AMR HEALTH, SAFETY AND RISK MANAGEMENT PROGRAM MANUAL

THE ENTIRE CONTENTS OF THIS MANUAL HAVE BEEN REVIEWED AND UPDATED AS NECESSARY. THIS COVER PAGE ESTABLISHES A NEW EFFECTIVE DATE FOR EACH OF THE POLICIES CONTAINED HEREIN.

VERSION 8.0
REVISED / EFFECTIVE

June 2023

Policy Element	Revision #	Revision Date	Effective Date	Description
GMR Leader Commitment	3.0	06/01/2023	04/28/2021	Update leader titles
AMR injury and Illness Prevention Policy	1.0		09/21/2006	
National Safety Incident Reporting Policy	2.0	02/01/2016	09/21/2006	
AMR Safety Inspection Policy	3.0	10/24/2022 01/25/2023	09/21/2006	Modified eet and facility fl schedule
Ride-Along Observer Policy	1.0		02/01/2016	
AMR Patient Movement Policy	3.0	10/24/2022	02/01/2020	(1) Clarified transport/load height (2) Modified training to reflect course title
AMR Vehicle Safety Policy	6.0	08/01/2022	02/01/2016	Added state law caveat for moving violation
AMR Hazardous Materials Emergency Response Policy	1.0		09/21/2016	
AMR Haz-Com GHS Policy	2.1		05/31/2016	
AMR Workplace Violence Policy	1.0		09/21/2006	
AMR Compressed Gas Policy	2.0		07/08/2011	
AMR Fire Prevention Policy	1.0		09/21/2006	
AMR Emergency Action Policy	2.0		10/31/2017	
AMR Infection Control Policy	2.0		10/31/2017	
AMR Employee Vaccination & Titer Policy	1.0		11/16/2009	
AMR TB Exposure Prevention & Skin Testing Policy	1.2		07/01/2008	

AMR Infection Control Training Policy	1.0		09/21/2006	

AMR Infection Control Cleaning & Disinfection Policy	1.0		09/21/2006	
AMR Sharps Exposure Prevention Policy	1.0	02/01/2022	09/21/2006	Review only
AMR PPE for Infection Control Policy	1.1		07/01/2008	
AMR Respiratory Protection Policy	3.1	02/01/2022	10/21/2010	Review only
AMR Post exposure Management Policy	1.0		09/21/2006	
AMR ATD Exposure Control Addendum (CA Only)	2.0		09/24/2020	
AMR Substance Abuse Policy	2.0		05/01/2018	
Physical Agility Test Standard (PAT) Policy	2.0	02/01/2016	10/23/2013	

GMR Leadership Commitment to Safety

As leaders for Global Medical Response (GMR) we recognize that an effective Safety Management System (SMS) is vital to the safety of our employees, patients and business partners as well as the success and longevity of the organization. Therefore, we are committed to implementing and maintaining a fully functional SMS, and to the continuous improvement of the level of safety throughout GMR.

- Our organization views the safety regulatory process as a partnership designed for the benefit of our employees, customers and the general public. We are committed to compliance with all applicable regulatory requirements and to productive relationships with all regulatory bodies.
- Specific safety-related objectives will be developed and periodically published and distributed to all employees.
- These safety objectives will be monitored, measured and tracked to ensure overall corporate safety objectives are met. All employees and individuals in the company have the responsibility to perform their duties and activities in the safest practical manner.
- We are committed to providing the necessary resources to establish and maintain the GMR National SMS.
- We are dedicated to maintaining a confidential employee reporting system to report all hazards, accidents, incidents, and safety issues without fear of reprisal.
- Activities involving intentional disregard for regulations, company policies and procedures, illegal activities, and/or drugs or alcohol may be subject to disciplinary action.
- As a component of the GMR National SMS, we are committed to establishing, maintaining and periodically exercising service line emergency response procedures and plans that provide for the safe transition from normal to emergency operations.

GMR leadership will convey this expectation to all employees through various forms of company communication, and any other means to ensure all employees are aware of the company's SMS, their duties and responsibilities, and our safety policy. This safety policy will be periodically reviewed by GMR leadership to ensure it remains relevant and appropriate to the organization.

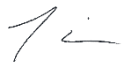
Thank you and stay safe!

Nick Loporcaro
President and Chief Executive Officer

Ted Van Horne
Chief Operations Officer

Michael Preissler
Chief Financial Officer

Dr. Ed Racht
Chief Medical Officer



Tom Baldwin
VP Safety

Tom Wagner
President, National Operations

Erik Rohde
Regional President

Steve Dralle
Regional President

Glenn Kasprzyk
Regional President

Randy Lyman
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Tom Maxian
Regional President

Sean Russell
Regional President

AMR HEALTH, SAFETY AND RISK MANAGEMENT PROGRAM MANUAL

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AMR INJURY AND ILLNESS PREVENTION POLICY

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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:

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.

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 Region Presidents & 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, in writing, and in advance of any such exception(s) being taken.

NATIONAL SAFETY INCIDENT REPORTING POLICY

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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.

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 everyday 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

ENFORCEABILITY:

Employees are required to familiarize themselves with these expectations. To obtain further information about incident reporting / notification requirements, please contact your supervisor.

AMR Safety and Risk
<< Proprietary Materials >>

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 coaching, remedial and/or 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 Regional 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 make a verbal report of the following incidents to their supervisor immediately or as soon as possible thereafter, following the verbal report an online report should be completed via the AMR safety portal found on OKTA (NO EMAIL or TEXT):

a) FATALITY

b) IN-PATIENT HOSPITALIZATION for care or treatment, including Heart Attacks that occur on the job. This excludes hospitalization for observation or diagnostic testing.

c) AMPUTATION or

d) EYE LOSS.

e) PATIENT MISHAPS, including gurney tips / drops, patient drops, clinical errors, etc.

f) Alleged or known INJURY TO A PATIENT in the care of AMR employees.

g) Failure of a critical medical device DURING PATIENT CARE.

h) Any other alleged General Liability (GL) claim upon becoming aware, and before calling the claim into Sedgwick.

i) Any other alleged Professional Liability (PL) Claim, upon becoming aware, and before calling the claim in Sedgwick.

j) Vehicle mishaps, DURING A CALL, including collisions, body damage, critical failures, etc.

k) Threats or acts of violence committed or experienced by an AMR employee(s).

l) Presence of a REGULATORY INSPECTOR (OSHA) or other safety official on AMR property.

m) RECEIPT of an OSHA Complaint, an OSHA Request, or a Bureau of Labor Statistics (BLS) Survey that was received via telephone, fax or mail.

n) 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 / Regional Director, as specified locally.

(b) The AMR Safety and Risk Management Department, as outlined in separately published guidelines.

3.2 The local Manager / Regional Director is responsible for notifying his / her CEO 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 standard must be approved by the National Center of Safety Excellence in writing, and in advance of any such exception(s) being taken.

AMR SAFETY INSPECTION POLICY

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ATTACHMENTS

A. SAFETY INSPECTION FREQUENCY & RESPONSIBILITY MATRIX 5

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 addressing safety, health, risk management and regulatory concerns.

APPLIES TO:

This policy applies to all AMR employees and locations.

ENFORCEABILITY

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.

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 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 the workplace in a timely and prudent fashion.

1.4 Deny access to facilities, vehicles or equipment if an identified and significant hazard cannot be corrected in a timely manner.

1.5 Administer effective facility, vehicle, and equipment maintenance programs such that the frequency and severity of 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 will be carried out, at minimum, according to the frequency established in Attachment A to this policy.

2.2 Additional safety inspections may be conducted more frequently if local experience demonstrates that the established 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 equipment are not operating normally.

(d) As required by Company safety regulations or other policy.

(e) More than one employee reports onset of illness and/or condition subsequent to workplace exposure.

