) DP/Tetanus
 - (e) Influenza
- 7.2 Some areas may be required by regulation to offer the above vaccinations to employees. In those areas, employees who refuse any of the above vaccinations are required to read, understand and sign the vaccination declination found in Attachment B. This declination will be kept in the employee’s file for the duration of employment.
- 8.0 **Exceptions**
- 8.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

Attachment B: Vaccination Refusal Form

Seasonal Influenza Vaccination Declination Statement 2011/2012

____ **No, I do not wish to have the influenza vaccination given to me.**

I _____, (print name) understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring seasonal influenza. I have been given the opportunity to be vaccinated against this infection at no charge to me. However, **I decline this vaccination at this time.** I understand that by declining this vaccine, I continue to be at increased risk of acquiring influenza. If, during the season for which the CDC recommends administration of the influenza vaccine, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

Employee Signature

Date

ID #

Vaccination Declination Statement

____ **No, I do not wish to have the vaccination listed below, given to me.**

I _____, (print name) understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring infection with _____ (name of disease or pathogen). I have been given the opportunity to be vaccinated against this disease or pathogen at no charge to me. However, **I decline this vaccination at this time.** I understand that by declining this vaccine, I continue to be at increased risk of acquiring _____, a serious disease. If, in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

Employee Signature

Date

ID #

Sample B

Background:

American Medical Response (AMR) recognizes that providing medical care and transportation services can involve occupational exposure to infectious agents, including tuberculosis (TB) and other airborne pathogens. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

Purpose:

The purpose of the *AMR TB Exposure Prevention & Skin Testing Policy* is to provide employees and management staff with the policies and procedures needed to help reduce occupational exposure to tuberculosis and other airborne pathogens.

Applies To:

This policy applies to all AMR employees who provide medical care or transportation services to the public as well as any other employee who enters similar patient situations or environments.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of infectious exposure to TB or other airborne pathogens, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Provide education to employees to reduce the risk of TB and other airborne pathogen exposures.
- 1.2 Supply at no charge to the employee appropriate PPE to help reduce the risk of harmful exposure
- 1.3 Provide free TB screening (Mantoux skin test) prior to placement in high-risk settings and TB surveillance retesting on a periodic basis thereafter.
- 1.4 Provide medical evaluation, management, and treatment in cases of exposure and positive TB test results.
- 1.5 Keep all medical records including skin testing, medical surveillance, and treatment confidential.

PROCEDURES

2.0 Early Identification of Suspect or Confirmed Infectious TB Patients

- 2.1 If a patient, family member, treating facility, convalescent home, hospital, or other health care facility offers verbal or written information indicating TB, the patient shall be considered a confirmed active TB case and employees must utilize the controls specified in Section 3.0.
- 2.2 Pertinent information received by dispatch regarding confirmed or suspect TB shall be relayed to the responding employee(s) prior to their arrival.
- 2.3 The following have been identified as "high risk groups" for tuberculosis:
 - (a) Persons with HIV infection
 - (b) Close contacts of infectious TB cases
 - (c) Foreign-born persons from Asia and the Pacific Islands, Africa, Latin America and the Caribbean Islands

- (d) Low income populations including homeless persons and high risk minorities such as African Americans, Latinos and Native Americans
 - (e) Alcoholics and injecting drug users
 - (f) Residents of long-term care facilities such as nursing homes and correctional institutions.
- 2.4 If either of the following two criteria are met, AMR employees shall utilize the precautions specified in Section 3.0.
- (a) The patient is a member a high risk group, as listed in Section 2.3 above, and is complaining of productive cough of over two weeks duration **OR**
 - (b) The patient is not of a high risk group but is complaining of productive cough of over two weeks duration accompanied by any of the following secondary complaints:
 - (1) Fever
 - (2) Chills
 - (3) Night sweats
 - (4) Lethargy or weakness
 - (5) Loss of appetite
 - (6) Weight loss
 - (7) Coughing up blood.

3.0 **TB Control Measures**

- 3.1 Ambulances purchased after the effective date of this policy shall be equipped with a patient compartment exhaust fan capable of producing not less than 20 air changes per hour.
- 3.2 When treating suspect or confirmed active TB patients on scene, ventilation of closed rooms should be increased to the greatest extent possible by opening doors, windows, etc.
- 3.3 Suspect or confirmed active TB patients should be asked to wear a surgical mask (not a valved-respirator) to prevent droplet generation from coughing.
- 3.4 Such patients should be provided with tissues and instructed to cover their mouth and nose when coughing or sneezing if they find it necessary to temporarily remove the surgical mask to clear their airway.
- 3.5 During transport of suspect or confirmed active TB patients, the exhaust fan in the patient compartment shall be used simultaneously with the HEAT/AC blower fan to create airflow toward the rear of the vehicle. When the exhaust fan is on, outside air must be introduced from the dash vent to protect against intrusion of engine exhaust gases. This ventilation method creates a negative pressure atmospheric isolation in the patient compartment as well as providing dilution and removal of contaminated air.
- 3.6 Employees must continuously wear NIOSH-approved HEPA or N-95 particulate respirators in each of the following circumstances:
 - (a) While occupying rooms with suspect or confirmed active TB patients
 - (b) While intubating, ventilating, suctioning or administering aerosolized medications to suspect or confirmed active TB patients
 - (c) When transporting suspect or confirmed active TB patients.
- 3.7 Employees are not required to wear respirators while driving so long as the patient is masked and ventilation required in 3.5 is operating.

- 3.8 Non-coughing patients who report a history of TB but have been reliably taking prescribed medication for a month or more usually pose no risk to employees. Having only the patient wear a surgical mask during treatment and transport is normally sufficient in such cases.
- 3.9 Employees shall utilize company-provided respirators for all situations requiring protection against airborne diseases.
- 3.10 Employees may also wear the respirator any other time they believe a high level of protection against droplet pathogens or other diseases is indicated.
- 4.0 Reporting and Evaluation of Exposure Incidents**
- 4.1 An "exposure incident" is an event in which an employee sustains substantial exposure to a confirmed infectious TB patient without the benefit of the particulate respirator described in Section 3.0. Determination of a "substantial" exposure is based on:
- (a) The infectiousness of the exposure source
 - (b) Proximity of the employee to the exposure source
 - (c) Extent of protective measures employed
 - (d) Length of the exposure event.
- 4.2 Employees who suspect they may have had a significant exposure to active TB in the course of their work must report the incident to their supervisor immediately or as soon as possible thereafter.
- 4.3 The Company shall promptly notify the employee upon receipt of information that indicates a potential exposure to active TB has occurred.
- 5.0 Employee TB Screening and Ongoing Surveillance**
- 5.1 Every employee hired for pre-hospital care and transportation shall have a PPD performed prior to placement in a position which would put them at risk of infection.
- 5.2 Initial testing shall be two-step testing to detect any boosting phenomena that might later be misinterpreted as a skin test conversion.
- 5.3 PPD tests should be read by designated & trained personnel between 48 and 72 hours after injection. Self-reading by employees is not acceptable.
- 5.4 Every employee who provides pre-hospital care and transportation shall be offered a PPD, once every 12 months. If the employee chooses to decline AMR's offer, a declination statement shall be signed indicating that AMR offered the PPD, but the employee declined the offer. The declination statement or documentation of the PPD results shall be maintained in the employee's OSHA records. A sample declination statement is attached.
- 5.5 Any employee who tests positive for TB infection or who has had a significant exposure to TB shall be evaluated/treated according to the current standards as set by The Centers for Disease Control and Prevention. See the AMR Post-Exposure Management Policy for additional information.
- 6.0 Exceptions**
- 6.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

Mantoux Skin Test

Intermediate Tuberculin Purified Protein Derivative (PPD)

Print Name _____

Social Security # _____

OSHA requires social security numbers on this medical record.

Tuberculosis (TB) poses an occupational health threat. While TB is usually treatable, some forms are multi-drug resistant (MDR-TB). As you know, this disease is an airborne pathogen and is spread from one person to another through the air.

To protect your self, use an N-95 respirator that you were fit tested for. Also, get a Mantoux skin test for early detection of the disease. Paramedics, EMTs and Transportation Service Personnel should receive a Mantoux test, every year.

According to OSHA's Standard Interpretation Letter dated September 23, 1997, "OSHA does not require that employees participate in TB skin testing". If you decline the offer, you must sign the declination statement below.

ACCEPTANCE STATEMENT

I accept the offer for free Mantoux Skin Test. The Mantoux is administered using intermediate tuberculin purified protein derivative (PPD). I understand that the test occurs in two visits. During the first visit, a small injection is made in the arm. A second visit is scheduled for 48 to 72 hours later. During the second visit, the PPD plant is examined and interpreted, and the results are documented.

I consent to having the PPD planted during the first visit. I agree that I'm responsible for attending the second visit, as scheduled. I recognize that failure to attend the second visit precludes the opportunity to document test results.

Employee Signature _____ Date _____

PPD Manufacturer _____ Lot Number _____

1st Visit- DATE Planted: _____ Site: _____

Planted by: _____

2nd Visit - DATE Examined and Interpreted: _____

Results: _____

Interpreted by: _____

DECLINATION STATEMENT

Thank you for offering me a free Mantoux Skin (PPD) test. However, I decline the offer at this time. I will notify a supervisor if I decide to change my mind at a later date.

Employee Signature _____ Date _____

Sample C

Background:

American Medical Response (AMR) recognizes that providing medical care and transportation services can involve occupational exposure to infectious agents, including bloodborne, airborne, droplet and contact pathogens. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

Purpose:

The purpose of the *AMR Infection Control Cleaning and Disinfection Policy* is to provide employees and management staff with the policies and procedures needed to help reduce occupational exposure to infectious pathogens.

Applies To:

This policy applies to all AMR employees who provide medical care or transportation services to the public and to employees who have indirect occupational exposure to infectious agents.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of infectious exposure / illness, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Comply with applicable federal and state safety standards related to cleaning and disinfection of contaminated equipment, surfaces, supplies, PPE, etc. as a means to reduce the risk of infectious disease transmission.
- 1.2 Select and provide appropriate cleaners, disinfectants and related supplies necessary for employees to efficiently and effectively clean and disinfect contaminated items or surfaces
- 1.3 Assign responsibility for local implementation of all elements of this policy to the local Director/Manager of Operations. He or she shall also take steps to ensure and sustain employee compliance.
- 1.4 Consistently enforce/reinforce the elements of this written policy, thereby supporting AMR's overall Infection Control Program.

PROCEDURES

2.0 General Provisions

- 2.1 Upon arrival to a receiving facility, contaminated equipment shall be cleaned and disinfected as soon as practical.
- 2.2 Unless a local policy has established a centralized cleaning/disinfection service for contaminated AMR equipment, such equipment shall not be taken from a medical facility until it has been properly cleaned and disinfected. In these cases, the equipment shall be enclosed in appropriate impermeable covers prior to transport.
- 2.3 Under no circumstances shall contaminated equipment be anonymously dropped off at any AMR facility. If extraordinary circumstances require the return of such equipment, it shall be placed in a labeled bag or container and accompanied by a report signed by the employee explaining why decontamination was not performed.
- 2.4 Eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm is prohibited at all times while on scene, while in the patient compartment of the ambulance, and while performing cleaning or decontamination procedures.

- 2.5 To help prevent contamination of uniforms, equipment, or ambulance surfaces while starting an IV, placing a disposable absorbent barrier (blue chux) under the limb to absorb blood is recommended.
- 2.6 All spills of blood/body fluid shall be cleaned up as soon as practical.
 - (a) Wearing gloves and eye protection, soak up visible contaminants with paper towels and follow with a cleaning solution or soapy water wash.
 - (b) Conclude with a soaking spray of tuberculocidal germicide, allowing at least a 30-second soak prior to wiping off.
 - (c) Dispose of contaminated towels and gloves in red BIOHAZARD bag.
- 2.7 Potentially contaminated materials with sharp or jagged edges, such as broken glass or metal fragments, must be cleaned up using mechanical means such as a broom and dust pan or forceps, and then placed directly into a sharps container. Hands, even if gloved, shall not be used to pick up or move these items.
- 2.8 All blood samples in glass tubes, avulsed, amputated, or expelled tissue recovered for transport to the hospital shall be placed in a sealed, labeled, leak-proof container.
- 2.9 Any contaminated equipment shall be carefully cleaned and disinfected before being sent out for repair or service.
- 2.10 To reduce the risk of secondary exposure among oxygen vendor personnel, spent oxygen tanks should be visually inspected and cleaned/disinfected if they are contaminated with blood or other potentially infectious materials (OPIM).
- 3.0 **Infectious Linen and Biohazard Waste**
 - 3.1 Contaminated sharps shall be stored in closed puncture-resistant containers (sharps containers) with appropriate biohazard markings and color-coding.
 - 3.2 Sharps containers, when 3/4 full, shall be closed and placed in a designated biohazard disposal area. If this is not feasible, the Supervisor should be contacted for proper disposal instructions.
 - 3.3 Contaminated non-sharps materials shall be placed in labeled, leak-proof bags with appropriate biohazard markings and color-coding.
 - (a) Biohazard bags should then be placed in designated biohazard waste containers.
 - (b) If outside contamination of a disposal bag is a possibility, a second bag with identical markings shall be placed over the first.
 - 3.4 If disposable linen is saturated, penetrated, or dripping with blood or other infectious agents, it must be treated as potentially infectious. As such, it must be placed in a red biohazard bag and then disposed of in a designated and properly labeled infectious waste collection container. If disposable linen does not meet these criteria (and local practice permits) it may be disposed of as regular trash.
 - 3.5 All final disposal of biohazard waste shall be in accordance with EPA and local regulations and shall be performed by a locally-approved and licensed contractor. Each operation is required to create and maintain a local written plan, in accordance with applicable laws, regulations, and local permit requirements.
- 4.0 **Infectious Linen & Biohazardous Waste Storage Areas**
 - 4.1 All crew quarters / stations shall designate storage areas for clean patient care equipment, supplies, and PPE such that there is no risk of cross-contamination with infectious materials.
 - 4.2 Stations shall also designate areas for storage of infectious linen and biohazardous waste. These areas shall be marked with biohazard signs and shall be maintained in accordance with all OSHA, EPA, and local regulations.

- 4.3 Reusable bins and containers that are used to store biohazardous waste and infectious linens shall be inspected, cleaned, and disinfected weekly, and immediately if outside contamination is present.
- 5.0 **Kitchen Environments**
- 5.1 All kitchens will be equipped with food preparation areas, sinks, and counter tops that are constructed of nonporous materials.
- 5.2 Under no circumstances shall any kitchen facility be used for the purpose of cleaning, sterilizing, disinfecting, storing, or disposing of any infectious materials or contaminated waste.
- 6.0 **Bathroom Environments**
- 6.1 Sinks, showers, toilets and the general bathroom area shall be kept in a clean and presentable condition.
- 6.2 Disposable hand-drying materials shall be provided.
- 6.3 Cloth towels shall not be used for routine hand drying.
- 7.0 **Sleeping Environments**
- 7.1 Adequate ventilation shall be assured and the HVAC system shall be maintained in a safe and serviceable condition.
- 7.2 Sleeping areas shall be kept in a clean and presentable condition.
- 8.0 **Ambulance Cab (Clean Zone)**
- 8.1 The ambulance cab shall be maintained as a "clean zone," free of contamination. To support this objective, the following rules apply:
- (a) Contaminated material, equipment or infectious waste shall never be transported in the cab.
 - (b) Family or other individuals accompanying patients shall not be allowed in the cab if they or their clothing could significantly contaminate the cab with blood or other potentially infectious materials (OPIM).
 - (c) Gloves or other PPE used during patient care shall be removed prior to entering the cab.
 - (d) Employees whose clothing is **penetrated** or becomes **saturated** with blood or OPIM during on-scene patient care should remove such clothing, if practical, prior to entering the cab of the ambulance. Similarly, personnel whose clothing becomes grossly contaminated during patient care enroute should remove such clothing prior to re-entering the cab. In either case, the grossly contaminated uniform should be placed in melt-away bag and, in turn, into a properly labeled "Infectious Linen" bag as described elsewhere in this SOP.
- 8.2 The cab of the ambulance may be employed for the storage and consumption of food and beverages so long as it remains free of blood or body fluid contamination.
- 8.3 Under no circumstances is any food or beverage to be transported, stored, or consumed in the patient compartment of the ambulance by an employee.
- 8.4 Should the cab be unavoidably contaminated while in service, it shall be promptly decontaminated with detergent cleaner and disinfectant at the earliest practical opportunity. Any food stored therein shall be discarded prior to returning to service and prior to storing or consuming any other food in the cab.
- 9.0 **Ambulance Surfaces and Reusable Equipment**
- 9.1 Each ambulance shall be routinely cleaned on a daily basis. All surfaces in the cab and patient compartment (including the gurney and defibrillator) must first be cleaned with an all-purpose cleaner prior to conducting any disinfection steps.

- 9.2 The manufacturer's guidelines shall be used for the cleaning and decontamination of all reusable equipment. Unless otherwise specified:
- (a) The gurney, bench seat, jump seat, microphones, clipboard, and patient care equipment like stethoscopes, EKG cables, backboards and scoop stretcher shall be treated with a combination cleaner-disinfectant spray.
 - (b) Durable equipment (backboards, straps, splints, MAST pants) shall be washed with soapy water, rinsed with clean water, and disinfected with an approved disinfectant or 1:100 bleach solution. Equipment should be allowed to air dry.
 - (c) Delicate equipment (radios, cardiac monitors, mobile data terminals, etc.) shall be wiped clean of any debris using soapy water, wiped with clean water, then wiped with disinfectant or 1:100 bleach solution. Equipment should be allowed to air dry.