(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 require(s) specialized review.

4.0 Hazard Intervention / Correction

4.1 Upon recognition of a hazard through the safety inspection process or otherwise, GMR will initiate correction in a timely fashion.

4.2 Depending on the nature and severity of an identified hazard within an GMR 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 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 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 operations leadership will not knowingly expose employees to workplace hazards.

4.5 Subcontracted service providers or appropriately trained and approved (by operations leadership) AMR employees should be utilized whenever specialized skills or expertise is necessary to effectively address an identified hazard.

5.0 Inspection Documentation

5.1 AMR's Safety and Risk Management Department provides safety inspection documentation tools. These inspection tools are available in the AMR safety portal found in OKTA.

5.2 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 tool to include the steps taken, degree of abatement, signature and date

(b) Attaching evidence of hazard abatement to the original safety inspection tool

(c) After abatements of identified hazards must be reviewed and approved by the leader responsible for that business unit.

5.3 The responsible operation or department shall maintain an organized and current set of safety inspection records along with hazard abatement information (the AMR safety portal will serve as the repository for the inspection records). Such records will 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, 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	Quarterly	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	Quarterly	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

American Medical Response: Safety and Risk Management **RIDE-ALONG OBSERVER POLICY**

SECTION **TOPIC** **PAGE**

* INTRODUCTION ____ 1 1.0
RIDE-ALONG OBSERVER ELIGIBILITY CRITERIA ____ 2
2.0 ELIGIBLE OBSERVER APPROVAL PROCESS ____ 2
3.0 REQUIRED DOCUMENTATION ____ 3
4.0 SAFETY OF RIDE-ALONG OBSERVERS ____ 3
5.0 EXCEPTIONS ____ 3
6.0 ADDITIONAL LOCAL REQUIREMENTS ____ 4

ATTACHMENTS

A. ELIGIBILITY CRITERIA & PROCESS CHECKLIST / LOCAL APPROVAL FORM
B. MANDATORY SAFETY RULES NOTIFICATION & AGREEMENT FORM
C. ACKNOWLEDGEMENT OF UNDERSTANDING / LIABILITY WAIVER FORM
D. HIPAA NOTIFICATION & AGREEMENT FORM
E. TRADE SECRET AND NON-DISCLOSURE AGREEMENT FORM
F. OBSERVER DRESS CODE AND INFORMATIONAL SHEET (Locally prepared)

BACKGROUND:

American Medical Response (AMR) recognizes that the environments in which our field employees operate include a wide array of hazards to which ride-along observers may be exposed. Allowing individuals to participate in observation rides may put them at personal risk of injury, illness, or other harm and could impact the company's level of compliance with patient confidentiality laws. Therefore, this policy has been created to assist all AMR operations to minimize the relative risk of harm to observers, employees and patients and to maintain compliance with existing laws and regulations.

PURPOSE:

The purpose of the *AMR Ride-Along Observer Policy* is to provide a structured approach that effectively addresses the key safety, health, risk management and regulatory issues that relate to ride-along observers.

ENFORCEABILITY:

The elements of this policy are considered work rules under existing labor agreements. Violation of any element may result in disciplinary action up to and including termination. Employees are required to familiarize themselves with these expectations. To obtain further information about the risks associated with ride-alongs, please contact your supervisor.

1.0 Ride-Along Observer Eligibility Criteria

1.1 The following individuals are not covered by the provisions of this policy:

(a) Those who are involved with providing care to a specific patient or assisting AMR with a call-in progress, such as allied agency personnel, hospital staff, patient family members, legal guardians, or interpreters.

(b) Paramedic interns and EMT students who are participating in their clinical experience with an AMR-authorized preceptor or field crew.

(c) AMR management staff members who are carrying out their official job responsibilities.

1.2 Subject to the approval and documentation requirements outlined in Sections 2 and 3 of this policy, individuals who meet one of the following conditions are **"eligible"** to complete a ride-along with an AMR supervisor or field crew:

(a) Officials who are employed by a regulating office / agency that has jurisdiction over AMR's operations, provided such officials intend to utilize the ride-along experience to carry out their formal oversight responsibilities or better understand AMR's operational practices.

(b) Hospital-based clinical staff or administrators with which AMR does business, provided such individuals intend to utilize the ride-along experience to improve the healthcare operations between their facility and AMR.

(c) Allied agency personnel (i.e. police, fire departments, etc.), provided such personnel utilize the ride-along experience as a way to preserve or improve the working relationship and degree of coordination between AMR and their respective agency.

(d) Others, with sound business justification, that are deemed eligible by the Division Chief Operating Officer or the AMR Safety & Risk Management Department in advance.

1.3 Given the specifications of Sections 1.1 – 1.2 above, all other individuals are prohibited from participating in ride-alongs, including general citizens, any member of print or broadcast media, off-duty or restricted-duty AMR employees, and AMR employee family members, friends, or acquaintances.

2.0 Ride-Along Observer Approval Process

2.1 Before an eligible observer is considered **"approved"** to participate in a ride-along, the following process steps must be completed:

(a) All documentation required by Section 3 of this policy must be completed and be submitted to the local Operations Manager or his/her designee.

(b) The local Operations Manager / designee must verify a candidate's eligibility against Section 1.0 of this policy and carefully review the required documentation. If the GM / designee elects to support the ride-along request, complete / sign the process checklist.

(d) On the day of the ride-along, the operation should give the observer

a copy of the mandatory safety rules in Attachment B as well as the approval form ("Pass"). He or she must then present the pass to the hosting field crew or supervisor at the start of the ride-along, and keep it with him/her at all times.

2.2 No ride-along observer is considered approved to participate in a ride-along unless they are in physical possession of a valid "Ride-Along Pass" that was issued by the Operations Manager.

3.0 Required Documentation

3.1 Prior to enabling an eligible observer to participate in a ride-along experience, the local General Manager / designee must assure that ALL of the following documentation has been completed legibly, and the originals have been archived in a local file:

(a) Eligibility Criteria & Process Checklist / Approval Form (See Attachment A)
(b) Mandatory Safety Rules Notification and Agreement Form (See Attachment B)
(c) Acknowledgement of Understanding / Liability Waiver Form (See Attachment C)
(d) HIPAA Notification and Agreement Form (See Attachment D)
(e) Trade Secret and Non-Disclosure Agreement Form (See Attachment E)
(f) Observer Dress Code and Informational Sheet, if applicable (See Attachment F)

4.0 Safety of the Ride-Along Observer

4.1 The local Operations Manager / designee should:

(a) Fully implement this policy within his/her area of concern, enable local staff to understand and apply this policy, and take decisive action if cases of non-compliance are identified;

(b) Require that a member of the local management team reads through and discusses each of the safety rules found in Attachment B with the Observer in order to assure his/her understanding and willingness to comply.

(c) Assure that each approved Observer is scheduled to ride with a crew that has at least two (2) years of combined experience and whom are likely to take active steps to safeguard the Observer from injury, illness, or other harm;

(d) Take steps to routinely equip each approved Observer with suitable eye protection and other supplies reasonably necessary to reduce their risk of injury or illness.

4.2 The hosting field crew or supervisor should:

(a) Excepting only those identified in Section 1.1 (a-c) of this policy, ensure that individuals who wish to ride with them during any portion of their shift are in physical possession of a valid Ride-Along Pass (i.e. Operations-issued, with appropriate dates and signatures). If in doubt, contact your supervisor.

(b) Actively assist (i.e. firmly expect) each approved Observer to comply with the safety rules found in Attachment B of this policy.

4.3 Ride-along Observers are to follow the mandatory safety rules found in Attachment B.

5.0 Exceptions

5.1 Any exception(s) to this policy must be approved by the Operations Manager in writing and in advance of any such exception(s) being taken.

6.0 Additional, Non-Conflicting Local Policy Requirements

Attachment A: Please use this checklist to make sure each process step and the required documentation is completed. Route this checklist along with copies of the documentation to the Safety and Risk Management Department for review.

	PROCESS STEPS
☐	Name of Observer _____ Contact Number ( ) _ _____ Name of hospital, agency, or department _____ Title of individual _____ _____ _( ) _____ Emergency Contact Name
☐	The individual meets one or more of the eligibility criteria in Section 1.0 of the Ride-Along Policy. Specifically, he or she is: ☐ An official from a regulatory office / agency that has jurisdiction of AMR ☐ A hospital clinician or administrator ☐ An allied agency responder or administrative staff member ☐ Other, with business justification and approval
☐	All required documentation has been completed legibly, copies will be sent to the SRM Department for review, copies will be retained in a local file: ☐ Copies are complete and legible ☐ Copies of all required documents are attached (route to SRM) ☐ Documentation originals have been archived in a local file
☐	Please indicate the specific date or a date range of the scheduled ride-along. This will be used to set an expiration date on the Ride-Along Pass. Date or Date Range: _____

☐	Name of Operation: _____ Name of Person Completing this Checklist: _____ Contact Number(s):___(_____ _____)

Version 1.0 <> Effective 02/01/2016
Replaces: New Policy as of 2/16

☐	AMR Management Signature (Local General Manager / Designee): _____ Date: _____

Attachment B: The Observer must read and initial each safety rule below to formally: (1) acknowledge their understanding of the requirements, (2) indicate that he or she does not have any unanswered questions about how to comply with the provisions, and (3) signify his or her willingness to comply.

INITIALS	#	MANDATORY SAFETY RULES
	B.1	Observers shall follow the instructions of the hosting field crew, unless such instruction contradicts any element of the mandatory safety rules in this section.
	B.2	Observers shall not participate in the delivery of medical care to any patient at any time, regardless of current or past certifications/licenses or skills to do so.
	B.3	Observers shall not assist in the raising, lowering, loading, unloading, positioning, or adjusting the gurney at any time. Similarly, Observers may not participate in the lifting, movement, or repositioning of any patient.
	B.4	Whenever the AMR vehicle is in operation, Observers shall wear a properly adjusted seatbelt at all times.
	B.5	Given the risk of infectious exposure, Observers are strongly encouraged to seek the advice and services of their private physician prior to participating in a ride-along experience. In doing so, Observers can make an informed decision about obtaining appropriate vaccinations and obtain other key information regarding how to reduce their risk of infectious exposure.
	B.6	If a patient has been identified as a potential carrier of an airborne or droplet pathogen (e.g. tuberculosis, meningitis, etc.), the Observer shall limit his / her exposure on scene and shall ride in the front passenger seat of the ambulance during transport. **Be advised that early identification of such patients, prior to significant exposure, is not always possible.**
	B.7	Observers shall not store, transport or consume any food or liquid in the patient compartment of the ambulance. Similarly, Observers may not apply lip-balm, make up, contact lenses or other items while in the patient compartment.
	B.8	All patient effects, environmental surfaces in the back of the ambulance, the gurney and medical equipment should be considered infectious. Therefore, observers should cover areas of chapped, abraded or lacerated skin and wash their hands whenever an opportunity to do so is available (waterless hand cleaners are available in the field setting).
	B.9	While on-scene or otherwise within a 5-foot radius of any patient, the Observer shall continuously wear AMR-issued eye protection regardless of the nature of the call, the hosting crew's failure to do so, or the Observer's individual perception of the relative risk of eye injury or infectious exposure.

	B.10	During potentially hazardous scenes or patient extrications, Observers must remain at a safe distance even if they are unable to observe the extrication and/or treatment take place. Similarly, Observers must seek a safe vantage point at scenes that present a moving vehicle hazard (i.e. busy streets, highways, freeways, etc.).
	B.11	For their own safety or due to operational circumstances, Observers must understand they might be dropped off by the AMR crew (in a safe location) or left at a scene at any time during a ride-along. Similarly, Observers may be required to remain with the AMR crew until the completion of a long transport or the end of the scheduled shift.
	B.12	Observers are required to report any injury, illness, or exposure they perceive may have occurred during the ride-along experience to the hosting crew and the on-duty field supervisor. This notification must be made immediately or as soon as possible thereafter.

I have read, understood and initialed each of the safety rules above and, by affixing my signature below, I affirm my understanding / commitment to following the rules and the instructions of the hosting field crew or supervisors.

_____ **(signature)** _____ **(date)**

Attachment C: This waiver is required for all ride-along observers that are covered by this policy.

PARTICIPATION IN AMBULANCE OPERATIONS, INCLUDING RESPONSE, ON-SCENE ACTIVITIES, RESCUE AND TRANSPORT IS DANGEROUS. AMR REQUIRES ALL PERSONS WHO WISH TO ACCOMPANY AMR PERSONNEL AS AN OBSERVER TO ASSUME ALL RISK OF INJURY, ILLNESS OR DEATH.

C.1 In consideration of being permitted to accompany the employees of American Medical Response as they perform their duties:

C.2 I hereby release, waive, discharge and covenant not to sue AMR, its subsidiaries, parents, siblings, officers, directors, shareholders, agents, employees, representatives, attorneys, predecessors, successors, and assigns [AMR] from all liability to me, and to my personal representatives, assigns, heirs and next of kin, for all loss, damage or claim of personal physical or emotional injury, property damage, or my death due to the negligence of myself, any third person or even an employee or agent of AMR.

C.3 I hereby agree to indemnify and to hold harmless AMR from any loss claimed or suffered by me while accompanying AMR whether due to my own negligence, that of a third party or that of an employee or agent of AMR.

C.4 I understand the risk of danger of physical harm inherent to ambulance operations. I am aware of the risk of grievous bodily or psychological harm, property loss and the risk of my death as a result of many factors, including but not limited to: toxic or biological hazards, infection or disease, musculoskeletal injury, vehicular accidents, fire, gunshot, physical violence, crime, social insurrection, man-made or natural disaster.

C.5 I voluntarily wish to face the dangers inherent to ambulance operations. In doing so, I will assume the risk of personal injury, illness and death. Therefore, I desire to and shall indemnify and hold harmless AMR. I acknowledge that I have executed this agreement voluntarily, without duress, and in exchange for the opportunity to observe AMR employees in action.

C.6 **I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I AM KNOWLINGLY GIVING UP ANY RIGHT THAT I MAY HAVE TO SUE AMR FOR INJURY, ILLNESS OR DEATH AS A RESULT OF AN ACT, OMISSION OR THE NEGLIGENT CONDUCT OF ANY PERSON, INCLUDING EMPLOYEES OF AMR. I HAVE BEEN ADVISED TO SEEK THE ADVICE OF AN ATTORNEY REGARDING THIS AGREEMENT.**

*** Please copy the above paragraph (Section C.6) in your own handwriting in the space below:

Print Name (clearly):_____

Signature: _____ Date: _____

Witnessed By: _____ Date: _____

Attachment D: This notice and signature of agreement form is required for all ride-along observers that are covered by this policy.

Patient Confidentiality

D.1 All Observers must strictly adhere to AMR's policies and procedures relating to the Health Insurance Portability & Accountability Act of 1996 (HIPAA). In summary, it is the policy of AMR that:

(a) Any information (medical or personal) received on any patient by any means will not be discussed with anyone that is not directly associated with the call. This includes the name, address, or identity of any patient connected with their condition, treatment, or medical history.

(b) No documentation of a patient's name, address, or identity connected with their condition, treatment, or medical history is allowed. Similarly, Observers shall not carry cameras or other recording devices of any kind.