10.0 High-Level Disinfection Requirements

- 10.1 Reusable airway equipment and invasive instruments shall be disassembled and thoroughly washed in disinfectant soap and water to remove all visible contamination. They shall then be immersed in a glutaraldehyde-based sterilant / disinfecting solution for 10-20 minutes followed by triple rinsing and thorough drying prior to reassembly.
- 10.2 All personnel using these solutions shall be familiar with their safe use, the applicable MSDS' and written procedures, and shall consistently use the recommended PPE to prevent harmful exposures.
- 10.3 If a sterilant solution is provided at the station for high-level, end-stage disinfection of airway equipment (already cleaned and decontaminated at the hospital), the disinfection area must be located away from food preparation areas and be equipped with:
- (a) Sink constructed of nonporous materials with running water provided.
 - (b) Proper lighting and adequate ventilation.
 - (c) Adequate space to allow air-drying of equipment.
 - (d) Facilities for the safe storage, use, and disposal of cleansing and disinfection solutions.
 - (e) Appropriate PPE for the use of disinfecting solutions.
 - (f) Material safety data sheets (MSDS) for cleansing and disinfecting solutions as well as written procedures for safe use of each product.

11.0 Personal Protective Equipment

- 11.1 Personal protective equipment shall be removed after leaving the work area, and as soon as possible if contaminated.
- 11.2 After use, all PPE contaminated to the point of saturation or dripping shall be placed in leak-proof and color-coded bags, marked as a biohazard, and placed in a designated Infectious Waste container at the receiving hospital.
- 11.3 Non-saturated PPE may be disposed of with regular trash.

12.0 Uniforms and Footwear

- 12.1 All employees shall maintain spare clean work uniforms in the station, so that potentially contaminated uniforms can be exchanged upon return to quarters.
- 12.2 Employees are encouraged to carry a spare uniform in the unit to facilitate rapid change-out when necessary.

- 12.3 Employee uniforms showing superficial evidence of incidental blood or body fluid contact present no documented risk of disease transmission. Such items of clothing should be changed for aesthetic reasons as soon as possible.
- 12.4 In contrast to Section 12.3 above, uniforms that have been contaminated by blood or body fluids to the point of fabric **saturation** or **penetration** must not be taken home and laundered by the employee.
- (a) In these specific cases, AMR must provide for uniform cleaning at no cost to the employee.
 - (b) Each operation shall establish local procedures, equipment, and supplies for such services or shall establish an effective process using appropriate outside vendors.
 - (c) The following basic guidelines must be followed, unless an equal or more effective local policy is established:
 - (1) The saturated or penetrated uniform shall be removed as soon as feasible and placed directly into a melt-away laundry bag, which shall be provided expressly for this purpose.
 - (2) The melt-away laundry bag shall then be placed into a yellow infectious linen bag.
 - (3) The double-bagged uniform should then be placed in a designated Infectious Linen receptacle for pick-up or processing according to locally established procedures.
 - (4) The unit shall remain out of service until the employee washes or showers if needed and changes his or her uniform.
 - (5) Under no circumstances shall an employee respond to additional emergency or non-emergency responses with a grossly saturated / contaminated uniform.
- 12.5 Local management is required to investigate and implement corrective actions based on the circumstances of the uniform contamination. An incident report is required, which details the circumstances of the contamination event and the reasons why PPE was not in use or why it failed, and the identity of the employee.
- 12.6 Contaminated boots should be brush-scrubbed with a solution of hot, soapy water, rinsed with clean water and allowed to air dry.
- 13.0 **Employee Handwashing**
- 13.1 Hand washing is one of the most important infection control procedures. Employees shall wash hands:
- (a) After removing gloves or other PPE.
 - (b) After each patient contact.
 - (c) After handling potentially infectious materials.
 - (d) After cleaning or decontaminating equipment.
 - (e) After using the bathroom.
 - (f) Before eating.
 - (g) Before and after handling or preparing food.
- 13.2 Hand washing with soap and water should be performed for ten to fifteen seconds. If soap and water is not available at the scene, a waterless hand wash may be used, provided that a soap and water wash is performed immediately upon return to quarters, hospital or other facility.
- 14.0 **Exceptions**
- 14.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

Sample D

Background:

American Medical Response (AMR) recognizes that dirty needlesticks and other types of contaminated sharps exposures are the most common means of occupational transmission of bloodborne pathogens, including HIV, hepatitis B, and hepatitis C. To address this risk, a coordinated system of engineering, administrative and work practice controls are necessary. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

Purpose:

The purpose of the AMR Sharps Exposure Prevention Policy is to provide employees and management staff with the policies and procedures needed to help reduce the risk of contaminated sharps exposures.

Applies To:

This policy applies to all AMR employees who provide medical care or transportation services to the public as well as any other employee who uses, handles or works around contaminated sharps.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a ✱ symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such ✱ items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of sharps exposure, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Fully comply with applicable federal and state standards related to the selection, use, and disposal of medical sharps.
- 1.2 Assign responsibility for local implementation of all elements of this policy to the local Director/Manager of Operations. He or she shall also take steps to ensure and sustain employee compliance.
- 1.3 Consistently enforce/reinforce the elements of this written policy, thereby supporting AMR's overall Infection Control Program.

PROCEDURES

PART A

Engineering, Administrative, and Work Practice Controls

Note: Part A of this policy will detail the specific sharps exposure prevention and control measures that are currently in effect at AMR.

2.0 Needleless Systems

- 2.1 When provided with needleless systems, and clinically appropriate, employees shall use needleless systems for:
 - (a) Withdrawal of blood from established access lines
 - (b) Administration of medications or fluids
 - (c) Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

3.0 Needle Devices

- 3.1 In cases where a needleless system is not available or clinically appropriate for use, employees shall use needles with engineered sharps injury protection features ("Safer Sharps") for:
- (a) Withdrawal of body fluids
 - (b) Accessing a vein or artery
 - (c) Administration of medications or fluids
 - (d) Any other procedure involving the potential for an exposure for which a needle device with engineered sharps injury protection is available (and a needleless alternative is not).
- 3.2 Immediately after use, the employee shall activate the needle's engineered safety mechanism(s) and then dispose of the device directly into a sharps container.

4.0 Non-Needle Sharps

- 4.1 If sharps other than needle devices are used [e.g. scalpels], these items shall include engineered sharps injury protection features. Immediately after use, employees shall activate the engineered safety mechanisms and dispose the device directly into a sharps container.

5.0 Traditional Sharps

- 5.1 Traditional sharps, those without any engineered sharps injury protection features/mechanisms, shall only be provided by the company and used by employees in rare cases where a safer alternative is unavailable or is clinically contradicted.

6.0 Sharps Handling and Disposal

- 6.1 The following work rules apply to all sharps (including needles, IV catheters, lancets, scalpels, etc.), regardless of whether or not the design includes an engineered sharps injury protection feature, and regardless of whether or not the engineered sharps injury protection feature is activated/used.
- 6.2 An appropriate sharps container must be within arm's reach of the user BEFORE any sharp is used.
- 6.3 * Used sharps SHALL NOT BE PASSED TO ANOTHER PERSON FOR DISPOSAL or reuse. Similarly, if a person attempts to pass a used sharp to an AMR employee, the AMR employee shall not accept it.
- 6.4 * Immediately after use, sharps must be disposed of directly into a sharps container. This rule applies to all sharps, including those that have an engineered safety mechanism/design that has been fully activated.
- 6.5 Recapping a used needle or other sharp places the employee at high-risk for an occupational blood exposure. For this reason, recapping a used needle is only allowable if all the following conditions are met:
- (a) Recapping the used needle is required by a specific medical procedure, e.g., incremental doses from the same syringe
 - (b) Using the needle's engineered sharps injury protection feature (e.g., guard, lock, or barrier) directly conflicts with the required medical procedure and, as a result, recapping with a one-handed technique or use of a mechanical device is the safest alternative.
 - (c) The scene and personnel are secure/stable when the attempt to recap is made. Crews should avoid trying to recap a needle while the vehicle is in motion or when in close proximity to an unstable person or crowd.
 - (d) If all conditions above are satisfied, and the decision is made to recap the needle, the employee must use either a one-handed technique or an appropriate mechanical device.

- 6.6 * Taking the sole exception (listed in Section 6.5 above) into account, used needles and other non-needle sharps shall not be recapped, resheathed, sheered, bent, broken, or separated from disposable syringes.
- 6.7 Other potentially contaminated sharp objects, such as broken glass, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Dispose of these materials directly into a sharps container.
- 7.0 **Sharps Containers**
- 7.1 Sharps containers of adequate size must be provided for use in each unit, at the scene, and in other locations where AMR employees utilize sharps devices.
- 7.2 Sharps containers in ambulances and clinical settings shall be mounted as close as possible to areas where needles and other sharps are commonly used, and should be checked daily to confirm they are not overly full.
- 7.3 Sharps containers provided for use on scene shall be large enough to contain all sharps waste produced by a full cardiac resuscitation.
- 7.4 All sharps containers shall be rigid, closable, puncture resistant, leak-proof on sides and bottom, and properly labeled as a biohazard. In addition, it must be possible to seal the containers when full such that they cannot be reopened without great difficulty.
- 7.5 If a sharps container is penetrated by a sharp or leakage is noticed during storage or transit, the entire container shall be placed into a larger, secondary container. The secondary container must be closable, puncture resistant, leak-proof, and properly labeled as a biohazard. Notify a supervisor such that the circumstances of the puncture or leakage can be investigated.

PART B

Sharps Exposure Prevention Process

Note: Part B of this policy provides an overview of the processes AMR has developed to provide program oversight, address identified sharps exposure trends, respond to sharps-related concerns, gather and interpret exposure data, and make necessary or prudent program changes.

8.0 Product Selection Process

- 8.1 AMR uses a multi-faceted approach to select and implement needleless systems, sharps with engineered sharps injury protection, and non-needle sharps with engineered sharps injury protection. Methods may include, but are not limited to: market research, purchasing fairs, written and scored employee product evaluations, pilot studies, and consideration of input received from all levels of the organization.
- 8.2 Where established safety or quality assurance committees are in place, AMR may also make final selections based on their recommendations. Such committees must use a well-documented and objective process to evaluate each device, and should take steps to actively involve/seek input from end-users prior to making final selections.
- 8.3 Since the appropriateness and efficacy of selection methods may vary by location, type of product being considered, established local processes/resources, and other factors, AMR shall maintain records that describe the methods that were used to critically evaluate and select the safer sharps products in use.
- 8.4 Final product selection should be based on all of the following major criteria:
- (a) Market availability
 - (b) Objective evaluations from both employees and company specialists

- (c) Clinical efficacy and patient care considerations
 - (d) Safety-related efficacy of engineered features
 - (e) Simplicity of use and disposal
 - (f) Potential to create new safety issues
 - (g) Regulatory mandates
 - (h) On-going input and feedback from all levels of the organization
- 8.5 The AMR Director of Clinical and Educational Services, in close collaboration with the AMR Director of Safety and Risk Management, reserves the right to make final product selection decisions. Use of this authority shall be limited to circumstances where:
- (a) A local product decision is not possible due to differences of opinion
 - (b) Rapid product substitution becomes necessary
 - (c) A local product selection may place patients or employees at risk
 - (d) National contracts for equipment or supplies exist.
- 9.0 **Product Implementation**
- 9.1 After new or changed products are selected, the AMR Clinical and Educational Services Department, the Purchasing Department, the Safety and Risk Management Department and Operations leaders and should work closely with local resources to:
- (a) Provide recommendations to management on how to best implement the supplies.
 - (b) Identify any new or changed policies, procedures, or work rules that will be necessary to compliment the change in supplies or methods of use.
 - (c) Seek constructive employee input during the change process.
 - (d) Develop and administer an efficient method to provide employee training as appropriate.
 - (e) Monitor the change process to help identify and solve problematic issues.
- 10.0 **Employee Input and Feedback**
- 10.1 Sharps or exposure-related input from employees and employee representatives should be made in writing whenever possible. Written input should be submitted to the contributing employee's safety committee, Local Safety Coordinator, or Infection Control Officer.
- 10.2 To facilitate efficient routing and consideration, the document must include a detailed description of the issue, specific recommendations on how a meaningful improvement can be made, the contributing employee's name, work location, telephone number, to whom the written input was provided, and the date it was submitted to that person.
- 10.3 The local safety committee, in accordance with usual process, shall objectively consider and respond to the employee's perspective and recommendations. The safety committee should make every effort to respond back to the contributing employee in a timely fashion. In absence of a safety committee, the Local Safety Coordinator shall respond back to the employee.
- 10.4 At an employee's full discretion, written suggestions/concerns may be simultaneously submitted to both the local safety committee and AMR management for review.
- 11.0 **Process Measurement and Continuous Improvement**

- 11.1 As part of the local Safety or Quality Assurance Committee process, members should meet at least quarterly to:
- (a) Review and discuss any incidents, including sharps exposures, which occurred since the last meeting, with the intent of determining the causal factors and potential remedies.
 - (b) Update and review the Committee's incident records to determine whether trends are found.
 - (c) Discuss any employee suggestions or input received since the last meeting.
 - (d) Determine if any new or changed engineering, administrative, or work practice control is needed.
 - (e) Critically evaluate new or improved sharps devices available in the marketplace.
 - (f) Provide a summary and/or recommendations to AMR management for consideration.

12.0 Annual Review and Data Analysis

- 12.1 On not less than an annual basis, the AMR Safety and Risk Management Department, Clinical and Educational Services Department, and the Purchasing Department or their designees shall meet to:
- (a) Estimate the utilization frequency of the types and brands of sharps found on Sharps Logs.
 - (b) Calculate exposure rates by type of device, to the extent data are available to do so.
 - (c) Identify trends that warrant further review and formulate data-driven recommendations.
 - (d) Evaluate new products available in the marketplace that may provide added protection to the end-users compared to traditional sharps devices.

13.0 Sharps Injury Log

- 13.1 To help track the frequency of sharps exposures as well as a number of other key measures, AMR shall establish and maintain a "Sharps Injury Log" in each operation where sharps are commonly used. The Log shall fully comply with applicable federal and state requirements.
- 13.2 For each employee exposure to blood or body fluids that results from a contaminated sharps injury, the investigating supervisor is required to complete and submit the Sharps Exposure Report Form. This form is found in the Supervisor's reporting packet. Completed forms shall be sent directly to the AMR Safety and Risk Management Department, along with the other exposure documentation.
- 13.3 The AMR Safety and Risk Management Department will maintain the company's electronic Sharps Injury Log, kept current to within 6 days, and will provide each operation with periodic hard-copy updates for their local files. To obtain a copy of the most current Sharps Injury Log between periodic hard-copy updates, the AMR Safety and Risk Department should be contacted.

14.0 Exceptions

- 14.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

Sample E

Background:

American Medical Response (AMR) recognizes that providing medical care and transportation services can involve occupational exposure to infectious agents, including tuberculosis (TB) and other airborne pathogens. In addition, certain AMR operations have elected to increase their level of readiness for other potential hazards associated with EMS. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

Purpose:

The purpose of the *AMR Respiratory Protection Policy* is to provide a structured approach to comply with 29 CFR 1910.134 as well as equivalent State regulations.

Applies To:

This policy applies to all AMR field employees who deliver medical care and transportation.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of exposure to hazardous agents, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Comply with 29 CFR 1910.134 and other applicable federal and state safety standards related to respiratory protection.
- 1.2 Designate the local AMR General Manager of Operations and their designee as having overall responsibility to effectively implement, monitor, and suggest improvements to this policy within his/her area of concern.
- 1.3 Provide respiratory protection training, medical evaluations [if required], and fit testing to covered employees in accordance with current regulations.
- 1.4 Supply appropriate respiratory protection for employee use based on the foreseeable hazards to which they might be exposed.
- 1.5 Enforce and reinforce the elements of this written policy, thereby supporting AMR's overall Injury and Illness Prevention Program and Infection Control Program.

PROCEDURES

2.0 Selection of Respiratory Protection

- 2.1 AMR's National leader for Safety and Risk Management must approve the respiratory protection that is provided to AMR employees for their use in the field.
 - (a) Such selection and approval will be based on current safety regulations, the chemical, biological, and environmental hazards to which employees may be exposed, relative safety and comfort during use, and patient care considerations.