(c) Under no circumstances will the patient care report be copied for the Observer or his/her agency, hospital, or department. If a PCR is needed for an official purpose, a

formal request can be made subsequent to the ride-along experience through appropriate channels.

D.2 Any observer will be immediately dismissed from the ride-along upon a breach of patient confidentiality as outlined in item 1 (a-c) above. The Observer will be ineligible for any further ride time, and their organization will be notified.

D.3 I have read and understood the above summary of AMR's policy expectations related to patient confidentiality. I also understand that I am to seek out the correct answers to any patient information and confidentiality questions I have before, during or after my ride-along experience.

By signing below, I affirm my commitment to maintain the confidentiality of patient information and to comply with the requirements specified above.

_____

Print Name

_____ _____

Observer's Signature Date

Attachment E: This notice and signature of agreement form is required for all ride-along observers that are covered by this policy.

TRADE SECRETS & NON-DISCLOSURE AGREEMENT

E.1 The Observer acknowledges that during the course of a ride-along an he/she may have access to or become acquainted with information concerning the operation and processes of deployment

planning, design/use of computer software, proprietary technical designs and methods, operational theories, secret processes, and other information that is owned by AMR and is used in operation of AMR's business as trade secrets.

E.2 The Observer specially agrees that he/she shall not record, misuse, misappropriate, or disclose any such trade secrets, directly or indirectly, to any other person or use them in any way without the expressed written consent of an executive officer of AMR.

E.3 The Observer acknowledges and agrees that the sale, unauthorized use or disclosure of any of AMR's trade secrets that were obtained during the course of his/her ride-along(s), including information concerning AMR's current business or any future work, services, products, or facts that any such work, or products are planned, under consideration, or in production, as well as any descriptions thereof, CONSTITUTES A CAUSE OF LEGAL ACTION through which the Observer may be found liable.

E.4 The Observer further agrees that all files, records, documents, drawings, specifications, equipment, and similar items relating to AMR's business shall remain exclusively the property of AMR.

By affixing my signature below, I affirm my understanding of each of the provisions above and I am indicating my willingness to comply as outlined.

_____

Print Name

_____ _____

Observer's Signature Date

Attachment F: This attachment is designed to be a locally-constructed informational sheet that can be used to convey additional information. Sample areas of focus are provided below.

- How to schedule your ride-along experience
- What to bring / what not to bring (i.e. weapons of any kind, etc.)
- Being emotionally prepared for what you might see or experience
- Dress code
- Key contact information (on-duty supervisor numbers, etc.)
- Professional courtesy and discretion of communications (e.g. when not to interrupt the crew with questions / comments, media relations issues, Observer interactions with the patient, family, civilians on scene or other responders, etc.)
- Other expectations

AMR PATIENT MOVEMENT SAFETY POLICY

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BACKGROUND:

American Medical Response (AMR) recognizes that transferring patients and 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 or transfer device use, mishap or mechanical malfunction. AMR also recognizes that proper use of patient transfer devices can reduce the risk to both employees and patients. 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) respond promptly to self-reported safety concerns brought forth by employees (3) take prudent / reasonable measures to safeguard each patient in our care as well as employees, and (4) comply with all applicable safety laws and regulations.

PURPOSE:

The purpose of the *AMR Patient Movement 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, transfer devices, and patient movement tasks in the field setting.

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.

AMR PATIENT MOVEMENT SAFETY POLICY

APPLIES TO:

This policy applies to all AMR field employees who operate gurneys, use patient transfer devices, and move patients 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, wheel chairs, and other equipment that are in clean, safe and in service-ready condition.

1.2 Establish and consistently reinforce effective procedures that reduce or eliminate the risk of employee or patient injury related to gurney and transfer devices used in the field setting.

1.3 Provide employees with documented education and training on proper gurney, wheel chair, and other transfer device use.

1.4 Investigate potential mishaps or malfunctions such that appropriate corrective measures can be implemented and documented.

1.5 Administer an effective preventive maintenance and patient movement equipment repair program.

1.6 Designate the local AMR Operations Leadership as having overall responsibility to effectively implement, monitor, and suggest improvements to this policy within his/her area of concern.

PROCEDURES

2.0 General Guidelines:

2.1 Training

a) Whereas stretcher height is the main contributor to adverse stretcher incidents, **all stretchers must be maintained and operated at the lowest practical height that allows both crewmembers to maintain control of the stretcher (moving the gurney in the load or maximum up position increases the risk of a tip over event)**. Employees must ensure they maintain positive control at all times.

2.2 Assistance - Requesting additional individuals, or utilizing devices, to help AMR employees lift or move a patient is an effective way to reduce the risk of personal and patient injury.

a) Employees are encouraged to request allied agency responders or other potential lift assistants to remain at the scene until after the patient has been safely loaded into the transporting vehicle so they will be available to provide assistance if needed.

2.3 Loading & Unloading Gurney/ Patient into the Ambulance

a) **All gurney designs require a minimum of two operators to safely load or unload a patient** into or out of 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.

2.4 Gurney / Patient Restraint Systems

a) Local management is responsible for ensuring that all gurneys are equipped with patient restraint systems in accordance with the manufacturer's recommendations.

b) To safeguard each patient during transport, employees shall use all restraints in accordance with the manufacturer's recommendation. Employees shall report any missing or damaged straps and patient safety harnesses prior to placing gurneys in service.

c) Restraints for combative patients are to be attached to the gurney frame and not to the handrails or other gurney mechanisms.

d) To safely restrain infants and children to the gurney for transport, the following applies:

(1) 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.

(2) Unless contraindicated by a specific medical condition, infants and children should be transported in an appropriate restraint device that is secured to the gurney in accordance with state law.

(3) 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.

3.0 Rolling a Client-Loaded Wheel Chair:

3.1 Given the increased risk of mishap, clients should be transported in a company owned wheelchair whenever possible. If a client wishes to be transported in their privately owned chair, the following conditions must be met:

(a) The chair design must allow for all four wheels to be secured to the vehicle floor.

(b) The chair design must allow for the client to be properly restrained using the DOT crash-rated seatbelt and shoulder harness.

3.2 Clients should be seated in the wheelchair and secured with a postural support belt before being moved.

3.3 Wheelchair foot-rests shall be utilized while rolling a client-loaded wheelchair.

4.0 Patient Handling Resources:

4.1 The lateral movement of patients to and from gurneys, and other lateral surfaces, must involve the use of approved lateral transfer devices.

4.2 Assistance with lifting or patient transfer shall include the use of one or more of 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

and Risk

(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.

4.3 In order to decrease the risk of injury to the patient and caregivers due to 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.

5.0 Lifting Assistance Guidance:

5.1 Employees must document on the PCR the resource used, 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.

5.2 If a crew believes the patient's weight, position or other circumstances may involve lifting / moving loads that exceeds an employee's perception of their own safe capability they should follow their local procedures to request additional resources.

6.0 Education and Training:

6.1 All Field Operations and Communications employees shall receive education and training on the provisions of this policy as part of orientation training.

6.2 All employees who operate gurneys, wheel chairs, and other transfer devices are required to complete the AMR Safe Stretcher Handling course.