- (b) In some locations, the type of respiratory protection has been established and standardized throughout a response system by pre-planning committees or a local EMS Agency. In such cases, their selection should be evaluated against the provisions of this policy.
- 2.2 Respirators provided to AMR employees must, at minimum, meet all of the following criteria:
- (a) NIOSH-approved
 - (b) Negative-pressure
 - (c) Classified as HEPA or N-95
 - (d) Classified as P-100 for California operations whose employees engage in high hazard procedures
- 2.3 The following types of respirators are expressly prohibited, and shall not be provided, carried, stored, or used by AMR employees in the field:
- (a) Hooded respirators (not to be confused with Escape Hoods)
 - (b) Powered air-purifying respirators [PAPR]
 - (c) Positive pressure respirators and SCBAs
- 2.4 AMR employees are not trained or authorized to function as entry personnel. Therefore, employees are not to use a respirator to enter the warm zone, hot zone, confined spaces or oxygen deficient atmospheres. The respirators and other PPE provided by the company may be insufficient, as they were not selected for those uses/environments.
- 2.5 Employees covered by this policy shall not carry, store or use any respirator brand or model in lieu of those approved by AMR. If operations have in their possession any respirator not authorized by AMR, then immediate contact to their divisional safety and risk management representative is required.
- 2.6 Escape Hoods may be utilized when required by contract and are not considered respirators, and should not be used as such under this policy. This applies to Escape Hoods intended for temporary one time use for evacuation purposes only. If Escape Hoods are required by contract, the product expiration dates must be current. Outdated Escape Hoods must be removed and disposed of immediately.
- 3.0 **Availability and Storage of Approved Respirators**
- 3.1 Respirators shall be readily available in a clean and sanitary condition at all times while the unit is in service.
- 3.2 Employees should ensure they have a sufficient quantity and appropriate size ranges of appropriate respirators in the vehicle as part of their pre-shift checkout routine.
- 3.3 Respirators must not be stored in a location where they are exposed to contamination, dust, sunlight, extreme temperatures, excessive moisture, damaging chemicals/vapors. Additionally, respirators must be stored in a manner that protects them from deformation of the face piece and exhalation valve [if any].
- 3.4 The compartment where respiratory protection is stored must be clearly marked as containing emergency respirators.
- 3.5 Respirators and related accoutrements must be stored in such a manner that they cannot become projectiles in case of sudden vehicle stop.
- 4.0 **Use of Approved Respirators**
- 4.1 Employees shall don a respirator whenever instructed to do so by the on-scene commander, AMR Supervisor, or other appropriate authority. Respirators may also be donned if an employee independently suspects or identifies the presence of a potential hazard that triggers the need for respiratory protection.

- 4.2 Employees are required to select and use the specific type, brand, model, and size respirator used during their most recent (successful) individual fit test(s). After performing a brief inspection of the respirator to check for any defects or other problems, the respirator may be donned.
- 4.3 During transport, employees must utilize the patient compartment exhaust fan to draw out potentially contaminated air and the front-dash vents (heat or AC) to supply replacement air. This combination of ventilation controls will establish an effective front-to-back and out airflow pattern and will provide dilution air, thereby reducing the risk of harmful exposure. The employee(s) in the rear compartment must continue use of respiratory protection despite activation of these ventilation controls.
- 4.4 After use, employees should inspect the respirator for damage or other problems and then follow locally established procedures to facilitate cleaning, disinfection, substitution, or disposal.
- 5.0 **Obtaining a Proper Seal**
- 5.1 To provide the best seal between the respirator and the face, and thereby maximize personal protection, employees should:
 - (a) Select the proper type, brand, and size respirator based on AMR training and fit testing
 - (b) Inspect the respirator for any defects in the sealing surface or exhalation valve (if any)
 - (c) After donning the respirator, perform a "fit check" to determine if there is air leakage through the seal and, if so, manipulate the respirator and straps to improve the fit.
 - (d) Assure the sealing surface has not been compromised by hair, dirt, or other debris
- 5.2 A respirator is only as effective as the quality of its seal to the user's face. The quality of the seal is significantly affected by the presence of facial hair. Therefore, employees shall not have facial hair that comes between the sealing surface of the respirator and the face or facial hair that may interfere with valve function.
- 5.3 Any employee found in violation of this Section 5.2 will be removed from service and, at management's discretion, be given one (1) hour to shave as needed to meet the standard. Employees that fail to comply within the time allotted or who demonstrate a pattern of non-compliance shall receive corrective action, up to and including termination.
- 6.0 **Designated Physician or Other Licensed Health Care Professional [LHCP]**
- 6.1 The local operation shall designate a physician or other appropriate LHCP to carry out the following functions in accordance with current regulations:
 - (a) Review each covered employee's Medical Evaluation Questionnaire
 - (b) For each employee, issue a "written opinion" to local AMR management regarding his/her ability to safely use the respiratory protection provided by the company, which will be maintained in the employee's medical file
 - (c) In each case where an employee answers affirmatively to any element of questions 1-15 on the questionnaire, notify local AMR management in a timely fashion if a face-to-face examination will be necessary prior to the provision of a final written opinion
 - (d) Complete or coordinate face-to-face examinations and other medical tests, consultations, or diagnostic procedures necessary to make an accurate determination on each case
 - (e) Provide consultative services to employees that have questions or concerns about the Medical Evaluation Questionnaire or health concerns related to respiratory protection.

6.2 Local AMR management must provide the following information to the designated physician or LHCP:

- (a) The type and weight of the respirator(s) to be used
- (b) The duration and frequency of respirator use
- (c) The expected physical work effort while respirators are used
- (d) Additional protective clothing and equipment to be worn concurrently
- (e) Temperature and humidity extremes that may be encountered
- (f) A copy of this written policy
- (g) A copy of the applicable OSHA regulation

7.0 **Medical Evaluation Requirements**

7.1 The AMR Safety and Risk Management Department will supply an approved Medical Evaluation Questionnaire to the operation's management team for local use. Covered employees shall complete the Medical Evaluation Questionnaire when requested to do so by local management.

7.2 Local management must arrange a method to receive the completed Questionnaires in a confidential fashion, such as in an envelope that was sealed by the employee. The Questionnaires should be routed directly to the designated physician/LHCP for review.

7.3 AMR staff members are not to review the contents of the Medical Evaluation Questionnaires before routing them to the designated physician/LHCP, or at any time thereafter.

7.4 Medical Evaluation Questionnaires and any related documentation that was used to formulate a final written opinion [i.e. examination findings, diagnostic results, etc.] must be maintained at the designated physician/LHCP's office in a confidential manner.

7.5 Completion of the Medical Questionnaire shall occur during employees' scheduled work hours or at a time and place convenient to them.

7.6 Concurrently with distribution of the Questionnaire to the employees, local management should provide:

- (a) A short explanation of the purpose of the Questionnaire, a basic review of its contents, and instructions on how to confidentially submit it once complete
- (b) The name and telephone number of the AMR designated physician/LHCP that will review the Questionnaire, and an advisement to contact him/her with questions or concerns
- (c) A statement that the Questionnaire will not be reviewed by any AMR employee.

8.0 **Designated Physician/LHCP's Written Opinion**

8.1 The written opinion shall provide only the following information:

- (a) The employee's name
- (b) Date of the written opinion
- (c) Any limitations on respirator use related to the medical condition of the employee, or relating to the workplace conditions in which the respirator will be used, including whether or not the employee is medically able to use the respirator
- (d) The need, if any, for follow-up medical evaluations
- (e) A statement that the employee has been provided a copy of the written opinion by the designated physician or LHCP

- (f) The physician/LHCP's signature and office stamp.
- 8.2 Local AMR management must have a written opinion on each individual employee prior to initiating the fit-testing procedures discussed in the next section. If the designated physician provides a written opinion that indicates a particular employee cannot safely use the respiratory protection provided by the company, the employee must not be fit tested. Immediately contact the AMR Safety and Risk Management Department for guidance.
- 9.0 **Fit Test Requirements**
- 9.1 As part of their initial orientation, or at the time of initial implementation of this policy at the local level, covered employees must successfully complete the medical evaluation process and a documented fit test prior to participating in any capacity where respiratory protection may be needed.
- 9.2 Respirator fit tests must be repeated when any of the following occur:
 - (a) The Company changes the type, style, or brand of respirator that is provided
 - (b) An employee gains or loses significant weight which may affect respirator size and fit
 - (c) Significant changes occur to an employee's facial structure (e.g. facial trauma)
 - (d) Fit test documentation is discovered missing, incomplete, or inaccurate
 - (e) One year has passed since the employee's most recent fit test.
- 9.3 Employees who are in violation of Section 5.2 of this policy will not be fit tested until they shave as necessary in order to meet the standard.
- 9.4 Qualitative fit testing shall be conducted in accordance with the manufacturer's instructions and applicable regulations. Each operation is responsible for designating local personnel to carry out initial and annual fit tests among their workforce.
- 9.5 AMR's Safety and Risk Management staff or the respirator manufacturer's representatives can provide training for local fit testers such that they are capable of performing proper fit tests within the operation.
- 9.6 As a condition of employment, all personnel expected to provide services in the field environment must be able to pass a respiratory protection fit test and continuously meet AMR's facial hair standards.
- 10.0 **Inspection and Maintenance [Reusable Respirators]**
- 10.1 Respirators must be inspected before and after each use.
- 10.2 Reusable respirators supplied under this policy must be inspected on at least a monthly basis to evaluate respirator function/readiness, tightness of connections/straps, and the condition of the critical components of the respirator and elastomeric parts [if any]
- 10.3 After performing a monthly inspection, the following information must be documented:
 - (a) Date the inspection was performed
 - (b) Printed name, title and signature of the person who conducted the inspection
 - (c) The findings/remedial action needed [if any]
 - (d) The serial number or other means to identify the inspected respirator(s).
- 10.4 The information listed in 10.3 must be documented on a tag or label attached to the storage compartment for the respirator(s), kept with the respirator(s), or included in inspection reports in either paper or electronic files. Such records must be maintained until replaced by a subsequent inspection report for the same respirator(s).

10.5 Defective or damaged (reusable) respirators should be taken out of service immediately and a prominent tag must be affixed to it that describes the problem and the respirator's out-of-service status. Disposable respirators should be discarded.

10.6 Repairs or adjustments are to be made only by persons appropriately trained to perform such operations, must be in accordance with the manufacturer's instructions, and shall involve the use of the manufacturer's NIOSH-approved parts that are designed for the particular respirator.

11.0 **Cleaning and Disinfection Requirements**

11.1 Disposable respirators should be discarded after one-time use. If a disposable respirator is grossly contaminated with blood or body fluids (to the point of saturation and/or penetration), it must be disposed of as biohazardous waste. Otherwise, disposable respirators can be discarded as regular trash.

11.2 Reusable respirators supplied under this policy must be cleaned and disinfected in accordance with the procedures outlined by the manufacturer on the following occasions:

- (a) As often as necessary to maintain sanitary condition of the respirator
- (b) After use and in between users
- (c) After each fit test or training exercise that involved donning the respirator.

11.3 If a reusable respirator becomes grossly contaminated with blood or body fluids, it must be placed in a yellow (or equivalent) biohazard bag with appropriate markings and labels.

12.0 **Employee Education and Training**

12.1 Employees who may have the need to wear a respirator provided under this policy shall be trained in [and be able to demonstrate knowledge of] at least the following:

- (a) Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effects of the respirator
- (b) The limitations and capabilities of the respirator
- (c) How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions
- (d) How to inspect, put on, remove, and check the seals of the respirator
- (e) Medical signs and symptoms that may limit or prevent the effective use of respirators
- (f) The general requirements of this written policy and the applicable OSHA regulation.

12.2 Respirator training required by this policy must occur annually and more often if necessary. Such training must be comprehensive, understandable, and completed prior to an employee being placed in a situation where respirator use may be necessary.

12.3 Documented retraining shall be administered annually and whenever the following situations occur:

- (a) Changes in the workplace or type of respirator render previous training obsolete;
- (b) Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill
- (c) Any other situation arises in which retraining appears necessary to ensure safe respirator use.

13.0 **Program Evaluation**

- 13.1 The local AMR Director or Manager of Operations is responsible to see that his/her staff or the local safety committee conducts periodic evaluations to ensure that the provisions of this written policy are implemented and that they continue to be effective. In addition, he/she must regularly consult local employees to obtain their views on this policy's effectiveness and to identify any problems.
- 13.2 Factors to consider during periodic evaluations or while soliciting regular employee input include, but are not limited to the following:
- (a) Respirator fit, including the ability to use the respirator without interfering with effective workplace performance
 - (b) Appropriate respirator selection for the hazards to which the employee is exposed
 - (c) Proper respirator use under the workplace conditions the employee encounters
 - (d) Proper respirator maintenance.
- 13.3 Employees shall report conditions or circumstances where exposure could not be controlled or use of the respirator adversely affected the employee. Such reports should be evaluated for opportunities to improve this policy.
- 14.0 **Recordkeeping**
- 14.1 All records required in Sections 14.2-14.4 shall be maintained by [and be physically located at] the local operation's administrative office. Such records must be made available to affected employees and compliance officers upon request.
- 14.2 The following records must be maintained in each covered employee's medical file:
- (a) Records of any training provided under this policy, which must be maintained for at least three (3) years [these records may be electronically archived if desired]
 - (d) Designated physician/LHCP's written opinion, which must be maintained for duration of employment or until replaced by a subsequent written opinion
 - (c) Fit test documentation as outlined in section 14.3 below, which shall be maintained at least until an employee's next fit test.
- 14.3 Fit test records must include:
- (a) The name or identification of the employee tested
 - (b) Type of fit test performed
 - (c) Specific make, model, style, and size of respirator tested
 - (d) Date of test
 - (e) The pass/fail results.
- 14.4 Additional records include periodic inspection records, maintenance records, periodic audit information, and documentation to support regular employee involvement in this policy.
- 15.0 **Exceptions**
- 15.1 Any exception(s) to this policy must be approved by the National Leader for Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

Sample F

Background:

American Medical Response (AMR) recognizes that communicable disease exposure is an occupational health hazard. The health and welfare of each employee is a joint concern of the employee, the operational chain of command, and this organization at large. While each employee is ultimately responsible for his or her own health, this organization recognizes a responsibility to provide as safe a workplace as possible.

Purpose:

The purpose of the *AMR Infection Control Policy* and its elements is to provide a comprehensive infection control system that maximizes protection against communicable diseases for all covered employees and the public they serve.

Applies To:

This program, including the following policy, standard operating procedures, and exposure control plans, apply to all full and part-time employees who provide medical care and transportation, fleet maintenance, laundry and facility support services for AMR and its subsidiary companies.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of infectious exposure/illness, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Provide specialized medical and transportation services to the public without regard to known or suspected diagnoses of communicable disease in any patient.
- 1.2 Regard all blood and other potentially infectious materials (including most body fluids) as potentially infectious. Body Substance Isolation shall be observed at all times.
- 1.3 Provide all employees with the necessary training, immunizations and personal protective equipment (PPE) needed for protection from communicable disease.
- 1.4 Recognize that all elements of an ambulance and clinical care, and many related support functions, have the potential for exposure to communicable disease.
- 1.5 Recognize the need for work restrictions based on certain infection control concerns.
- 1.6 Encourage participation in critical incident stress management (CISM) and employee assistance programs (EAP).
- 1.7 Prohibit discrimination against any employee for health reasons related to infection control, including infection and/or conversions with HIV or any hepatitis virus.
- 1.8 Regard sensitive medical information as strictly confidential. Employee health information shall not be released to unauthorized persons without the signed written consent of the employee.

PROCEDURES

2.0 Employees with Occupational Exposure

- 2.1 The following employees may have substantial occupational exposure to blood or other potentially infectious materials in the course of providing patient care, treatment, transportation or while carrying out related support tasks such as handling, cleaning and disinfecting contaminated equipment:
 - (a) EMT's
 - (b) Paramedics
 - (c) CCT Nurses
 - (d) Field Supervisors
 - (e) Mobile Healthcare Technicians
 - (f) Vehicle Support Technicians / Stockers
- 2.2 The following employees may have some occupational exposure to blood or other potentially infectious materials in the course of providing non-medical transportation or selected field support services such as vehicle repair, equipment maintenance, similar duties:
 - (a) Fleet Services Mechanics
 - (b) Wheelchair Van Drivers
 - (c) Gurney Van Drivers
- 2.3 Based on the hierarchy of exposure detailed in Sections 2.1 and 2.2, AMR's infection control related policies will provide guidance regarding education, training, supplies, PPE, etc., as applicable to each situation.
- 3.0 **Roles and Responsibilities**
- 3.1 This section provides a summary of the basic roles and responsibilities that are crucial in the infection control and exposure prevention process. The responsibilities which follow are complimentary to those detailed in the Company's other written health and safety policies, procedures, job descriptions, action plans, and other tools used to convey expectations throughout the organization.
- 3.2 **Director of Operations or other Department Director**
 - (a) The Director of Operations / Department is responsible for working with local staff and Company resources to ensure this policy, and related infection control policies, are fully implemented.
 - (b) Each Director of Operations should designate an Infection Control Officer. This person must have one or more years experience as an EMT-1 or above. The position may be combined with that of the Local Safety Coordinator.
- 3.3 **Infection Control Officer (Designated Officer)**
 - (a) The Infection Control Officer should:
 - (1) Serve as the operation's "Designated Officer" as required by the Ryan White Comprehensive AIDS Resources Act of 1990 (PL 101-381).
 - (2) Make recommendations for the purchase of infection control PPE, and propose adequate stocking levels for each station and response vehicle.
 - (3) Evaluate possible employee exposures to communicable diseases and coordinate communications between the company, area hospitals, and the County Health Services Agency where appropriate.
 - (4) Collect compliance, implementation, and quality data on the Infection Control Program and present the findings appropriately.