6.3 Training shall be performed by staff utilizing the current AMR Safety Stretcher Handling program.

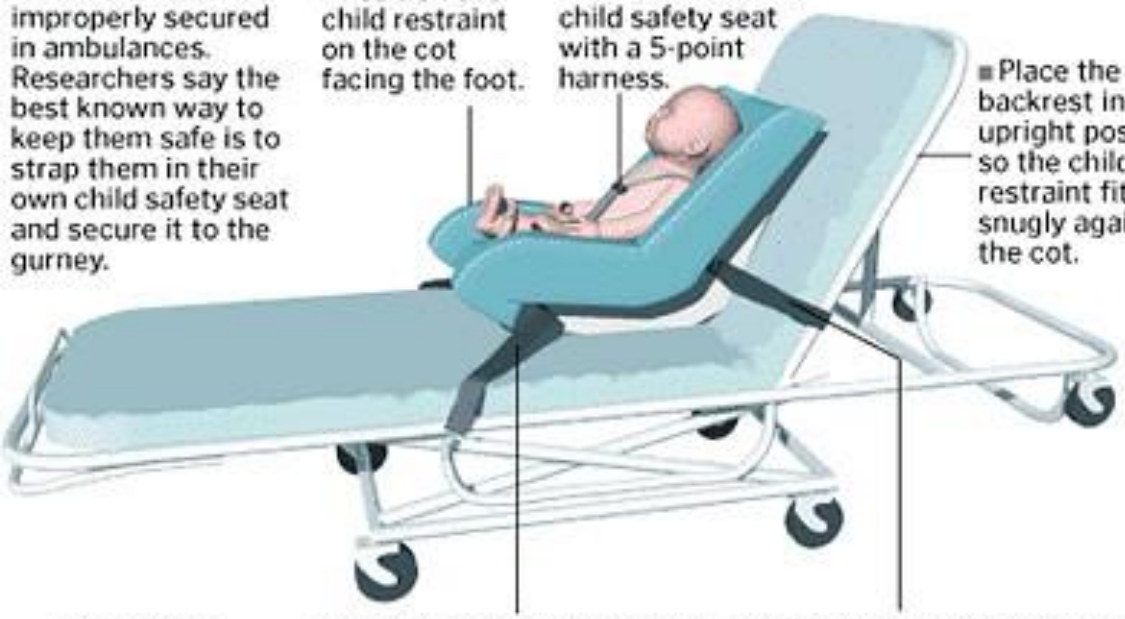
6.4 Remedial training should be utilized if a knowledge or skill issue is identified that interferes with an employee's ability to follow the provisions of this policy or upon return from work after an occupational or patient injury sustained while handling patients.

7.0 Exceptions:

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

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

AMR VEHICLE SAFETY POLICY

and Risk

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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.

AMR PATIENT MOVEMENT SAFETY POLICY

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.

Driver distractions must 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 and no patient is on board.

(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.

3.3 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.

3.4 Drivers shall maintain adequate side space cushions around the vehicle whenever maneuvering around or passing other vehicles, persons, or objects.

3.5 The right-seat partner, when present, should help the driver by checking right-side blind spots.

3.6 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.

3.7 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 current physician's note that indicates it is safe for the employee to drive despite the use of the medication(s).

3.8 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

AMR VEHICLE SAFETY POLICY

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.

6.1 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.

6.2 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, the **driver shall make a complete stop at every intersection stop sign and red traffic light and make eye contact with opposing drivers.** "Due regard" should be exercised with the driver and passenger continuously clearing all points of the intersection while proceeding slowly through the intersection.

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.

and Risk

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 the National Vice President of Safety, 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 (as defined by applicable state law).

(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 and as defined by applicable state law].

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 emergency response vehicle as part of their job duties must successfully complete the following education and training requirements related to vehicle operations:

(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.

AMR HAZARDOUS MATERIALS EMERGENCY RESPONSE POLICY

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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:

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.

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, 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, 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, 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

AMR HAZARD COMMUNICATION GLOBAL HARMONIZATION SYSTEM (HAZCOM-GHS) POLICY

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BACKGROUND:

American Medical Response (AMR) recognizes that exposure to hazardous chemicals may lead to occupational health hazards. 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 support our Injury and Illness Prevention Program by providing a comprehensive hazard communication system designed to help employees reduce the risk of harmful exposure to hazardous substances in their work environments.

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 everyday 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.

ENFORCEABILITY:

Employees are required to familiarize themselves with the requirements, guidance and expections contained within this policy. To obtain further information on how to reduce the risk of harmful exposure to hazardous chemicals, please contact your supervisor.

1.0 It is the policy of AMR to:

1.1 Achieve and sustain compliance with 29 CFR 1910.1200, titled *Hazard Communication,* and equivalent state regulations.

1.2 Provide information about hazardous chemicals and their safe use through provision of Product Labels, Safety Data Sheets (SDS) and training. See Attachment A for details on AMR employee HazCom-GHS education and training.

1.3 Safeguard against employee access or exposure to unkown hazardous substances in the workplace. Only items that are correctly listed in the Area Hazardous Chemical Inventory List, where a current SDS is available, and employees have received hazard information and training as appropriate will be permited in AMR facilities.

1.4 Ensure that this written policy and a current 3E Online SDS repository are readily available to all employees throughout each work shift.

1.5 Seek out and implement feasible engineering and administrative controls, that eliminate hazards or substitute with less hazardous alternatives; thus minimizing reliance on work practice controls and personal protective equipment (PPE).

1.6 Designate the local AMR Regional Director or Operation's Manager as having overall responsibility to effectively implement, monitor, and suggest improvements to this written policy within their 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 Reduce the risk of employee exposure to hazardous substances by enforcing and reinforcing the provisions of this written policy.

1.9 AMR will make the written hazard communication program available, upon request, to employees, their designated representatives, the Assistant Secretary and the Director, in accordance with the requirements of 29 CFR 1910.1020 (e).

1.10 Ensure compliance with municipal and state specific regulations as they pertain to hazardous chemicals in the workplace.

PROCEDURES

2.0 HazCom Program Administrator (**HPA**) – Collateral Duty Selection and Designation

2.1 To assist the operation with meeting the requirements of this policy, a local *Hazard Commmunication Program Administrator* (**HPA**) should be designated. The Director should consider the following staff members when selecting an **HPA**: Materials Coordinator, Local Safety Coordinator, Safety Committee Chairperson, Operational or Administrative Supervisor, Operations Manager; Fleet Maintenance Manager or Supervisor; or Vehicle Support Technician (VST). Depending upon the size and complexities of the operation, the director may choose to designate both an **Operations HPA** and a **Fleet Maintenence HPA**.

2.2 AMR Safety and Risk Management Department staff will provide the designated **HPA** with training, additional information and guidance when they are assigned to the HPA position. Additional support will be provided as needed and upon request.

3.0 Hazardous Chemical Identification

3.1 This policy applies to hazardous chemicals in the workplace that employees may be exposed to when using under normal conditions 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 waste 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 when product labeling uses any of the following: the Signal words DANGER or WARNING; a Hazard statement(s); Pictogram(s); or Precautionary Statement(s).

3.4 Each substance classified as “hazardous” according to Section 3.3, shall be listed in the Hazardous Chemical List described in Section 4.0.

4.0 Hazardous Chemical List

4.1 The **HPA** develops and maintains, at each workplace, a list of the hazardous chemicals known to be present using a product identifier. The Product Identifier means the name or number used for a hazardous chemical on a Label or on the Safety Data Sheet. It provides a unique means by which the user can identify the chemical. The Product Identifier permits cross-references tbetween the Product Label and the Safety Data Sheet (SDS). This federal mandate is easily accomplished through the use of AMR's 3E Online repository.

4.2 The **HPA** identifies new chemicals or chemicals that are not listed in the SDS library; and as necessary reaches out to the Safety and Risk Manager to perform the vetting of the chemical.

4.2 The **HPA** considers elimination, substitution and disposal of hazardous chemicals. The use of hazardous chemicals should be discontinued whenever possible. If available, safer alternatives should be purchased. All hazardous chemicals no longer in use shall be removed from the workplace and properly disposed of in accordance with applicable laws and regulations.

5.0 Safety Data Sheet (SDS) – AMR's 3E Online Repository

5.1 Chemical manufacturers and importers develop or obtain a SDS for each hazardous chemical they produce or import. Chemical manufacturers or importers must ensure that distributors and AMR are provided an appropriate SDS with the initial shipment; and when a safety data sheet is updated. SDSs are written in a uniform format, and include section numbers, headings, and associated information under the headings as described in Attachment B.

5.2 Distributors must ensure that SDS, and updated information, are provided to AMR with their initial shipment and with the first shipment after a safety data sheet is updated. The distributor must

either provide safety data sheets with the shipped containers, or send them to AMR prior to or at the time of the shipment.

5.3 The **HPA** obtains a SDS from the chemical manufacturer, importer or distributor as soon as possible, If the safety data sheet is not provided with a shipment that has been labeled as a hazardous chemical. The chemical manufacturer or importer must provide AMR with a safety data sheet upon request; using Attachment E.

5.4 The **HPA** ensures that a SDS is available for each Hazardous Chemical, which employees may use in the workplace. Where employees must travel between workplaces during a work-shift, i.e.,

their work is carried out at more than one geographical location, the safety data sheets may be kept at the primary workplace facility. In this situation, **HPA** shall ensure that employees can immediately obtain the required information in an emergency.

5.5 The **HPA** ensures that in all cases the required information is provided for each hazardous chemical, and is readily accessible during each work shift to employees when they are in their work area(s). Safety data sheets shall also be made readily available, upon request, to designated employee representatives and OSHA. Electronic access and other alternatives to maintaining paper copies of the safety data sheets are permitted as long as no barriers to immediate employee access in each workplace are created by such options.

5.6 The **HPA** ensures that employees can immediately obtain the required Safety Data Sheet information in an emergency. If an **employee** discovers that an SDS is missing or they cannot access it online, they should complete the SDS Request Form (see Attachment D) and submit it to the local safety committee, local HPA, or a supervisor. Upon receipt of an employee-requested SDS, the **HPA** shall provide a copy of the SDS to the requester. If a letter was sent to the manufacturer (see Attachment E), a copy of that letter shall be provided to the employee; followed by the SDS immediately upon receipt.

5.7 The **HPA** ensures that a SDS for each Hazardous Chemical on their Hazardous Chemical List, is scanned and sent to their Safety & Risk Management representative to add to the 3E Online website.

5.8 **Employees** may access and retrieve Safety Data Sheets (SDS) and view the Chemical Hazard List via **3E Online**. To retrieve a SDS Electronically online, go to www.3eonline.com and log in with User Name: **American Medical Response** and Password: **AMR Inc**. 3E Online can be accessed via computer or a variety of mobile devices including tablets.

5.9 The **HPA** develops a system to assure that new hazardous substances are not introduced into the work area unless: the appropriate Hazardous Chemical List is updated with the new hazardous substance information; and the product's SDS is has been uploaded to AMR's 3E Online SDS repository. The **HPA** reviews SDS / container label to determine whether there is: a significant change in the type or degree of potential employee exposure, or if modification to work practices and PPE procedures are indicated. If true in either case, the **HPA** provides the SDS to affected managers and the local safety committee; convey new hazard information and procedural changes to affected employees through their respective supervisors unless the local safety committee implements a more effective communication plan.

5.10 If a hazardous chemical usage is discontinued and the substance is completely removed from the work site, the SDS should be printed from the AMR's 3E Online Repository and archived for 30 years as required by State and Federal regulations. Similarly, when an updated SDS is added to the 3E Online, the outdated materials shall be removed and archived for 30 years. Do not delete the SDS from the repository, as it may remain applicable to operations, elsewhere.

6.0 Labeling Containers

6.1 Chemical manufacturers and importers label, tag or mark containers with the: Product Identifier; Signal Word, Hazard statement(s); Pictogram(s); Precautionary Statement(s); along with the, Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party. The label for each hazardous chemical include the same Product Identifier used on the SDS. Signal word means a word used to indicate the relative level of hazard severity and alert the reader to a potential hazard on the label. The signal words used are "Danger" and "Warning." The word "Danger" is used for the more severe hazards, while "Warning" is used for the less severe. If the signal word "Danger" is included, the signal word "Warning" will not appear. See Attachment C for Pictograms.

6.2 AMR does not accept or release hazardous substances for use unless the original container is clearly labeled, tagged, or marked. All container labels must be legible, in English, and prominently displayed on the container. The existing label on a primary container entering the workplace from a supplier must not be removed, altered or defaced. If a chemical container's original label must be replaced, the new label must contain the same information as the original. Only use labels, ink and markings that are not soluble in the liquid content of the container.

6.3 The **HPA** ensures existing labels are not removed or defaced on incoming containers of hazardous chemicals, unless the container is immediately marked with the required information.

6.4 The **HPA** ensures that every hazardous chemical container, in the workplace, is clearly and durably labeled, tagged or marked with a combination of the Product Identifier and Words, Pictures or Symbols. This includes secondary containers defined as any container being used beyond the original manufacturer's bottle that the chemical was shipped in. The **HPA** selects a labeling system that will work for their location.

6.5 **Employees** filling secondary containers, mark the secondary container clearly and durably in English, with a combination of the Product Identifier and Signal Words. Marking the secondary container is accomplished using a permanent marking pen, printed label, or a manufacturer's pre-labeled container that is replaced when worn or illegible.

6.6 **Employees** report the discovery of unlabeled chemical containers, immediately, to a supervisor or the HPA for proper identification and labeling.

7.0 Non-Routine Tasks

7.1 Rarely, AMR employees will be assigned non-routine tasks that involve the use of specialized hazardous chemicals that 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.

7.2 The following information shall be provided to the employee regarding the task:

(a) Specific hazards and the safety measures, work practices, and PPE to be used

(b) Steps taken by 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.

8.0 Outside Contractors

8.1 The **HPA** provides the following information to an outside contractor prior to commencing work at an AMR facility:

(a) Access to AMR's 3E Online SDS repository by providing them with written instructions on how to access the website, to include the user name and password. A copy of this plan will suffice.

(b) Hazardous chemicals 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.

(c) Emergency procedures to be followed in case of an emergency such as an evacuation, fire, chemical spill, injury or illness.

(d) If original container labels have been removed or replaced, an explanation of the hazardous chemical labeling system in local use.

8.2 Prior to commencing work, the **HPA** ensures that outside contractors provide AMR with an SDS for each hazardous chemical that will be used by the contractor.

9.0 Exceptions

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

Attachment A

AMR Employee Education and Training

A.1 New-hire and Temporary employees shall be assigned AMR's HAZCOM-GHS online training in LMS-SF. The training content is outlined below:

(a) AMR provides employees with effective information and training on hazardous chemicals in their work area at the time of their initial assignment. The online training consists of:

(1) The requirements of OSHA regulations found 29 Code of Federal Regulations 1910.1200.

(2) Operations in their work area where hazardous chemicals are present; and,

(3) The location and availability of this written hazard communication program, including the hazardous chemicals list, and safety data sheets.

(4) Methods and observations that may be used to detect the presence or release of a hazardous chemical in the work area, such as, visual appearance or odor of hazardous chemicals when being released, etc.;

(5) The hazards, as well as, hazards not otherwise classified, of the chemicals in the work area;

(6) The measures employees can take to protect themselves from these hazards, including specific procedures that AMR has implemented to protect employees from exposure to hazardous chemicals, such as appropriate work practices, emergency procedures, and personal protective equipment to be used; and,

(7) The details of the hazard communication program developed by the AMR, including an explanation of the labels received on shipped containers and the workplace labeling system used by AMR; the safety data sheet, including the order of information and how employees can obtain and use the appropriate hazard information.

(b) Refresher and Additional Training:

(1) Annually, AMR's HAZCOM GHS online training will be reassigned to all affected AMR **employees** in LMS-SF.