- (5) Notify the Local Safety Coordinator if data indicate the presence of a safety hazard or trend.
- (6) Coordinate with the Director of Operations or designee regarding spot inspections of various work locations to ensure compliance with infection control policy and procedures.
- (7) Facilitate a local immunization program in accordance with current CDC guidelines, company medical directives, and guidance offered by the AMR Safety & Risk Management Department.
- (8) As requested, assist the Safety & Risk Management Department to gather information used to maintain a confidential database of immunizations, exposures incidents, and treatments given.
- (9) Provide technical and operational input to appropriate personnel regarding the development of the infection control education and training curriculum.
- (10) Keep abreast of new developments in the field of infection control and make appropriate recommendations locally and to the Safety & Risk Management Department.

3.4 Local Safety Coordinator

- (a) A Local Safety Coordinator, if appointed by the Director of Operations, may assume the additional duties of the Infection Control Officer on a regular basis, or back up assistance when the latter is unavailable.

3.5 Clinical and Educational Services and the Safety & Risk Management Departments

- (a) In addition to existing responsibilities, the Clinical and Educational Services and Safety & Risk Management Departments are responsible for the development and delivery of comprehensive infection control education and training which complies with federal and state requirements.
- (b) The Infection Control Officers and operations staff are encouraged to provide input and technical assistance during both curriculum development and delivery activities to ensure maximum impact.

3.6 Director of Safety and Risk Management

- (a) In addition to other duties, the Director of Safety and Risk Management or designee has overall responsibility for the development and evaluation of AMR's safety and health programs, including infection control. The Director, with input from other individuals and/or committees carries out these responsibilities by:
 - (1) Advising operational and support resources regarding immunization and post-exposure requirements in accordance with CDC guidelines, and providing ongoing guidance to facilitate their implementation at the local level.
 - (2) Assisting in the development of AMR's Infection Control Program, including related policies, and establishing methods to monitor local compliance.
 - (3) Providing technical guidance to Local Safety Coordinators and Local Infection Control Officers on matters related to infection control.
 - (4) Providing technical guidance in the development of appropriate Infection Control education and training.
 - (5) Establishing standards to maintain confidentiality of all medical and exposure records.

3.7 Designated Physician/Health Care Professional

- (a) The Designated Physician/Health Care Professional, if selected, assists in the development and maintenance of AMR's vaccination, TB skin test, and post-exposure management procedures. The Designated Physician assists by:

- (1) Facilitating the immunization and post-exposure programs by providing technical guidance and, in accordance with CDC guidelines, developing written medical directives to govern related activities.
- (2) Providing guidance whenever an employee's infectious status or other health concern may require a temporary or permanent change to his/her work status, location, or assigned duties as a means to protect him/herself, coworkers, patients, or the general public. If applicable, such actions shall be in accordance with CDC guidelines and industry standards related to infection control in healthcare settings.
- (3) Advising AMR as needed to handle unique infection control concerns.

3.8 **Operations Supervisors and other management staff**

(a) The Operations Supervisors and management staff are responsible for:

- (1) Support and enforce compliance with the Infection Control Program's provisions.
- (2) Mandate and actively support safe operating practices specified in this written program.
- (3) Correct any unsafe acts, and refer employees for remedial infection control training if required.
- (4) Institute appropriate disciplinary measures for gross or repeated non-compliance.
- (5) Refer for medical evaluation, when appropriate, any employee possibly unfit to work for infection control or other reasons.
- (6) Actively prohibit new employees from assuming patient contact duties until initial medical evaluation, initial immunizations, and infection control training have been completed.
- (7) Handle every suspected or confirmed employee exposure or diagnosis of communicable disease confidentially and in accordance with this program.

3.9 **Employees**

(a) All covered employees should:

- (1) Assume personal responsibility for their health and safety, as evidenced by full and consistent compliance with the work rules and procedures specified in AMR's safety policies and procedures.
- (2) Always use appropriate personal protective equipment (PPE) as specified by company policy, regardless of personal perceptions of exposure risk.
- (3) Report any suspected occupational exposure to communicable disease to their supervisor immediately or as soon as possible thereafter.
- (4) Report any diagnosis of communicable disease to their supervisor.

4.0 **Infection Control Related Policies and Procedures**

- 4.1 In addition to this policy, AMR maintains a number of other complimentary policies that meet or exceed existing safety and health regulations. Such policies are incorporated by reference into AMR's overall Infection Control Program.
- 4.2 AMR also maintains additional policies that cover injury and illness prevention.
- 4.3 Local AMR operations/departments may also maintain additional [non-conflicting] safety policies or procedures that compliment/augment AMR's national policies.

5.0 **Infection Control Policy/Program Evaluation**

- 5.1 At least on an annual basis, the AMR Infection Control Program will be carefully reviewed to ensure that the provisions remain as current and effective as possible.
- 5.2 Updates and changes shall be based on:
 - (a) Significant changes in assigned tasks or procedures, which alter the infection control equipment or controls necessary to further reduce the risk of occupational exposures.
 - (b) New and reliable infection control information published by the CDC, which directly contradict one or more significant sections of this Program.
 - (c) New or revised regulatory requirements that cause sufficient need to revise this Program.
 - (d) Evidence that clearly indicates that one or more elements of this Program are deficient, as determined by the Director, Safety and Risk Management.
- 5.3 All employees are encouraged to offer input on ways to improve the effectiveness of this Program by submitting comments, in writing, to their local safety committee. As appropriate, the local committee may forward related recommendations to the AMR Safety and Risk Management Department for consideration.
- 6.0 **Exceptions**
- 6.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

MedStar Health and Safety Department Bloodborne Pathogens Standard 29 CFR 1910.1030 Exposure Control Plan

The Area Metropolitan Ambulance Authority dba MedStar is committed to providing a safe and healthful work environment for all of our employees. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The Exposure Control Plan (ECP) is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby helping to protect our employees. This Exposure Control Plan (ECP) includes:

- Determination of employee exposure
- Implementation of various methods of exposure control including:
 - Universal precautions
 - Engineering controls and work practice controls
 - Personal protective equipment (PPE)
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Implementation methods for these elements of the standard are discussed in the subsequent pages of this Exposure Control Plan (ECP).

Program Administration

- The Health and Safety Department is responsible for the implementation of the Exposure Control Plan (ECP).
- Michael Shelton and Shaun Curtis will maintain, review, and update the Exposure Control Plan (ECP) at least annually, and whenever necessary to include new or modified tasks and procedures specific to the Bloodborne Pathogens Standard, 29 CFR 1910.1030.
- The Exposure Control Plan (ECP) is accessible through the Health and Safety Intranet page.
- If you have questions regarding the Exposure Control Plan you may contact Michael Shelton by phone at 817 632 0515 or Shaun Curtis by phone at 817 980 3199.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practice controls outlined in this Exposure Control Plan (ECP).
- The Logistics Department will maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers, shelf-sheathing needle systems, etc.) labels, biohazard waste red bags and containers, and biohazard shipping boxes. The Logistics Department will ensure that adequate supplies of the aforementioned equipment are available in the appropriate quantities and for Personal Protective Equipment (PPE) appropriate sizes. If you need additional Personal Protective Equipment (PPE), engineering controls, or have questions concerning these items you may contact the On Duty Logistics Supervisor by phone at 817 372

5466. You may also contact the On Duty Logistics Supervisor in person in the Logistics Department located at 2900 Alta Mere Dr, Fort Worth, Texas.

- The Health and Safety Department will be responsible for ensuring that all medical actions required by the standard in regards to required vaccinations and Post-exposure follow-up are performed. If you have questions or concerns regarding vaccinations and/or Post-exposure follow-ups you may contact Michael Shelton by phone at 817 632 0515 or Shaun Curtis by phone at 817 980 3199.
- The Human Resources Department will be responsible for ensuring that all appropriate employee health and OSHA records are maintained. If you have questions or concerns regarding your appropriate employee health and OSHA records you may contact Tina Smith by phone at 817 632 0517.
- The Health and Safety Department will be responsible for training, documentation of training, and making the written Exposure Control Plan (ECP) available to employees, OSHA, and NIOSH representatives. If you have questions or concerns regarding the Exposure Control Plan (ECP) you may contact Michael Shelton by phone at 817 632 0515 or Shaun Curtis by phone at 817 980 3199.

Employee Exposure Determination

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

Job Title	Department/Location
Fleet Technician	Fleet Department
Fleet Mechanic	Fleet Department
Fleet Manager	Fleet Department
Logistics Technician	Logistics Department, Wash Bay, Restocking Bay,
Logistics Supervisor	Ambulance parking areas at the Star, MedStar 95,
Logistics Manager	all MICU's and CCT unit
Emergency Medical Technicians – Basic	Fleet Department, Logistics Department, Wash Bay,
Emergency Medical Technicians – Intermediate	Restocking Bay, Ambulance parking areas at the Star,
Emergency Medical Technicians – Paramedic	MedStar 95, all MICU's and CCT unit, all patient
Licensed Paramedic	contact locations
Advanced Practice Paramedic	
PRN Field Supervisor	
Field Supervisor	
Clinical Coordinator	
QA/QI Coordinator	
Clinical Manager	
Associate Director of Field Operations	

The following is a list of job classifications in which some employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, which occupational exposure may occur for these individuals:

Job Title	Department/Location	Task/Procedure
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The following is a list of job classifications in which temporary/contract employees and vendor's employees at our establishment have occupational exposure. Included is a list of tasks and procedures, or groups of closely related tasks and procedures, which occupational exposure may occur for these individuals:

Job Title	Department/Location	Task/Procedure
Truck Washer	Logistics Department, Wash Bay, Restock bay	Truck washing, cleaning, vacuuming, sweeping, mopping
Janitorial Staff	Downstairs Crew Lounge West Ambulance Parking Area	Emptying trash containers, sweeping, mopping, vacuuming, wiping down counter and table tops.

Note: Part-time, temporary, contract and per diem employees are covered by the Bloodborne Pathogens (BBP) Standard. The Exposure Control Plan (ECP) should describe how the standard will be met for these employees.

Methods of Implementation and Control

All employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this Exposure Control Plan (ECP) during their initial training sessions. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts on the Health and Safety Intranet page or if you have questions or concerns regarding the Exposure Control Plan (ECP) you may contact Michael Shelton by phone at 817 632 0515 or 817 454 1277 or Shaun Curtis by phone at 817 980 3199 or 817 832 3904. If requested, we will provide an employee with a copy of the Exposure Control Plan (ECP) free of charge and within fifteen (15) days of the documented request presented to the Health and Safety Department.

The Health and Safety Department is responsible for reviewing and updating the Exposure Control Plan (ECP) annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- Self sheathing needle systems for I.V. and hypodermic needles

Sharps disposal containers are inspected and maintained or replaced by the Logistics Department each time a unit is washed or restocked and whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering controls and work practices through:

- Review of OSHA documents
- Employee interviews and suggestions
- As recommended by the Incident Review Board

We evaluate new procedures and new products regularly by:

- Review of EMS product studies and research
- Vendor information
- Trial usage of EMS products

Both front-line workers and management officials are involved in this process in the following manner:

- Suggested trial usage of EMS products
- Review and research of new EMS products
- Recommended products by our Advanced Practice Paramedics and Clinical staff

Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is provided to our employees at no cost to them. Training in the use of the appropriate Personal Protective Equipment (PPE) for specific tasks or procedures is provided by the Health and Safety Department, Clinical Department, Driver Training Officers and Field Training Officers.

The types of Personal Protective Equipment (PPE) available to employees are as follows:

- Disposable gloves
- Eye protection
- Disposable gowns
- N-95 Masks

Personal Protective Equipment is located in each of the ambulances, Field Supervisor vehicles, Associate Director of Field Operation vehicles, and MedStar 95 (Logistics Department resupply vehicle). The stock of Personal Protective Equipment (PPE) is located in the Logistics Department at Post 4 and may be obtained through the Logistics Department and Logistics Department Supervisors. Employees may request needed or missing Personal Protective Equipment at the Logistics Department counter or from any Logistics Department employee. Each crew member assigned to a vehicle used to respond to non-emergency or emergency scene is responsible for ensuring the proper Personal Protective Equipment is available in sufficient quantities to provide protection during patient contract/treatment situations and for unit or equipment decontamination or clean up.

All employees using Personal Protective Equipment must observe the following precautions:

- Clean their hands immediately or as soon as feasible after removing gloves or other Personal Protective Equipment (PPE) with the PDI Sani-Hands ACL wipes and/or the antiseptic alcohol foam
- Wash their hands immediately or as soon as feasible with warm running water and appropriate soap after removing gloves or other Personal Protective Equipment (PPE)
- Remove any Personal Protective Equipment (PPE) after it becomes contaminated and before leaving the work area where the Personal Protective Equipment (PPE) became contaminated.
- Used Personal Protective Equipment (PPE) may be disposed of in:
 - The biohazard waste container in the patient compartment of any of our ambulances
 - Any available biohazard waste container or bag not full
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or Other Potentially Infectious Material (OPIM), and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or Other Potentially Infectious Materials (OPIM) can reasonably be anticipated to pose a hazard to the eyes, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or Other Potentially Infectious Materials (OPIM), in such a way as to avoid contact with the outer surface.

The procedure for handling used Personal Protective Equipment (PPE) is as follows:

(may refer to specific procedure by title or number and last date of review; include how and when to decontaminate face shields, eye protection, resuscitation equipment, etc.)

Housekeeping

Regulated waste is placed in containers which are closeable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section "Labels"), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is:

- Insure no sharp or needle is protruding from the sharps container
- Close the lid and ensure it locks closed
- Keep the sharps container in the upright position to prevent a chance of spilling the contents
- Remove the sharps container from the bracket and place it in the regulated biohazard waste container

The procedure for handling other regulated waste is:

- (must be easily accessible and as close as feasible to the immediate area)

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color coded. Sharps disposal containers are available in:

- Each ambulance

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is only picked up using mechanical means, such as brush and dustpan.

Laundry

The following contaminated articles will be laundered by MedStar:

- Grossly contaminated uniforms

Laundering will be performed by the Logistics Department daily during the work week in building C.

The following laundering requirements must be met:

- Handle the contaminated laundry as little as possible, with minimal agitation
- Place any wet contaminated laundry in a leak-proof, labeled or color-coded containers before transport. Use (specify either red bags or bags marked with the biohazard symbol) for this purpose and place in (specify which outside compartment or place in the ambulance)
- Wear the following Personal Protective Equipment when handling and/or sorting contaminated laundry:
 - Disposable gloves
 - Protective eyewear
 - Disposable apron
 - Disposable sleeve/arm protection

Labels

The following labeling methods are used here at MedStar:

Equipment to be Labeled

Contaminated Equipment

Contaminated Laundry

Label Type (size, color)

Red Bag with the Biohazard Symbol

Red Bag with the Biohazard Symbol

The Logistics Department is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the Logistics Department Supervisor if they discover regulated waste containers, refrigerators containing blood or

Other Potentially Infectious Materials (OPIM), contaminated equipment, etc., without proper labels attached or in a red biohazard bag.

Hepatitis B Vaccination

The Health and Safety Department will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employees Confidential Personnel File in the Human Resources Department at Post 4. Vaccination will be provided by Concentra Medical Center at any of their Fort Worth or Burleson locations. The Forest Park office hours are Monday through Saturday from 0800 to 2000 and the office phone number is 817 882 8700. The Fossil Creek Concentra Medical Center clinic is located at 4060 Sandshell Dr, Fort Worth, Texas, 76137. The office hours are Monday through Friday from 0800 to 1700 and the office phone number is 817 306 9777. The Burleson Concentra Medical Center clinic is located at 811 Alsbury Blvd, Suite 800, Burleson, Texas, 76028. The office hours are Monday through Saturday from 0800-2000 and the office number is 817 293 7311.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within fifteen (15) days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

Post-Exposure Evaluation and Follow-Up

Should an exposure occur, contact Shaun Curtis by phone at 817 980 3199 or 817 840 2059.

A confidential medical evaluation and follow-up will be conducted as soon as possible and not delay. Due to the nature of our business Field Operations Personnel or any other employee riding out on the ambulance and the employees who work in all the other departments will have slightly different procedures.

If the exposure occurred outside of direct care of a patient, Monday through Saturday between the hours of 0800 and 2000, the employee will receive their confidential medical evaluation and follow-up at Concentra Medical Center located at 2500 West Freeway, Fort Worth, Texas, 76102. For holidays and weekends when the Occupational Health Solutions clinic is closed the employees may be seen at a local emergency room.

If the exposure occurred as a result of direct patient care and the patient is transported to an emergency room, after patient care is transferred to the hospital staff, the employee will inform the head nurse of the exposure and request the appropriate source patient testing be done in accordance with the Ryan White Act and that the treating physician evaluate the patient appropriate for the type of exposure our employee received.

Following initial first aid (clean the wound, flushing of the eyes or other mucous membrane area, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law)
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and/or HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider
- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed

- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., the laws protecting the source individual's confidentiality)
- After obtaining consent, the exposed employee will be sent to the Occupational Health Solutions clinic the next business day to have their blood drawn and tested for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least ninety (90) days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible

Administration of Post-Exposure Evaluation and Follow-Up

The Human Resources Department ensures that the health care professionals responsible for the employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Human Resources Department ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route (s) of the exposure
- Circumstances of the exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The Human Resources Department provides the employee with a copy of the evaluating health care professional's written opinion within fifteen (15) days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The Health and Safety Department will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time of the exposure incident
- Work practice controls in effect and being utilized at the time of the exposure incident
- A description of the device being used at the time of the exposure incident including the type and brand
- Protective equipment or clothing that was used at the time of the exposure incident such as gloves, eye protection, face protection, etc.
- The physical location of the exposure incident
- The procedure being performed when the exposure incident occurred
- The employee's training in reference to the Bloodborne Pathogens Standard 29 CFR 1910.1030

The Health and Safety Department will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this Exposure Control Plan (ECP) are necessary the Health and Safety Department will ensure that appropriate changes are made. Changes may include evaluation of safer devices, adding employees to the exposure determination list, etc.