(2) Whenever a new hazardous chemical is introduced, into the work area that employees have not previously been trained about, the **HPA** will provide the necessary brief to all affected employees. Chemical-specific information must always be available through labels and safety data sheets.

(3) **Employees**, while completing the online training, having questions about the use and storage of hazardous chemicals, container labeling, SDS, PPE and the hazard communication plan are urged to seek answers from an on-duty supervisor, operations or clinical education manager, **HPA**, safety committee member or Safety and Risk manager.

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

Attachment B

Safety Data Sheet Format Description

The Hazard Communication Standard (HCS) requires chemical manufacturers, distributors, or importers to provide Safety Data Sheets (SDS), to communicate the hazards of hazardous chemical products. The HCS requires SDSs to be in a uniform format, and include the section numbers, the headings, and associated information under the headings below:

Section 1: Identification includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.

Section 2: Hazard(s) identification includes all hazards regarding the chemical; required label elements.

Section 3: Composition/information on ingredients includes information on chemical ingredients; trade secret claims.

Section 4: First-aid measures include important symptoms/effects, acute, delayed; required treatment.

Section 5: Fire-fighting measures lists suitable extinguishing techniques, equipment; chemical hazards from fire.

Section 6: Accidental release measures lists emergency procedures; protective equipment; proper methods of containment and cleanup.

Section 7: Handling and storage lists precautions for safe handling and storage, including incompatibilities.

Section 8: Exposure controls/personal protection lists OSHA's Permissible Exposure Limits (PELs); ACGIH Threshold Limit Values (TLVs); and any other exposure limit used or recommended by the chemical manufacturer, importer, or employer preparing the SDS where available as well as appropriate engineering controls; personal protective equipment (PPE).

Section 9: Physical and chemical properties lists the chemical's characteristics.

Section 10: Stability and reactivity lists chemical stability and possibility of hazardous reactions.

Section 11: Toxicological information includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.

Section 12: Ecological information.

Section 13: Disposal considerations.

Section 14: Transport information.

Section 15: Regulatory information.

Section 16: Other information, includes the date of preparation or last revision.

AMR HAZARD COMMUNICATION (HAZCOM) POLICY

Attachment C

Pictograms Description

Health Hazard  Carcinogen Mutagenicity Reproductive Toxicity Respiratory Sensitizer Target Organ Toxicity Aspiration Toxicity	**Flame**  Flammables Pyrophorics Self-Heating Emits Flammable Gas Self-Reactives Organic Peroxides	**Exclamation Mark**  Irritant (skin and eye) Skin Sensitizer Acute Toxicity (harmful) Narcotic Effects Respiratory Tract Irritant Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder  Gases Under Pressure	**Corrosion**  Skin Corrosion/Burns Eye Damage Corrosive to Metals	**Exploding Bomb**  Explosives Self-Reactives Organic Peroxides

Flame Over Circle	Environment (Non-Mandatory)	Skull and Crossbones
		
Oxidizers	Aquatic Toxicity	Acute Toxicity (fatal or toxic)

Attachment D

SDS 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 a SDS for the following substance(s):

PRODUCT NAME	MANUFACTURER

AMR HAZARD COMMUNICATION (HAZCOM) POLICY

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 SDS and place 1 copy in a local SDS request file.

AMR HAZARD COMMUNICATION (HAZCOM) POLICY

Attachment E

Sample SDS Request Letter

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

Today's Date

Manufacturer/Supplier
Address
City, State, Zip

Reference: 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 Safety Data Sheets (SDS) relevant to all hazardous substances in use in their workplace. Additionally, the standard requires manufacturers of hazardous substances to prepare and provide SDS to their purchasers, either directly or through their suppliers.

I am updating our SDS files on potentially hazardous products which we purchase from your Company (or a request has been made by one of our employees for an SDS) 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 SDS on each of the products listed?

I need the most current SDS for _____.

AMR WORKPLACE VIOLENCE PREVENTION POLICY

A timely reply would be appreciated.

Sincerely,

Your Name
Your Job Title
American Medical Response

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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

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 everyday 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.

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.

AMR WORKPLACE VIOLENCE PREVENTION POLICY

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.

Management
Materials>>

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 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

AMR COMPRESSED GAS SAFETY POLICY

SECTION	TOPIC	PAGE
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5.0	TANK AND CYLINDER STORAGE	3
6.0	LABELS AND SIGNS	3
7.0	MOVEMENT OF TANKS	3
8.0	EDUCATION AND TRAINING	4
9.0	EXCEPTIONS	4

BACKGROUND:

American Medical Response (AMR) recognizes that the presence or use of compressed gases in the workplace can involve certain occupational safety or health hazards. To reduce this risk, compressed gas related 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 provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

PURPOSE:

The purpose of the *AMR Compressed Gas Safety Policy* is to provide a structured approach that effectively assists employees and the company to reduce the risk of compressed gas related injuries and to comply with regulatory requirements.

APPLIES TO:

This policy applies to all AMR employees and locations that have compressed gas tank(s) within their work environment.

ENFORCEABILITY:

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.

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 compressed gases in the workplace, please contact your supervisor.

1.0 It is the Policy of AMR to:

1.1 Provide compressed gas tanks and cylinders that are in safe and in service-ready condition

1.2 Utilize external vendors to provide compressed gas supplies rather than possess, maintain, or operate any sort of on-sight transfilling apparatus or otherwise engage AMR employees in the refilling process.

1.3 Establish and consistently reinforce effective tank safety inspection, handling, storage, and use procedures

1.4 Comply with compressed gas tank storage, signage and labeling requirements

1.5 Take action to correct identified compressed gas hazards in a timely and prudent fashion

1.6 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 Supply

2.1 Each operation or location that requires compressed gas shall establish a reliable vendor to provide same according to a written service agreement or contract between the vendor and the company. The service agreement or contract should include, at minimum, the following provisions related to safety or risk management:

(a) The vendor's obligation to carry out tank safety inspection and hydro-testing

(b) The vendor's responsibility for the quality of medical oxygen, if applicable

(c) Indemnification and hold-harmless provisions

2.2 The possession or use of transfilling systems, also known as Cascade Systems, is prohibited at all AMR locations. Any such systems currently in place shall be completely dismantled within one month of the effective date of this policy.

2.3 AMR employees are not to utilize compressed gas tank transfilling or re-supply equipment that may be available off-site from other sources or providers.

3.0 Fire / Explosion Prevention

3.1 Never handle oxygen cylinders, regulators, valves or fittings with oily or greasy hands, gloves, or rags.

3.2 Petroleum-based products (including oil, grease, etc.) or readily flammable materials (including tape) are not permitted to be stored or come in contact with oxygen cylinders, valves, regulators, gauges or fittings.

3.3 Particles of dust and dirt should be cleared away from the cylinder valve openings by slightly opening and closing the valve before applying a regulator or fitting to the valve stem.

3.4 Only approved rubber and brass regulator “O” seal gaskets are to be utilized.

4.0 Tank Inspection

4.1 All compressed gas tanks and cylinders [hereafter “tanks” regardless of size] shall be hydro-tested by an external vendor and date stamped at required intervals.

4.2 Field employees and other users of compressed gasses should inspect the tank before and after each use to identify dents, scrapes, gouges, etc. that might reasonably compromise the reliability or strength of the tank.

4.3 When changing regulators, employees should tighten the regulator carefully to avoid over-tightening, cross-threading, or causing seal damage.

4.4 Tanks or regulators that appear defective should be taken out of service immediately or as soon as possible thereafter. Clearly label the tank so that it is not inadvertently redeployed prior to a safety inspection or replacement.

5.0 Tank and Cylinder Storage

5.1 Compressed gas storage areas must be protected from the likelihood of being struck by vehicles.

5.2 Compressed gas tanks must be stored at least 30 feet from any heat source.

5.3 Compressed gas storage areas must be provided with chains or other appropriate securing devices.

5.4 While in storage or otherwise not in active use, all compressed gas tanks must be securely chained or otherwise protected from falling.