Employee Training

All employees who have occupational exposure to bloodborne pathogens received initial and annual training conducted by the Health and Safety Department.

All employees who have occupational exposure to bloodborne pathogens received training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA Bloodborne Pathogens Standard
- An explanation of our Exposure Control Plan (ECP) and how to obtain a copy

- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and Other Potentially Infectious Materials (OPIM), including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and Personal Protective Equipment (PPE)
- An explanation of the types, uses, location, removal, handling, decontamination, and disposal of Personal Protective Equipment (PPE)
- An explanation of the basis for Personal Protective Equipment (PPE) selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and the vaccine will be offered free of charge
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or Other Potentially Infectious Materials (OPIM)
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at MedStar
- An opportunity for interactive questions and answers with the person conducting the training session

Training materials for MedStar are available at the Health and Safety Department and the Health and Safety Department's intranet page.

Recordkeeping

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three (3) years at the Risk and Safety Administrator office.

The training records include:

- The dates of the training sessions
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within fifteen (15) working days. Such requests should be addressed to Michael L. Shelton in the Health and Safety Department.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The Risk and Safety Department is responsible for maintenance of the required medical records. These confidential records are kept in the Risk and Safety Administrator's office then Tindall Records at 630 N. Fwy. for at least the duration of employment plus thirty (30) years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within fifteen (15) working days. Such requests should be sent to the Risk and Safety Department, 551 E. Berry Street, Fort Worth, Texas, 76110.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Human Resources Department.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidents must include at least:

- Date of the injury
- Type and brand of the device involved (syringe, hypodermic needle, IV needle, etc.)
- Department or work area where the incident occurred
- An Explanation of how the incident occurred

This log is reviewed as part of the annual program evaluation and maintained for at least five (5) years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

Hepatitis B Vaccine Declination (Mandatory)

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Signed: _____ Date: _____
(Employee Name)



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EMS practitioners, like other healthcare professionals, have a tendency to put the needs of others ahead of their own. But there's a truism among caregivers, healthcare and public safety workers that's worth repeating: You can't take care of others if you don't take care of yourself.

Statistical reports and research indicate that the EMS workforce faces far higher risks to personal health and safety than the average U.S. worker.

Fatal injuries

- There are an estimated 13 on-the-job EMS fatalities annually, according to a 2011 study in **Prehospital Emergency Care**. The study examined 2003-2007 data from numerous national sources, including the Bureau of Labor Statistics, Census of Fatal Occupational Injuries, the National Institute for Occupational Safety and Health and the National Electronic Injury Surveillance System.
- Nearly half (45%) of fatal injuries were due to motor vehicle collisions, an additional 12% involve personnel being struck by vehicles, and 31% involve air medical crashes.

Nonfatal injuries

- Of nearly 100,000 nonfatal injuries among EMS practitioners serious enough to be treated in emergency departments, about 38% involved sprains and strains, often when moving or lifting a patient.
- The second most common injury (21%) was exposure to a harmful substance (such as bodily fluids) or environment.
- A 2013 study also in **Prehospital Emergency Care** looked at 22,000 non-fatal injuries or illnesses that resulted in lost work days among private sector EMTs and paramedics. Most (67%) involved sprains and strains. The most common type of strain was a back injury (43%), often when lifting or moving a patient.
- In 2007, EMTs and paramedics were nearly three times as likely as the average worker to suffer an injury resulting in lost work days. For every 10,000 full-time workers, EMTs and paramedics experienced 350 injuries resulting in lost work days compared to an average of 122 for all private industry occupations.

It is clear that EMS agencies should develop and implement policies, protocols and practices to safeguard the personal health and safety of EMTs and paramedics that cover the following areas:

- Prevention of workplace injuries, illness and deaths.
- Mental, emotional and physical health and fitness.
- Self-care both on and off the job, to prevent burnout, to protect from mental health issues and enhance resiliency.

The Role of the Safety Officer in Workplace Injury Prevention

- Collaborate with operations leaders to review all SOPs, practices and procedures to identify potential sources of injuries.
- Work with logistics personnel to review new or potential new equipment that can be used to reduce injuries.
- Work with training officers on safe lifting and other safety-related training.
- Conduct regular facility inspections to identify hazards and initiate remedies.
- Empower all employees to be a champion of safety practices.



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Culture of Safety Tip: What is Resilience?

According to the American Psychological Association, resilience is the process of adapting in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. Resilience isn't a trait that people either have or do not have. It involves behaviors, thoughts and actions that can be learned and developed in anyone.

There's a growing trend within U.S. industries to adopt and implement personal resilience and well-being programs. At Dignity Health, a San Francisco based healthcare system, leaders are supporting their clinical staff before they reach the point of burnout through an **innovative, systematic process** that provides debriefing, support and time for self-care after traumatic codes.

The National Wellness Institute defines "wellness" as "an active process through which people become aware of and make choices toward, a more successful existence." Wellness is intentional — people must decide to make healthier choices. Workplace wellness programs exist to encourage and assist employees in taking steps to be well. In accordance with these definitions, EMS agencies must offer their practitioners a culture that allows them to actively become aware of and learn how to adapt to their work and personal life, and cope with significant stressors. This culture must be shared by all persons connected to the practitioner, including the practitioner themselves. Implementing a culture of personal resilience and wellbeing is consistent with and supports the National Strategy for an EMS Culture of Safety to achieve a safer, healthier environment for EMS practitioners, and their patients.

Best Practices in Personal Safety: Employer Responsibility

- Offer an Employee Assistance Program (EAP) with counselors who understand the unique challenges of the EMS industry.
- Develop a comprehensive wellness program, inclusive of mental health, that addresses the overall health and well-being of EMS practitioners.
- Promote a work-life balance within the agency.
- Ensure confidentiality and utilize a **just culture** framework.

Topics to be covered by written policies

Protocols for injury and illness prevention – A structured approach to identifying, evaluating and controlling occupational safety and health hazards is important to prevention. An injury and illness prevention plan should outline roles and responsibilities of every member of the staff, and a process for identifying hazards, investigating hazards and correcting hazards. Open communication that focuses on quality improvement rather than placing blame should be encouraged.

Sample policy – Injury and illness prevention

Sample A: AMR Injury and Illness Prevention Policy

Safe lifting procedures – Moving patients, transferring patients to and from gurneys, and loading/unloading gurneys from ambulances are a major source of back injuries. EMS practitioners must have the right equipment and training with periodic refreshers on safe lifting techniques, and a written policy outlining safe lifting practices.

Sample policy – Safe lifting

Sample B: AMR Gurney Safety Policy



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Process for reporting and debriefing of injury incidents – Reporting and debriefing after injury incidents is important in making the workplace safer. The concept of “just culture” applies to incidents and near misses on the road, safety incidents and near misses while providing patient care, as well as the self-reporting and reporting of other types of workplace injuries. Just culture encourages EMS agencies to foster an environment in which employees are urged to report injuries and share safety concerns, without the fear of punishment. This openness allows the safety officer and the agency to identify links or trends to prevent future incidents.

Sample policy – Reporting injuries

Sample C: MedStar Injury and Exposure Policy

See also: [OSHA](#) has a sample form employers can use to report work-related injuries, illnesses or near miss events.

Substance abuse prevention and reporting procedures – Substance use is risky for the user and those around them, including patients and co-workers. A workplace substance abuse prevention policy should spell out prohibitions about using drugs or alcohol when on duty, on call or when wearing a company uniform (except when expressly allowed). The policy should also cover drug and alcohol screening, self-disclosure protocols, and steps to be taken if a person is found to be using or abusing drugs or alcohol.

Sample policy – Substance abuse prevention

Sample D: AMR Substance Abuse Prevention Policy

Personal Health and Safety: Other Considerations – As awareness about the need to protect the personal health and safety of EMS practitioners grows, issues such as fatigue, fitness, EMS mental health and violence against practitioners have taken on greater urgency. EMS safety officers play a critical role in addressing these issues in the workplace.

Fatigue prevention – In a recent poll conducted by NAEMT, EMS practitioners identified fatigue as the biggest risk to their personal safety. Though the impact of fatigue on safety has been well studied in truck drivers, pilots and other healthcare workers, there have been few studies examining the impact of fatigue on EMS practitioners, who provide both transportation and patient care on any given shift.

In 2013, the National EMS Advisory Council’s Safety Committee issued an **advisory statement** on fatigue in EMS that concluded:

- Shift work, long working hours and recurrent shifts without adequate rest compromise cognition and physical functioning, lead to poor sleep quality, unhealthy body weight, elevated risk of cardiovascular disease and diabetes, and poor general health.
- Evidence shows that fatigue contributes to errors and mistakes, and impairs decision-making.
- The risks posed by fatigue are too often dismissed by supervisors and EMS leadership.
- Shifts of longer than 12 hours may contribute to fatigue and negative outcomes, but there is not yet industry consensus that these should be eliminated or that changing shift characteristics would necessary alleviate fatigue-related problems.



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Sample policy

NHTSA has contracted with NASEMSO to create **evidence-based fatigue risk management guidelines for EMS**. The guidelines, created as part of the Fatigue in EMS Project, are to be published in an upcoming issue of Prehospital Emergency Care.

Resources

Suggested reading

Patterson, P.D. et al. Editorial: The Shift Length, Fatigue, And Safety Conundrum In EMS. **Prehospital Emergency Care** 2012 Oct-Dec;16(4):572-6.

National Association of EMS Physicians, 3-part series. Part 1: Patterson, Daniel, et. al. **Studying sleep health and fatigue in EMS**. June 22, 2015. EMS1.com

Part 2: Patterson, Daniel, et. al. **5 evidence-based countermeasures for EMS fatigue**. July 28, 2015. EMS1.com

Part 3: Patterson, Daniel, et. al. **8 components of an effective EMS fatigue risk management program**. Oct. 9, 2015. EMS1.com.

Fitness – Obesity and lack of physical fitness among our general population has been well documented as a significant health problem. This problem impacts the ability of EMS systems to effectively serve the needs of patients. Obese patients contribute to increased risks of lifting-related injuries among EMS practitioners. As with our general population, obesity and lack of physical fitness within the EMS workforce also contribute to injuries and an increase in chronic diseases.

EMS agencies need to hire EMS practitioners who are able to meet and maintain the physical fitness requirements for the job, while EMS practitioners need to understand the physical fitness levels required for their jobs and how to maintain those fitness levels.

In 2013, NAEMT collaborated with the American Council on Exercise (ACE) to develop physical fitness guidelines tailored to the work of EMTs and paramedics.

Resources

Suggested reading

National Association of Emergency Medical Technicians, **Recommended EMS Fitness Guidelines**, July 2013.



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Mental health – A significant mental health and wellness problem exists among the EMS workforce as a consequence of the environment and circumstances in which they operate on a daily basis. The What’s Killing Our Medics survey produced by Chad Newland, Erich Barber, Monique Rose, and Amy Young in October 2015 found that 37% of respondents reported having contemplated suicide and 6.6% had attempted suicide. These survey results suggest that an average of 3.7% of EMS practitioners have had suicidal thoughts – ten times the rate of the general population with an average of 0.5%.

In 2016, NAEMT published the results of a National Survey on EMS Mental Health Services. The survey revealed that the EMS industry has significant work to do to demonstrate to their EMS workforce that their mental health struggles and concerns matter, and ensure that EMS practitioners know where to turn when they are struggling.

Agencies should develop mental health protocols to guide all of their employees who may be suffering with a mental health issue, or to respond appropriately to a colleague who may be suffering. All agencies are encouraged to:

- Offer an Employee Assistance Program (EAP) with counselors who understand the unique challenges of the EMS industry.
- Develop a comprehensive wellness program, inclusive of mental health, that addresses the overall health and wellbeing of EMS practitioners.

Sample policy

See: New Jersey EMS [Psychological Support Guidelines](#)

Resources

NAEMT, [EMS Mental Health Resources](#) – To assist EMS practitioners in recognizing, managing and seeking assistance for mental health issues, NAEMT has compiled a resource library of articles, tips and other information about suicide prevention, mental health first aid, and building emotional resiliency.

Suggested reading

NAEMT, [National Survey on EMS Mental Health Services](#), August 2016.

NAEMT, [Position Statement on Resilience and Well-being](#).

Courses

National Fallen Firefighters Foundation, [Stress First Aid](#).

Sample A

Background:

American Medical Response (AMR) recognizes that physical injury and illness is an occupational health hazard. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

Purpose:

The purpose/intent of the *Injury and Illness Prevention Policy* is to: (1) provide a structured approach to the organization's desire to effectively identify, evaluate, and control occupational safety and health hazards, (2) summarize AMR's approach to basic safety and health management issues, and (3) to comply with applicable regulations.

Applies To:

This policy applies to all AMR employees.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of occupational injury or illness, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Achieve and sustain full compliance with federal and state safety regulations that govern development and implementation of an effective Injury and Illness Prevention Policy or equivalent.
- 1.2 Provide each employee a safe environment in which to work.
- 1.3 Ensure that this written Policy is readily available to employees for reference.
- 1.4 Seek out and implement feasible engineering and administrative controls such that complete reliance on work practice and personal protective equipment (PPE) controls is minimized.
- 1.5 Establish a system of accountability within the organization such that ownership of critical responsibilities is understood and injury and illness prevention tasks are managed along with other operational or departmental concerns.
- 1.6 Investigate and document the circumstances of each reported unsafe condition, employee injury, illness, unsafe act, or system failure to determine and implement corrective actions that will reduce the risk of similar events in the future.
- 1.7 Enforce and reinforce the provisions of this entire written Policy such that employee risk of occupational injury and illness is reduced.

PROCEDURES

2.0 Roles and Responsibilities

- 2.1 This section provides a summary of the basic roles and responsibilities that are crucial in the injury and illness prevention process. The responsibilities which follow are complimentary to those detailed in the Company's other written health and safety policies, procedures, job descriptions, action plans, and other tools used to convey expectations throughout the organization.

2.2 Chief Executive Officer

- (a) The Chief Executive Officer, CEO, works with the organization's leadership team to establish, promote, and sustain a safe and healthful work environment. He/she participates in the organization's safety improvement process by:
 - (1) Championing safety and health as a key organizational value and setting expectations accordingly with leadership staff
 - (2) Assuring a management culture is established that supports full compliance with safety related policies and procedures
 - (3) Providing leadership among internal staff and union officials to improve employee health, safety, and compliance with applicable regulations
 - (4) Identifying and addressing significant organizational barriers to safety improvement

2.3 Operation & Department Vice Presidents

- (a) Each Operation or Department Vice President provides safety and health leadership and problem solving skills within their area of concern. Vice Presidents participate in the safety improvement process by:
 - (1) Leading and supporting the development of a safety-oriented culture among all employees
 - (2) Setting clear expectations related to full and consistent implementation of safety policies and procedures and the need to make timely corrections when deficiencies are identified
 - (3) Taking steps to periodically evaluate the quality and consistency of safety and health policy implementation in each business unit and holding management staff accountable for both safety-related successes and shortcomings.
 - (4) Requiring development and execution of specific action plans to address significant safety and health issues or loss trends within an operation(s) or department(s)
 - (5) Seeking opportunities to visibly lead and support safety improvement initiatives

2.4 Local Operations Director or Department Director/Manager

- (a) The local Operations Director or Department Director/Manager has the responsibility to ensure full and consistent implementation of AMR's health and safety policies within his/her area of concern. He/she participates in the safety improvement process by:
 - (1) Taking steps to assure supervisory staff understand the contents and application of all safety and health policies and procedures
 - (2) Developing local safety policies or procedures to address unique safety and health issues which are not addressed by AMR's national SRM policies
 - (3) Assigning key safety responsibilities and tasks to staff within the operation or department and following-up to ensure completion
 - (4) Reviewing safety related activities and results metrics as a basis for planning and implementing local improvements or to recognize measured improvements.
 - (5) Ensuring positive feedback and recognition is received among local staff and employees for their safety performance and fulfillment of safety related responsibilities
 - (6) Enforcing and reinforcing the company's safety and health policies through consistent issuance of corrective actions [including discipline, remedial training, coaching, etc.] as appropriate

2.5 Field or Department Supervisors

- (a) To support AMR's safety and health process, Field or Department Supervisors are primarily responsible for directly interacting with their employees on matters related to safety and health and for determining, through investigation, the need for post-incident corrective actions. Each supervisor participates in the safety improvement process by:
 - (1) Keeping abreast of company safety policies
 - (2) Ensuring employees understand and are able to meet company safety expectations
 - (3) Monitoring employee safety performance in the field or within their department and providing on-the-job safety training or coaching when needed
 - (4) Recognizing employees who work safely while also enforcing company policies fairly and uniformly whenever indicated
 - (5) Performing incident investigations to discover causal factors, and then seeing that corrective actions are carried out to reduce the likelihood of recurrence
 - (6) Identifying and correcting unsafe conditions or work practices in a timely fashion.

2.6 Local Safety Coordinator

- (a) The Local Safety Coordinator, if so designated, is responsible to monitor and guide the day-to-day implementation efforts of AMR's health and safety policies at the local level. In addition to serving as a local safety and health resource to his/her peer supervisors and employees, he/she participates in the safety improvement process by:
 - (1) Verifying safety, health and regulatory compliance through documented site visits, inspections, field observations, and policy implementation audits
 - (2) Actively supporting and locally championing the implementation of new/revised safety policies or procedures
 - (3) Attending and participating in periodic Safety Coordinator meetings, which are hosted by AMR's dedicated Safety and Risk Management Department
 - (4) Assisting with local safety training for supervisory staff and employees
 - (5) Initiating and supporting a local safety committee or similar process
 - (6) Assisting the local director or manager to identify and prioritize safety related endeavors that should be undertaken based on both pre and post-loss information

2.7 All Employees

- (a) In addition to taking responsibility for their own safety and health, all employees are responsible for participating in the safety improvement process by:
 - (1) Knowing and consistently following the provisions of AMR's safety policies and procedures.
 - (2) Requesting assistance if clarification on AMR's expectations is needed or if a constraint prevents compliance with those expectations.
 - (3) Reporting safety or risk-related incidents, including occupational injuries, illnesses, vehicle collisions, unsafe acts, unsafe conditions, or presence of unsafe equipment in the workplace immediately or as soon as possible thereafter.
 - (4) Using personal protective equipment (PPE) in accordance with AMR's standards

- (5) Actively assisting co-workers to work safely whenever a possibility to do so arises

2.8 Safety and Risk Management Department Staff

- (a) Safety & Risk Management (SRM) staff provide overall leadership, development and support of AMR's safety and health program. Detailed SRM job descriptions are available upon request. In general, SRM staff members participate in the safety improvement process by:
 - (1) Supporting and enabling all operations and departments to successfully carry out their safety-related roles and responsibilities
 - (2) Carrying out standardized or ad-hoc policy development and revision tasks
 - (3) Monitoring organizational compliance with applicable safety and health regulations
 - (4) Developing methods to measure safety activities and results
 - (5) Reporting safety or loss related issues and trends to appropriate levels of management for consideration and correction
 - (6) Supporting development and implementation of solutions to identified safety problems.

3.0 Hazard Identification

- 3.1 AMR recognizes that hazard identification/analysis is a critical step in reducing employee risk of injury or illness in the workplace. The company's system for identifying and evaluating occupational safety and health hazards includes the following:

- (a) Reviewing applicable safety regulations which apply to the operation or department
- (b) Reviewing both process and task-level steps which may involve personal risk
- (c) Conducting formal job safety analyses and task analysis activities when necessary
- (d) Reviewing industry safety and hazard information, best practices from other companies, and published safety and health hazard information such as MSDS', NIOSH studies, etc.
- (e) Investigations of all safety related incidents to determine causal factors
- (f) As detailed in the AMR Safety Inspection Policy, conducting periodic workplace, vehicle and equipment inspections to identify potential hazards
- (g) Receiving input and opinions from line employees, management, Local Safety Committees and others regarding potential hazards in the work place based on their experience

4.0 Safety, Health or Risk Incident Investigations

- 4.1 AMR's procedures for investigating safety, health or risk-related incidents include:

- (a) Visiting the incident scene as soon as possible.
- (b) Interviewing injured/exposed employees and witnesses.
- (c) Examining the workplace for factors associated with the incident/exposure.
- (d) Determining the causes(s) of the incident/exposure.
- (e) Taking corrective action to prevent the incident/exposure from reoccurring.
- (f) Documenting the findings and corrective actions taken.
- (g) Submitting all appropriate documentation to SRM in a timely manner.

- 4.2 The AMR Safety and Risk Management Department publishes form tools, checklists and references to assist in the investigation, documentation and corrective action processes.
- 4.3 Data collected during incident investigations are entered and analyzed in a Risk Management Information System. On a periodic basis, trended hazard and loss data is circulated throughout the organization.
- 5.0 **Hazard Correction**
- 5.1 Unsafe or unhealthy work conditions, practices or procedures are corrected in a timely manner based on the severity of the hazard. Hazards are corrected according to the following timelines:
- (a) Whenever hazards are observed or discovered if possible.
 - (b) When an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property, AMR should remove all employees from the area except those necessary to correct the existing condition. Employees assigned to correct the hazardous condition are provided with the necessary training, information and protection or else a subcontracted provider is called to correct the hazard on the Company's behalf.
 - (c) Correction of identified hazards should be documented to validate that abatement is complete, steps taken and the finalization date.
- 6.0 **Safety Communication Methods**
- 6.1 AMR recognizes that open, two-way communication between management and staff on health and safety issues is essential to an injury-free and productive workplace. The following methods of communication are used at AMR:
- (a) New employee orientation training that includes a detailed presentation and discussion of AMR's safety and health policies and related expectations
 - (b) Publication and wide-spread availability of AMR's written safety policies and procedures
 - (c) Safety and health refresher training/retraining opportunities
 - (d) Ongoing safety awareness campaigns that encourage one-on-one dialog between a supervisor [or other local leader] and line employees
 - (e) Periodic all-employee forums, safety meetings, Local Safety Committee meetings, and Safety Coordinator meetings
 - (f) Impromptu dialogue between employees and supervisory staff on safety and health related information, concerns, or questions
 - (g) Posted or distributed safety or health information as required and as needed
 - (h) Periodic articles and stories about safety and health in AMR newsletters.
 - (i) A report form system employees can use to inform management about workplace hazards
 - (j) Periodic meetings between union officials and management, where applicable, that include an opportunity for union representatives to discuss safety and health concerns brought forward by line employees
- 6.2 Employees are responsible for reading and complying with safety related information, including policies, procedures, memoranda, protocols, etc., that are made available by the Company. Employees should seek clarification on any aspect of these materials they do not fully understand.
- 6.3 The Company is responsible for timely investigation and follow-up of safety related concerns brought to their attention by employees.

6.4 Employees are advised there will be no reprisals or other job discrimination for expressing any good-faith concern, comment, suggestion or complaint about a safety-related matter.

7.0 Employee Education and Training

7.1 All employees, including managers and supervisors, receive education and training on general and job-specific safety and health practices. Education and training are provided as follows:

- (a) At time of hire for all new employees.
- (b) As defined by safety regulation or AMR's safety policies and procedures
- (c) Whenever new substances, processes, procedures or equipment are introduced to the workplace which create a new hazard
- (d) Whenever AMR is made aware of a previously unrecognized hazard that triggers the need for augmented education and training for affected employees
- (e) For supervisors to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed
- (f) To all employees with respect to hazards specific to each employee's job assignment.
- (g) Whenever remedial safety education, training, or performance-based coaching is needed to correct a one or more employees' identified knowledge or skill deficiencies.

7.2 The content and learning points of AMR's safety and health training is defined in AMR's safety and health policies or can be learned by reviewing the associated training program materials. In general, the following topics are covered [which may vary based on employee job classification or work assignments]:

- (a) Explanation of AMR's safety policies and procedures, with an opportunity to ask questions
- (b) Information about chemical hazards to which employees could be exposed as well as other HAZCOM Policy information.
- (c) Engineering, administrative and work practices that are utilized or expected by the Company
- (d) Work practice controls employees are expected to follow while completing their job assignments
- (e) Proper selection and use of appropriate safety equipment and PPE including gloves, eyewear, and other PPE as required by regulation or as needed.
- (f) Specific information regarding workplace hazards that are unique to an employee's work assignments, to the extent that such information was not already provided.

8.0 IIPP Recordkeeping

8.1 AMR's IIPP recordkeeping consists of the following:

- (a) Records of scheduled and periodic inspections include the name of the person(s) conducting the inspection, the unsafe conditions or work practices identified, and action(s) taken to correct said unsafe conditions or practices.
- (b) Documentation of safety and health training that includes, at minimum, the employee name, training date, type of training, and training provider(s). If required by regulation or AMR, training records will also include other information.
- (c) Documentation related to enforcement and reinforcement of AMR safety policies and procedures.

- (d) Records identified in Sections (a) through (c) above are to be maintained for at least three (3) years. Other safety related records shall be maintained for the duration specified by the Safety and Risk Management Department.
- (e) OSHA Form 300 and related documentation is maintained electronically by the Safety and Risk Management Department.

9.0 **IIPP Related Policies/Procedures**

- 9.1 In addition to this policy, AMR maintains a number of other complimentary policies that meet or exceed existing safety and health regulations. Such policies are incorporated by reference into AMR's overall Injury and Illness Prevention Program.
- 9.2 AMR also maintains policies that cover infection control and exposure prevention.
- 9.3 Local AMR operations/departments may also maintain additional [non-conflicting] safety policies or procedures that compliment/augment AMR's national policies.

10.0 **Exceptions**

- 10.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

Sample B

Background:

American Medical Response (AMR) recognizes that using a gurney during the course of providing medical response and transportation services involves occupational health hazards. In addition, patients can be put at risk of injury due to improper gurney use, mishap or mechanical malfunction. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to: (1) provide as safe a workplace as possible, (2) take prudent/reasonable measures to safeguard each patient in our care, and (3) comply with all applicable safety laws and regulations.

Purpose:

The purpose of the *AMR Gurney Safety Policy* is to provide a structured approach that effectively addresses the key safety, health, risk management and regulatory issues that relate to use of gurneys in the field setting.

Applies To:

This policy applies to all AMR field employees who operate gurneys as part of their job duties and responsibilities.

Enforceability:

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of gurney mishap, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Provide gurneys that are in clean, safe and service-ready condition
- 1.3 Establish and consistently reinforce effective procedures that reduce or eliminate the risk of employee or patient injury related to gurney use in the field setting
- 1.4 Provide employees with documented education and training on proper gurney use
- 1.5 Investigate potential mishaps or malfunctions such that appropriate corrective measures can be implemented
- 1.6 Administer an effective preventive maintenance and gurney repair program
- 1.7 Designate the local leadership as having overall responsibility to effectively implement, monitor, and suggest improvements to this policy within his/her area of concern.

PROCEDURES

2.0 Authorized Users/Allied Agency Assistance

- 2.1 AMR employees shall serve as the head and foot-end operators of the gurney, unless circumstances exist where AMR on-scene resources may be limited.
- 2.2 AMR employees shall operate the undercarriage controls of a loaded gurney.
- 2.4 Any gurney movement task that involves use of additional personnel [up, down, rolling, loading or unloading, etc.] shall be directed and controlled by an AMR employee, who must be in physical control of the gurney's undercarriage release levers at the foot-end.

3.0 Transferring a Patient to/from the Gurney

- 3.1 When transferring patients to/from the AMR gurney and another surface [e.g. bed, hospital gurney, etc.], employees should:
 - (a) Try to match the height of the gurney and the surface the patient will be transferred to/from. Brace or secure the gurney to keep it from suddenly shifting during the transfer.

- (b) Utilize low-friction sheets, slide boards or other transfer adjuncts as available
- (c) Use allied agency/hospital staff to help distribute the patient's weight
- (d) Pre-plan the transfer and use verbal communication to coordinate the task

4.0 **Rolling a Loaded Gurney Safely**

- 4.1 Given the increased chances of mishap while rolling a loaded gurney, AMR crews should:
 - (a) Roll the gurney in a slow and controlled fashion, leading with the foot-end of the gurney whenever possible
 - (c) Avoid potential hazards such as pavement cracks, edges, holes, surface debris, door thresholds, etc.
 - (d) Communicate with each other regarding potential hazards.
- 4.3 When rolling a patient on a gurney, employees should lower the gurney from the load position to a comfortable height for safe movement.
 - (a) If a patient's weight exceeds 300 pounds, consider lowering the gurney to mid-height until such time as the gurney/patient is loaded into the ambulance.

5.0 **Loading Gurney/Patient into the Ambulance**

- 5.1 All gurney designs require a minimum of two operators to safely load a patient into the ambulance. Regardless of gurney design, patient weight, or sense of urgency, an AMR employee shall not attempt to load a gurney [with a patient onboard] into the ambulance without assistance.
- 5.2 To safely load a patient on a gurney into the ambulance, ensure the safety bar on the gurney engages the safety hook on the floor of the ambulance. Coordinate the activation of the undercarriage controls with the raising of the undercarriage. After full retraction of the undercarriage, slowly steer the gurney into the locking assembly and confirm the gurney is secured.

7.0 **Unloading a Gurney/Patient from the Ambulance**

- 7.1 All gurney designs require a minimum of two operators to safely unload a patient from the ambulance. Regardless of gurney design, patient weight, or sense of urgency, an AMR employee shall not attempt to unload a gurney [with a patient onboard] from the ambulance without assistance.
- 7.2 To safely unload a patient on a gurney into the ambulance, after releasing the locking mechanism, ensure the safety bar on the gurney engages the safety hook on the floor of the ambulance. Coordinate activation of the undercarriage controls with the lowering of the undercarriage. After full extension of the undercarriage, disengage the safety bar from the safety hook to safely move the gurney.

10.0 **Gurney/Patient Restraint Systems**

- 10.1 Local management is responsible for ensuring that all gurneys are equipped with both lateral straps and an over-the-shoulder patient safety harness, and for purchasing replacements as needed.
- 10.2 To safeguard each patient during transport, use the over-the-shoulder safety harness and at least two lateral safety straps on each patient:
- 10.3 Restraints for combative patients are to be attached to the gurney frame and not to the handrails or other gurney mechanisms.
- 10.4 To safely restrain infants and children to the gurney for transport, the following applies:
 - (a) Each operation is encouraged to develop local policies and procedures regarding the purchase, storage, deployment and use of infant/child restraint devices in their area.

- (b) Unless contraindicated by a specific medical condition, in accordance with states' law, infants and children should be transported in an appropriate restraint device that is secured to the gurney whenever possible.
- (c) It is not appropriate to transport an infant or small child in the arms of another individual in lieu of using an appropriate restraint device.

11.0 **Employee Education and Training**

- 11.1 Every field-care provider who is expected to operate a gurney as a part of their job duties shall receive documented education and training on the following occasions:
 - (a) Initial Orientation
 - (b) Field Orientation/FTO time
 - (c) Remedial Training, as necessary

14.0 **Exceptions**

- 14.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

3.0 **Patient Handling Resources**

- 3.1 The lateral movement of patients to and from gurneys, and other lateral surfaces, should involve the use of any approved lateral transfer devices.
- 3.2 Assistance with lifting or patient transfer may include the following resources:
 - (a) Trained Paramedic interns and EMT students
 - (b) Allied agency responders in the field or hospital staff within facilities
 - (c) Capable family members or bystanders, if it appears safe for them to participate
 - (d) Field supervisor(s), if available
 - (e) Additional AMR field employees, if available
 - (f) Lateral transfer devices such as low friction transfer sheets, slide boards, backboards, hover mats, and hoyer lifts used by properly trained non-AMR personnel
 - (g) Stair Chairs equipped with a track system or Bariatric stretcher and Bariatric vehicles equipped with ramps and winches
 - (h) * Any appropriate device that the facility may have available to use for lateral transfers. A facility-owned mechanical device shall not be operated by AMR personnel.

- 3.3 Because of the increased weight of a loaded gurney, stair chairs, or other alternatives, should be utilized when moving a patient over a stairway with five or more risers, to decrease the risk of employee, patient and other caregiver injury.

4.0 **Lifting Assistance Guidance**

- 4.1 Employees must document on the PCR the resource used, if not in section 3.2 of this policy, when lifting or moving a patient if:
 - (a) The weight of the patient is determined to exceed 300 pounds and involves any of these critical tasks:
 1. Loading/unloading a loaded gurney

2. Lateral transfer

3. Moving up or down a stairway in accordance with section 3.3.

4.2 If a crew believes the patient's weight, position or other circumstances may involve lifting/movement loads that exceeds an employee's perception of their own safe capability they should consult with their operation's supervisor before attempting to perform the lift or movement.

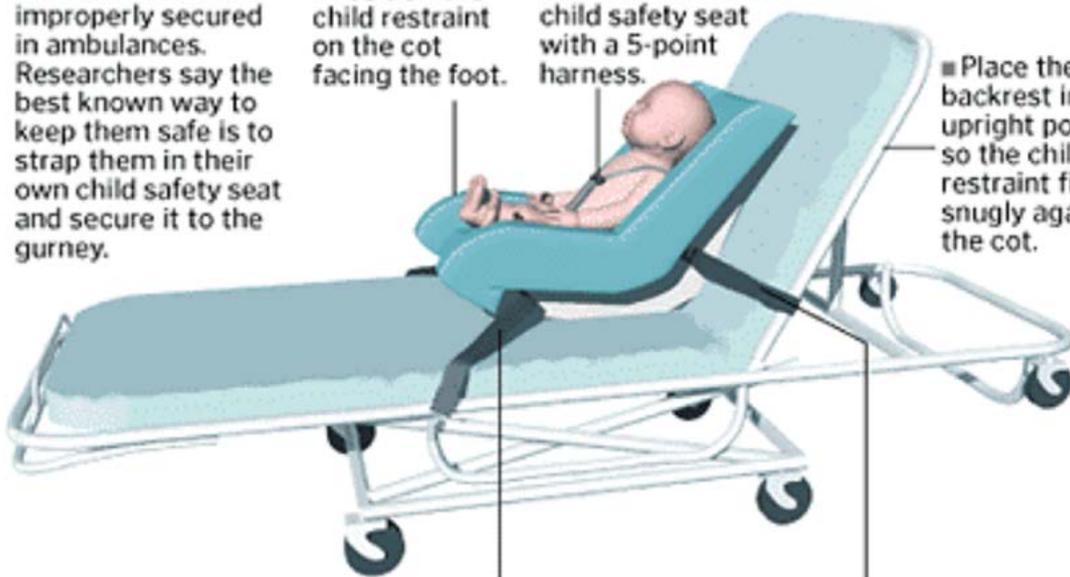
Securing kids

■ Children are often improperly secured in ambulances. Researchers say the best known way to keep them safe is to strap them in their own child safety seat and secure it to the gurney.

■ Position the child restraint on the cot facing the foot.

■ Use a convertible child safety seat with a 5-point harness.

■ Place the backrest in the upright position so the child restraint fits snugly against the cot.



■ Anchor the child safety seat to the cot using two pairs of belts.

■ One belt should be attached behind the farthest rail anchor and routed through the belt path designated for "rear-facing" installation.

■ The other belt should be attached to the cot backrest tightly and be routed through the belt path designated for "forward-facing" installation.

Source: Indiana University School of Medicine

The Detroit News

Sample C

Purpose:

The purpose of this SOP is to establish a process for managing and investigating injuries and exposures (infectious disease and environmental).

Scope:

The policy applies to all full time and part time employees of MedStar.

Guidelines:

Responsibility for maintaining a safe work environment rests with each team member. All injuries and exposures will be initially investigated by the department's supervisors, regardless of the extent of property damage or personal injury. All incidents will then be investigated by the Risk and Safety Department through Just Culture during an After Incident Review (AIR). The focus of all investigations will be to provide recommendations to prevent a similar incident in the future. Trends will be presented at monthly Safety Committee meetings for mitigation planning.

Attendance at an AIR meeting is mandatory for all team members involved in a collision, injury, lost/damaged equipment, patient injury and/or other bodily or property damage incident. Failure to attend will be considered an absence and an attendance point will be assessed. Failure to show for an AIR meeting will result in disciplinary action.

What to do if you become injured or suffer an exposure:

1. Stop working as soon as it is safely possible to do so.
2. Immediately notify your direct supervisor. If your direct supervisor is unavailable, notify the Risk and Safety Manager.
3. If the injury or exposure occurs during patient care, contact the Communications Center by radio and advise of the Code 200. The Communications Center will contact the MedStar Supervisor.
4. Life threatening injuries should be treated at the closest, most appropriate medical facility. All other injuries or exposures should be treated at Concentra Medical Center. HIV exposures requiring prophylaxis outside of Concentra Medical Center's business hours should be seen at a local emergency department.
5. Employees have the right to solicit medical care at any facility they choose. If an employee is not seen at Concentra for the initial injury or exposure care, they must follow up with Concentra to be cleared to return to work or receive a modified duty status.
6. Employees that require follow up appointments will be responsible for scheduling these appointments with the appropriate health care facility. The employee will have the sole responsibility to maintain these appointments. Failure to maintain these appointments may result in the declination of further workers compensation benefits for that injury or exposure.
7. As soon as reasonably possible, the injured/ exposed employee must complete an "employee report of injury" on the Risk and Safety page of the MedStar intranet.
 - a. Your description of the incident must be thorough (see definition below). After reading the description of the incident, the reader should have a clear mental picture of what happened and how it happened.
 - b. Thorough – Covering all aspects with painstaking accuracy.
 - i. Intensive; complete.
 - ii. Very careful or accurate

Modified duty status

1. If an employee is assigned to a modified duty status, they must report to the Risk and Safety manager before the end of the following business day for a work assignment.

- 2. Employees will be asked to sign a bona fide job offer that assigns them to a position and task that is compliant with their physical restrictions per the occupational health care provider.
- 3. All standard attendance policies will apply to an employee on a modified duty status. Exceptions will only apply with written clearance from the occupational health care provider treating the employee.

OTHER POLICY REFERENCES

Management

Date

Sample D

Background:

American Medical Response (AMR) recognizes that alcohol and substance abuse can create a hazard both for the user and for those persons who come in contact with the user. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable laws and regulations.

Purpose:

The purpose of the *AMR Substance Abuse Prevention Policy* is to outline a comprehensive prevention and response system that will reduce the likelihood of substance abuse by employees, thereby supporting AMR's Risk Management Program and creating a safer environment for employees, patients and the general public.

Applies To:

This policy applies to all AMR employees.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about substance abuse prevention, please contact your supervisor or the Human Resources Department.

1.0 It is the policy of AMR to:

- 1.1 Expressly prohibit the unlawful use, possession, manufacture, distribution, dispensation, or sale of alcohol and controlled substances or illicit drug paraphernalia by its employees at all times. In addition to termination, AMR may report these activities to local law enforcement or other regulating agencies.
- 1.2 Require AMR employees to be fit for duty while performing services on behalf of the company and to perform all assigned duties without the presence of illegal drugs, alcohol or inappropriate legal drugs in their systems.
- 1.3 Test any employee for alcohol and controlled substances as outlined in this policy.
- 1.4 Whenever necessary, search AMR premises for evidence of potential substance abuse. "AMR premises" includes but is not limited to: all facilities and areas in which AMR operates, AMR owned/leased property, any property where services on behalf of AMR are being performed, AMR owned or leased equipment, privately owned vehicles while on AMR owned or leased property, parking lots, lockers, desks, equipment, work spaces, and storage facilities.

PROCEDURES

2.0 Standards of Employee Conduct

- 2.1 Employees should refrain from alcohol consumption for at least 8 hours prior to the start of any work shift.
- 2.2 * AMR employees shall not consume alcohol if any of the following situational factors apply:
 - (a) On-duty
 - (b) On-call
 - (c) In AMR uniform, even if "off-duty"

- 2.3 AMR employees may be exempt from the alcohol related provisions of this policy for a specific meeting or company function where alcohol consumption is permitted by AMR management.
- (a) Alcohol related exemptions shall not apply to any employee that:
- (1) Is expected to remain ready to respond to emergency calls, provide patient care, or provide clinical guidance to on-duty employees [e.g. field employees or field supervisors who are on-duty or on-call].
 - (2) Drives an AMR vehicle to or from the meeting/company function
 - (3) Is in AMR uniform, regardless of duty status
- 2.4 * AMR employees are prohibited from unlawful use, possession, manufacture, distribution, dispensation, or sale of controlled substances or illicit drug paraphernalia.
- 2.5 If taking a prescribed or over-the-counter drug, employees must immediately report to their supervisor if the use of the drug may alter the employee's behavioral alertness or mental ability and/or may interfere with the employee's ability to perform their normal job duties in a safe and competent manner.
- (a) The company may require the employee to provide a written letter of explanation from their physician that indicates knowledge of the employee's work, sufficient awareness of the hazards associated with the work, and professionally reasoned confidence that the prescribed medication will not create unreasonable risk for the employee, coworkers, patients, or the community.
- (b) Employees are not to take prescription drugs unless they are issued to them by a physician. Therefore, any prescribed drugs taken while on duty must be in the original container and be clearly marked with the employee's name on the prescription label.
- (c) Employees are not to knowingly misuse or abuse over-the-counter or prescription medications.
- 2.6 Employees must notify their supervisor immediately if they are arrested or convicted under any criminal statute associated with drugs or alcohol.
- 3.0 **Drug and Alcohol Screening**
- 3.1 AMR locations that do not have a saliva-based screening process available should proceed directly to drug and alcohol testing if indicated by Section 5.0 of this policy.
- 3.2 Where available, saliva-based drug and alcohol screening may be used to "rule-out" the presence of alcohol or controlled substances in an employee's system. In such cases, an HR-approved procedure or checklist should be used to govern the key steps of the screening process, including but not limited to:
- (a) Ensuring appropriate steps are taken to document the reason for administering the screen
 - (b) Providing for a witness while the screen is administered
 - (c) What to do if the saliva-based screen indicates "non-conclusive" or similar findings that suggest the need to utilize a drug and alcohol test.
- 3.3 No AMR location or department is obligated to make saliva-based screening available to employees.
- 3.4 Saliva-based screening is not to be used as the basis for taking corrective action. Rather, it may be used only to determine whether to proceed with a drug and alcohol test.
- 3.5 Screening results that indicate "non-conclusive" [or equivalent] shall trigger quantified drug and alcohol testing as described elsewhere in this policy.
- 3.6 Regardless of saliva-based screening results or an employee's refusal to participate in a drug or alcohol screen, AMR reserves the right to require an employee to undergo a drug or alcohol test.

4.0 **Pre-Employment Drug Testing**

- 4.1 Individuals that receive a job offer from AMR must complete a post-offer/pre-placement drug test that is administered by an AMR-designated provider. AMR's Human Resources Department should provide guidance to employment candidates regarding HR-designated test locations, documentation and process requirements.
- 4.2 Saliva-based screening is not permitted for use in lieu of the drug test required by this section.
- 4.3 Employment candidates that refuse to undergo a drug test, or who fail the test, are not eligible for hire.

5.0 **Drug and Alcohol Screening/Testing—Current Employees**

5.1 Reasonable suspicion criteria

- (a) AMR management may initiate a reasonable suspicion drug and alcohol screen or test for any employee who exhibits physical, behavioral, or performance indicators of possible drug or alcohol use.
- (b) Prior to initiating a reasonable suspicion drug and alcohol screen or test, Supervisors should consult with the AMR Human Resources Department and other appropriate resources as necessary.
- (c) The investigating Supervisor should clearly document the physical, behavioral or performance indicators of possible drug or alcohol use that formed the basis of their reasonable suspicion. This information, along with any other investigation work products, should be forwarded to Human Resources for review.

5.2 For cause criteria

(a) Post-incident

- (1) All collisions involving an AMR vehicle where one or more persons are transported by ambulance or any vehicle must be towed from the scene
- (2) More than 2 workers' compensation claims that involve treatment in a 12 month period
- (3) Discovery of an open container of alcohol, controlled substances or drug paraphernalia in an employee's possession while at work, in the employee's work area, or in any area the employee had access to
- (4) Any missing or altered controlled substances to which the employee had access
- (5) Arrest or conviction for violation of a criminal drug statute
- (6) Alleged felony activity while on duty

5.3 Return to duty testing criteria

- (a) Employees that meet the condition of Section 9.2 of this policy are required to successfully pass a return to duty alcohol test before resuming duty.
- (b) Employees that proactively self-disclose a drug or alcohol problem to the company are required to take a return to duty drug and alcohol test before returning to duty. See also Section 5.4 below.

5.4 Follow-up testing criteria

- (a) Employees that proactively self-disclose a drug or alcohol problem to the Company or who meet the condition of Section 9.2 of this policy will be required to participate in a follow-up [unannounced/random] testing regimen that is designed or approved by the Company.

5.5 Random testing criteria

- (a) Excepting those covered by a last-chance agreement, as outlined in Section 12.2 of this policy, random drug and alcohol testing may not be done unless a separate written program is established by the AMR Human Resources Department.

6.0 Drug and Alcohol Test Process

- 6.1 Given the inability to determine the presence or type of substance(s) that might be in an employee's system without conducting an appropriate test, alcohol testing must be done in conjunction with controlled substance testing and vice versa. Using only one or the other test is not permitted—both must be used.
- 6.2 * If the employee refuses to submit to a drug and alcohol test or refuses to sign a chain of custody form or any other documentation associated with this policy or the drug or alcohol testing process, he/she will be terminated.
- 6.3 * Employees shall not take any deliberate action to mask the signs of alcohol or controlled substance use or to elude detection of having alcohol or controlled substances in their system.
- 6.4 * Employees shall not switch or adulterate a drug or alcohol test specimen. This action shall result in termination.
- 6.5 * Upon being notified by the Company of the need to submit to a drug and alcohol test, employees must immediately report to the test collection site as directed by the investigating supervisor. Failure to do so may result in termination.
- 6.6 AMR management should provide or arrange safe transportation for the employee upon request, or upon management suspicion that an employee may be unable to safely operate a vehicle.
- 6.7 An employee required to undergo an alcohol and drug test based on "reasonable suspicion" should be placed on unpaid administrative leave until the test results are received. Employees required to undergo a drug and alcohol test based solely on the basis of meeting the "for cause" criteria specified in Section 5.2 of this policy [i.e. no reasonable suspicion factors evident] do not normally need to be placed on administrative leave. Consult the Human Resources Department as needed in this regard.
- 6.8 All documentation associated with the administration of this policy will be maintained by the AMR Human Resources Department and will be treated as confidential.

7.0 Drug and Alcohol Test Methods

- 7.1 As established in Section 3.0 of this policy, AMR may elect to utilize a saliva-based drug and alcohol screening to help determine whether administering a quantified drug and alcohol test is indicated.
- 7.2 AMR controlled substance testing detects opiates, marijuana, phencyclidine (PCP), amphetamines, cocaine, cocaine & marijuana metabolites, benzodiazepines, barbiturates, methadone, propoxyphene and may test for any other substances identified in Schedules I-V of Section 202 of the Controlled Substances Act (21 U.S.C. Section 812). Controlled substance testing will be performed with split urine samples by a HHS-certified laboratory under the National Laboratory Certification Program (NLCP).
 - (a) An initial screen by immunoassay (e.g. EMIT) and confirmation test using Gas Chromatography/Mass Spectrometry will be conducted.
 - (b) In addition to the interpretation, test sites should be asked to provide quantified results.
- 7.3 Alcohol testing may be conducted by breathalyzer, urinalysis, or blood. If the initial test indicates the presence of alcohol, a confirmation test will be done within fifteen minutes. Confirmation testing may be by breathalyzer, blood testing or any other evidentiary means for testing alcohol.

8.0 Confirmation of Test Results

- 8.1 AMR will designate a Medical Review Officer ("MRO") who shall be a licensed physician with knowledge of drug and alcohol abuse disorders. The MRO shall perform the following functions:

(a) Review and interpret each confirmed positive test result to determine if there is an alternative medical explanation for the result. The MRO should:

- (1) Conduct a medical interview with the individual tested.
- (2) Review the individual's medical history and any relevant biomedical factors.
- (3) Review all medical records made available by the individual tested to determine if a confirmed positive test resulted from a legally prescribed medication.
- (4) If necessary, require that the original specimen be reanalyzed to determine the accuracy of the reported test result.
- (5) Verify that the laboratory report and assessment are correct.

8.2 The MRO review of confirmed positive test results shall conclude with one of the following determinations:

- (a) There is a legitimate medical explanation for the confirmed positive test result other than unauthorized use of a controlled substance. This shall be reported to AMR as a negative test and shall be recorded in the employee's medical file.
- (b) Based on a review of laboratory inspection reports, quality assurance and quality control data, and other drug test results, the MRO may conclude that a particular drug test result is scientifically insufficient for further action. This shall be reported to AMR as a negative test and shall be recorded in the employee's medical file.
- (c) The MRO determines, after appropriate review, that there is no legitimate medical explanation for the confirmed positive test result other than the unauthorized use of a controlled substance or alcohol. This shall be reported to AMR as a positive test and shall be recorded in the employee's medical file.

9.0 Alcohol Test Failure Criteria and Consequences

9.1 < 0.02: No action based on alcohol concentration.

9.2 ≥ 0.02 and < 0.039: Removal from duty, mandatory EAP referral, mandatory final written warning, at least a one (1) shift unpaid suspension, mandatory return to work test, mandatory/signed last chance agreement that includes [but is not limited to] mandatory participation in a follow-up testing program designed or approved by AMR. This option may be used only once during an employee's work experience(s) with AMR.

9.3 ≥ 0.04 : Termination.

10.0 Drug Test Failure Criteria and Consequences

10.1 Any detectable presence of controlled substances, controlled substance metabolites, or controlled substance test adulterants will result in termination.

11.0 Employee Assistance Program

11.1 AMR supports early intervention and treatment for employees faced with alcohol or controlled substance related problems by providing an Employee Assistance Program (EAP). Employees with alcohol and /or substance abuse problems are strongly encouraged to voluntarily and proactively utilize the EAP service. For current information about this service, employees should contact their supervisor or the AMR Human Resources Department.

12.0 Self-Disclosure of a Drug or Alcohol Problem

- 12.1 Employees are strongly encouraged to proactively inform their supervisor or a Human Resources Department staff member if they have an alcohol or a controlled substance abuse problem. If notified, the Company should carry out an investigation into the matter. The investigation may include requiring the employee to take an alcohol and/or controlled substances test.
- 12.2 If the investigation shows the employee's disclosure was made proactively [i.e. before being requested by the Company to submit to drug or alcohol testing and before an incident occurs that could reasonably lead to such request], the employee may be permitted, in lieu of termination, to enter into a written "Last-chance agreement" between the employee and the Company.
- (a) As part of the last-chance agreement, the employee may be required to take an unpaid leave of absence in order to complete appropriate treatment for alcohol and/or controlled substance abuse.
 - (b) Before becoming eligible to return to duty, employees participating in a last-chance agreement must agree to and fully comply with all requirements established by the Company, the local EMS Agency, and the EMS Agency Medical Director.
 - (c) Failure to sign the last-chance agreement or failure to fully comply with the terms therein shall be grounds for termination.
- 12.3 Self-disclosure of an alcohol or substance abuse problem that is deemed to be reactive in nature [i.e. after being requested by the Company to submit to drug or alcohol testing or after an incident occurs that could reasonably lead to such request] will have no effect. If a drug or alcohol test reveals a failed result, the employee will be subject to the corrective actions specified in Sections 9.0 and 10.0 of this policy.
- 13.0 **Education and Training**
- 13.1 AMR has implemented a Drug Free Awareness Program to educate employees and their families on alcohol and substance abuse issues. The Program includes information about:
- (a) The AMR Substance Abuse Prevention Policy.
 - (b) The dangers of alcohol and drug abuse.
 - (c) The availability of confidential treatment and counseling through AMR's EAP
 - (d) The consequences of violating this policy.
- 14.0 **Exceptions**
- 14.1 Any exception(s) to this policy must be approved by the National VP of Human Resources and the National VP of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.



Chapter Six

Patient Safety

Patient safety has received a tremendous amount of attention across all sectors of the healthcare system since the 1999 publication of the landmark Institute of Medicine Report, **To Err is Human**. The report concluded that between 44,000 and 98,000 people die annually in U.S. hospitals as a result of preventable medical errors, more than either motor vehicles collisions or breast cancer.

The report outlined a vision for improving patient safety, which gave rise to numerous initiatives designed to reduce risks of mistakes. Those initiatives included everything from hand washing protocols to the use of checklists to the greater use of data to measure trouble spots and progress.

The IOM report acknowledged a key fact about errors – mistakes will happen, no matter how hard people work to prevent them, or how well trained or intentioned they are.

The report also concluded that the majority of errors aren't the fault of an individual, but result from faulty systems, processes and conditions that lead people to make mistakes. Therefore, preventing mistakes isn't just about changing what individuals do. To improve patient safety, systems must be changed to make it more difficult for mistakes to occur.

This includes standardizing and simplifying equipment, supplies and processes, avoiding reliance on memory or vigilance, and creating protocols with human strengths and limitations in mind.

Two of the key messages of the IOM included the need to build a culture of safety and the importance of building "near miss" reporting systems so that practitioners and healthcare organizations could learn about and correct problems before serious harm occurred. To promote patient safety, it's crucial that EMS organizations do both.

Topics to be covered by written policies

Medical device maintenance – EMS uses a variety of equipment and devices to treat illnesses and injuries. Some devices are reusable while others are single use. Some require calibration, maintenance, repair, user training and decommissioning. An EMS safety program should include procedures for inspection, preventive and corrective maintenance, and documentation. Scheduled inspections may also uncover hidden problems.

Sample policy

Sample A: AMR Safety Inspection Policy

Transport safety – EMS agencies should have protocols for securing patients and equipment during transport, and appropriate child-sized restraint systems on every ambulance.

Sample policies

See: AMR Vehicle Safety Policy, Section 4

See also: Safe Transport for Children by EMS: Interim Guidance, published by NASEMSO in March 2017, has specific guidance.

What is Patient and Practitioner Safety?

According to the Center for Patient Safety, patient and practitioner safety is a healthcare environment that's safe for all patients and healthcare providers, in all processes, all the time. This includes freedom from accidental or preventable injuries produced by medical care, and activities to avoid, prevent or correct adverse outcomes that may result from the delivery of healthcare.



Chapter Six

Patient Safety

Infection control prevention – Hand washing/sanitization, glove use and the disinfection of reusable equipment (stretchers, back boards, ECG monitoring equipment, ECG cables, stethoscopes and the ambulance patient compartment) are all strategies for infection control. **Studies** indicate EMS compliance with infection control best practices is suboptimal.

Sample policy

See: **AMR Infection Control Cleaning & Disinfection Policy**

Resources

Infection control policies should be in place and in compliance with internationally recognized infection control guidelines issued by the World Health Organization (WHO) and the CDC.

World Health Organization. **Standard precautions in health care**. October 10, 2007.

CDC **Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care**. July 12, 2011.

Best Practice: Patient Safety Organizations

In 2005, Congress passed the Patient Safety and Quality Improvement Act establishing a voluntary reporting system via patient safety organizations, tasked with collecting and reviewing patient safety information.

Participation in patient safety organizations (PSOs) is at the core of enhancing patient safety. PSOs bring together participating agencies on a regular basis at both the regional and state levels to collect data, study it and develop recommendations for safer care. In learning from the experiences of others, PSOs allow EMS agencies to design systems that enhance safety. Currently, few EMS agencies participate in PSOs, although EMS agencies are urged to look for opportunities to take part. For more information, see NAEMT's report, **Patient Safety in EMS**.

Culture of Safety Tip: Creating a Just Culture

Traditionally throughout medicine, individual practitioners have been held accountable for all errors and mistakes that occur during the provision of care. The punitive nature of this approach led individual practitioners to resist admitting mistakes, stifling the ability to make changes to prevent future errors. 2013's Strategy for a National EMS Culture of Safety urged EMS to adopt a culture in which individuals are encouraged to report mistakes to allow for a thorough examination of what happened and how to prevent it from occurring in the future, instead of placing blame.

Individual accountability is still a part of just culture – disregard for obvious risks to patients or gross misconduct is not tolerated. But just culture strives to create an environment of trust, acknowledging that people will make mistakes and that the solution is to design systems that limit the possibility of making them. Through policies, attitudes and the education of staff, every EMS agency should work toward implementing a just culture.



Chapter Six

Patient Safety

Gurney safety – Patients can be put at risk of injury due to improper gurney use, mishap or mechanical malfunction. Policies should cover proper operations of gurneys, patient restraint systems, precautions when transferring patients, precautions when rolling gurneys, and loading/unloading procedures. Policies should make special mention of the proper restraint of children and lift assist guidance for obese patients.

Sample policy

See: [AMR Gurney Safety Policy](#)

Safety incident reporting – For EMS agency management to take action to prevent future errors, they need to know when a safety incident has occurred. EMS agencies need to have a clear policy on what incident be reported, and a process for doing so.

Sample policy

Sample B: [AMR Safety Incident Reporting Policy](#)

Resources

The Center for Patient Safety works with EMS agencies on implementing safety programs and offers a patient safety [boot camp](#).

Best Practice: Encourage Near Miss Reporting to E.V.E.N.T.

EMS agencies should also encourage practitioners to report incidents to [E.V.E.N.T.](#), a program of the Center for Leadership, Innovation, and Research in EMS (CLIR) with sponsorship provided by the North Central EMS Institute (NCEMSI), the National EMS Management Association (NEMSMA), the Paramedic Chiefs of Canada (PCC), the National Association of Emergency Medical Technicians (NAEMT) and the National Association of State EMS Officials (NASEMSO). EMS practitioners can submit data on safety-related incidents or near misses anonymously, without fear of repercussion. Aggregate reports, without identifying information, are shared with the wider EMS community.

Sample A

Background:

American Medical Response (AMR) recognizes that AMR facilities, vehicles and equipment can involve certain occupational safety or health hazards. In addition, patients can be put at risk of injury due to equipment mishap or malfunction. To reduce this risk, hazards must be recognized and corrected in a timely fashion. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to: (1) provide as safe a workplace as possible, (2) take prudent/reasonable measures to safeguard each patient in our care, and (3) comply with all applicable safety laws and regulations.

Purpose:

The purpose of the *AMR Safety Inspection Policy* is to provide a structured approach that effectively assists employees and the company to identify workplace or equipment hazards such that corrective actions can be taken. In addition, safety inspections are an integral component of a key safety, health, risk management and regulatory concerns that AMR must be responsive to during the course of providing medical care and transportation services.

Applies To:

This policy applies to all AMR employees and locations.

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of injury or illness caused by physical hazards in the workplace, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Provide facilities, vehicles and equipment that are clean, safe and in service-ready condition
- 1.2 Establish and consistently reinforce effective safety inspection procedures
- 1.3 Take action to correct identified hazards in a timely and prudent fashion
- 1.4 Deny access to facilities, vehicles or equipment if an identified and significant hazard cannot be corrected timely enough to safeguard employees, patients or the general public
- 1.5 Administer effective facility, vehicle, and equipment maintenance programs such that the frequency and severity of physical safety hazards is minimized
- 1.6 Effectively document safety inspection efforts as well as any hazard correction steps taken
- 1.7 Designate the local AMR Director or Manager of Operations as having overall responsibility to effectively implement, monitor, and suggest improvements to this written policy within his/her area of concern.

PROCEDURES

2.0 Inspection Triggers/Indicators

- 2.1 Programmed and documented safety inspections should be carried out, at minimum, according to the frequency established in Attachment A to this policy.
- 2.2 Additional programmed safety inspections can and should occur more frequently if local experience demonstrates that the minimum frequency is not effectively controlling the occurrence of hazards.

2.3 Other safety inspection indicators may include the following:

- (a) New facilities, vehicles or equipment are initially placed into service
- (b) An employee reports one or more hazardous conditions to management that are appropriate to address by carrying out a documented safety inspection such that the Company can understand the concerns, confirm the presence or absence of a hazardous condition, evaluate the severity of the hazard, or determine how to correct the problem.
- (c) Vehicles or critical equipment are not operating normally
- (d) As required by safety regulation or other AMR policy
- (e) More than one employee reports onset of illness subsequent to common exposure to an AMR facility, work area or condition
- (f) To confirm and document that one or more significant hazards have been fully abated, depending on the nature of the hazard and other circumstances

3.0 **Safety Inspection Responsibilities**

3.1 In general, operations management are responsible for inspecting the facilities they own or lease, including crew quarters, deployment centers, administrative offices, etc. Therefore, the local Operations Director or designee must effectively set expectations with local staff related to their participation in the facility safety inspection process and periodically assess whether such expectations are met.

3.2 Support service directors or designees are responsible for establishing expectations with their staff members regarding safety inspection of vehicles, equipment, or work areas that fall directly within their department's jurisdiction.

3.3 Field or non-field employees are responsible to carry out documented safety inspections of their work areas if doing so is formally assigned to them by local management

3.4 Other resources that may be called upon to complete safety inspections include:

- (a) Local Safety Committee participants
- (b) Employees assigned to a particular vehicle, crew quarters or facility work area
- (c) Local Safety Coordinator, if so designated
- (d) Field or department supervisors
- (e) Safety and Risk Management staff, if appropriate based on the nature or severity of a previously recognized hazard(s) that requires specialized review

4.0 **Hazard Intervention/Correction**

4.1 Upon recognition of a significant hazard through the safety inspection process or otherwise, AMR will initiate correction in a timely fashion.

4.2 Depending on the nature and severity of an identified hazard within an AMR facility, employees may be requested to correct the problem as a job assignment. However, if such a request is made by local management, employees should only attempt to correct the problem if all the following criteria are met:

- (a) The employee has been assigned to correct the problem by management, and
- (b) It is safe and feasible for him/her to do so, and
- (c) Efforts to correct the hazard will not put other individuals at risk or create new hazards, and
- (d) The employee will not suffer any lost wages or incur any personal expenses

- 4.3 Significant hazards that cannot be corrected immediately may trigger the need to cordon off the area, deny access to the facility or equipment, or take other assertive measures to protect employees/individuals until such time that the hazard is fully addressed.
- 4.4 Depending on the contents of AMR's facility lease arrangements, responsibility to correct a recognized hazard may belong to either AMR or the facility landlord depending on the circumstances. However, despite a landlord's responsibility, if any, AMR shall not knowingly expose employees to a significant safety hazard that the landlord has failed to abate in a timely fashion.
- 4.5 Subcontracted service providers or appropriately skilled AMR employees should be utilized whenever specialized skills or expertise is necessary to effectively address an identified hazard.
- 5.0 **Inspection Documentation**
- 5.1 Programmed safety inspections involve the use of specialized/standardized inspection report forms/tools. Impromptu or ad-hoc inspections, or those involving a very specific issue, may use other documentation as appropriate.
- 5.2 In most cases, AMR's Safety and Risk Management Department can provide programmed safety inspection documentation tools upon request.
- 5.3 All safety inspection documentation should include at least the following information:
 - (a) Operation or department name
 - (b) Facility location, specific vehicle or item inspected
 - (c) Date of inspection
 - (d) Name(s) of those carrying out the inspection
 - (e) A description of any hazards identified
 - (f) Absence of safety hazards, if that is the finding
 - (g) Signature and date
- 5.4 If hazards are discovered as part of a safety inspection, their correction shall be documented such that there is a clear link between hazard recognition and hazard correction. This can be done in the following ways:
 - (a) Amending or augmenting the safety inspection report form or documentation to include the steps taken, degree of abatement, signature and date
 - (b) Attaching evidence of hazard abatement to the original inspection documentation
 - (c) Carrying out a second documented inspection of the same hazardous condition(s) to verify and document the absence of the original hazard
- 5.5 The responsible operation or department shall maintain an organized and current set of safety inspection records along with hazard abatement information. Such records should be retained for a minimum of three (3) years.
- 6.0 **Education and Training**
- 6.1 Most types of programmed inspections do not require specific education or training to carry out. Rather, the inspection process and items to be inspected are identified using AMR's turn-key form tools. However, if a need for safety inspection education or training arises, AMR's Safety and Risk Management staff or other appropriate resource can be contacted for assistance.
- 7.0 **Exceptions**
- 7.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

Attachment A

Safety Inspection Frequency and Responsibility Matrix

Item	Minimum Frequency	Responsible Person(s)
Ambulance and Equipment	Daily	On-Duty Crew
Ambulance (mechanical)	Every 5,000 miles	Director of Fleet or Designee
Gurney/Stretcher/Wheelchair	Coincides with vehicle PM	Director of Fleet or Designee
Station/Crew's Quarters	Monthly	Operations Director or Designee
Ambulance and Scene	Unscheduled spot checks	Field Supervisor
Offices, Communications Centers, Break Rooms	Quarterly	Area Director/Manager or Designee
Maintenance shops (critical areas)	Daily	Director of Fleet or Designee
Maintenance Shop and Related Areas	Monthly	Director of Fleet or Designee
Storerooms, Warehouses and Related Areas	Quarterly	Director/Manager of Materials or Designee
Wheelchair Vans, Gurney Cars, Courier Vans, Supply Vans, and Equipment	Daily	Driver
Wheelchair Vans, Gurney Cars, Courier Vans, Supply Vans, and Equipment (mechanical)	Every 5,000 miles	Director of Fleet or Designee

Sample B

Background:

American Medical Response (AMR) recognizes that providing medical response and transportation services and the associated support functions involve personal and organizational risks. To protect employees and the Company from harm, it is necessary to establish the means through which the management team can be notified of certain types of incidents in a timely fashion.

While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to: (1) provide as safe a workplace as possible, (2) take prudent/reasonable measures to safeguard each patient in our care, and (3) comply with all applicable safety laws and regulations.

Purpose:

The purpose of the *AMR Safety Incident Reporting Policy* is to provide a structured approach to communications such that appropriate resources can be engaged in a timely fashion subsequent to a safety incident occurring in the workplace.

Applies To:

This policy applies to all AMR employees

Enforceability:

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap/injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about incident reporting/notification requirements, please contact your supervisor.

1.0 It is the policy of AMR to:

- 1.1 Require employees to report safety, health or risk-related incidents [“Safety Incidents”] to the Company in a timely fashion
- 1.2 Establish and support up-chain notification standards to ensure appropriate staff members and resources are engaged once a safety incident is identified or reported
- 1.3 Provide documented education and training in support of this policy and its objectives
- 1.4 Carry out documented corrective actions whenever necessary to address a knowledge, skill or motivational issue that reduces an employee’s ability to follow this policy as part of their official job responsibilities.
- 1.5 Designate the local AMR Director or Manager as having overall responsibility to effectively implement, monitor, and suggest improvements to this written policy within his/her area of concern.

PROCEDURES

2.0 Safety Incident Reporting Requirements

- 2.1 In addition to locally-specified reporting triggers or those found in other AMR policies, employees are required to report the following incidents to their supervisor immediately or as soon as possible thereafter:
 - (a) Occupational injuries, illnesses and exposures
 - (b) Patient mishaps, including gurney tips/drops, patient drops, clinical errors, etc.
 - (c) Alleged or known injury to a patient in the care of AMR employees

- (d) Vehicle mishaps, including collisions, body damage, critical failures during a call, etc.
- (e) Failure of a critical medical device during the care of a patient
- (f) Threats or acts of violence committed or experienced by an AMR employee(s)
- (g) Presence of a regulatory inspector or other official on AMR property
- (h) Other incidents or circumstances that involve employee safety or potential risk to the Company.

3.0 **Up-Chain Notifications**

3.1 The operation or department supervisor, upon receipt of an employee report of the items specified in Section 2.0 above, should notify:

- (a) His or her local Manager/Director, as specified locally
- (b) The AMR Safety and Risk Management Department, as outlined in separately published guidelines

3.2 The local Manager/Director is responsible for notifying his/her Vice President as necessary.

3.3 The AMR Safety and Risk Department staff may also notify the appropriate Vice President, CEO and/or other resources if it appears prudent to do so.

4.0 **Employee Education and Training**

4.1 All employees should receive education on this policy's provisions as part of their initial orientation experience.

4.2 Remedial training will be provided as appropriate.

5.0 **Exceptions**

5.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.



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