5.5 While a tank is in storage or otherwise not in use, employees must ensure safety caps are in place on each tank that is designed to accept a safety cap over the valve assembly.

5.6 Compressed gas tanks in AMR vehicles must be secured in a manner that they cannot become projectiles in case of a sudden vehicle stop.

6.0 Labels and Signs

6.1 Compressed gas storage areas shall be labeled with the following information:

(a) Type gas stored in the tanks or in the area [i.e. “Oxygen”, “Acetylene”, etc.]

(b) Warning signs indicating the presence of compressed gas tanks

(c) NFPA hazard warning placard or equivalent

(d) No smoking signs

(e) Signs that remind employees to utilize tank chains or other storage devices

(f) Signs that indicate “Full” and “Empty” on either a tank-by-tank basis or by designating separate full and empty tank storage areas.

7.0 Movement of Tanks

7.1 Hand trucks with fastening chains or other appropriate tools should be used whenever possible when moving larger tanks.

7.2 Adjacent tanks in storage should be moved slowly and carefully to prevent hand/finger injuries and to guard against sudden tipping or falling.

7.3 Tanks must be continuously laid flat, physically held upright by an assisting employee, or remain secured to a tank movement device during change procedures.

7.4 Tanks should not be stood on their base and left unsupported.

7.5 Even tanks at or below their residual pressure present a risk of rupture or other mishap if the valve is damaged. Therefore, in terms of storage and handling, all tanks shall be treated as if they were full regardless of regulator readings.

8.0 Employee Education and Training

8.1 Employees who use compressed gases as part of their work assignments shall receive training on the provisions of this policy and other prudent safety information as part of their initial orientation.

8.2 Field Training Officers (FTO's) should integrate compressed gas safety as part of each field employee's evaluation experience.

9.0 Exceptions

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

AMR FIRE PREVENTION POLICY

SECTION	TOPIC	PAGE
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12.0	EMPLOYEE TRAINING	5
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BACKGROUND:

American Medical Response (AMR) recognizes that employee injury secondary to fire related emergencies in the workplace 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 Fire Prevention Policy* is to provide a basic set of procedures that are designed to reduce the likelihood of fire in AMR facilities, vehicles and other work areas. Each operation or facility is expected to augment this policy based on their local needs, risks, and employee circumstances.

APPLIES TO:

This policy applies to all AMR employees.

ENFORCEABILITY:

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.

Employees are required to familiarize themselves with these expectations. To obtain further information about fire prevention activities, please contact your supervisor.

AMR FIRE PREVENTION POLICY

1.0 It is the policy of AMR to:

1.1 Ensure compliance with all applicable federal, state, and local regulations regarding fire prevention planning in the work environment, including 29 CFR 1910.39 and equivalent State regulations.

1.2 Establish and support procedures to address the proper handling and storage of flammable or combustible materials

1.3 Identify and control potential ignition sources that can cause a fire in the workplace

1.4 Deploy and maintain the appropriate type of fire detection, protection, and suppression equipment that is necessary to reduce the risk of fire in each workplace

1.5 Clearly define the roles and responsibilities of employees and key staff members in the event of fire within an AMR facility, vehicle or work area.

1.6 Provide employees with documented education and training related to workplace fire prevention.

1.7 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 Fire Hazard Identification

2.1 Through periodic inspection and ongoing observation, each operation / department must evaluate their work environments to determine the relative risk of fire.

(a) Periodic inspections should be completed by an individual who is knowledgeable in fire hazards and fire prevention or by local fire department personnel.

(b) All employees are responsible for providing ongoing observation of the work environment to detect and report potential fire hazards to their supervisor.

2.2 If correctable fire hazards are identified, the local operation or department director is responsible for initiating timely corrective actions.

2.3 For fire hazards that cannot be corrected, typically because the ignition source or flammable / combustible material is germane to a necessary work process, a set of local fire prevention procedures that address those hazards should be developed and attached to this policy.

2.4 Smoking is expressly prohibited in all AMR facilities, vehicles or indoor work areas. In addition, smoking is not permitted within 100 feet of flammable storage areas or compressed gas storage areas.

3.0 Storage of Flammable and Combustible Materials

3.1 All flammable or combustible chemicals / materials shall be stored in approved containers.

(a) All solvents, degreasers or shop chemicals that are labeled as flammable or combustible shall be stored in a clearly labeled flammable materials cabinet when not in use.

(b) All used shop rags containing solvents or oils shall be disposed properly in an approved flammable materials waste container [i.e. fire-proof safety can with lid]

(c) Drum storage areas containing new or spent products [fuels, oils, solvents, etc.] shall be stored in a spill containment area and away from potential ignition sources.

(1) All drums shall be properly labeled with the name of the product and the correct hazard identification information (e.g. flammable, corrosive, oxidizer, etc.)

(2) Chemicals with different hazard classifications shall not be stored together

3.2 Vehicle batteries should be stored in areas designated as “new” or “used.” In addition, batteries should be placed in secondary containment and not be stored more than three feet off the ground.

4.0 Emergency Back-up Generators

4.1 Generator areas must be kept clean and free from flammables and combustibles

4.2 Fuel for the generator must be stored a safe distance from the generator

4.3 A local plan to periodically inspect / test the back-up generator should be attached to this policy.

5.0 Oxygen Storage Areas

5.1 Oxygen tanks must be stored in a well-ventilated area and at least 30 feet from potential ignition sources [e.g. heaters, electrical panels, etc.]

5.2 While not in use, tanks must have a valve cap in place and be secured by a chain and/or rack system to prevent them from tipping over.

5.3 Oxygen storage areas must have signage to indicate the presence of oxygen and that smoking is not permitted within 100 feet.

5.4 See the *AMR Compressed Gas Safety Policy* for additional guidance.

6.0 Computer and Server Rooms

6.1 Computer / sever rooms shall not be used to store large quantities of combustible materials [i.e. paper, boxes, etc.] or any quantity of flammable chemical, oxidizer, or other hazardous product.

6.2 Computer / server rooms should be equipped with an appropriate fire suppression system

7.0 Electrical Service Panels

7.1 All electrical service panels shall have at least a thirty (30) inch forward clearance that is kept free from obstructions, stored materials, or debris

7.2 Flammable and combustible chemicals shall be kept at least thirty (30) feet from all electrical panels and sub-transformers

7.3 Electrical panels must be protected by a guard or barrier if they are located in areas where possible vehicle / machinery contact could occur.

7.4 All electrical panels shall have “blanks” in place if a circuit breaker is not in service

7.5 All circuit breakers must be clearly labeled to identify the receptacles or machinery associated with them

8.0 Office Areas

8.1 All electrical outlets must have outlet covers in place that are free of visual defects

8.2 Multi-outlet strips should be used to prevent overloading an outlet. The use of gang-up adapters is prohibited.

8.3 Multi-outlet strips shall not be “daisy chained” together [i.e. connected in combination]

8.4 Extension cords may not be used as permanent wiring.

8.5 Portable space heaters must have an automatic shut-off feature if they are tipped over and must be turned off if the employee leaves the work area / office

8.6 Facilities that have a fire sprinkler system shall keep all materials at least eighteen (18) inches from the ceiling to allow for fire suppression

9.0 Kitchen and Break Areas

9.1 Microwaves, coffee makers and refrigerators should be periodically inspected and maintained in proper working order

9.2 Extension cords may not be used to power kitchen appliances.

9.3 Heating appliances should not be left unattended while in use.

10.0 Fire Protection / Suppression Systems

10.1 The local fire department should be consulted regarding the need for, types, and requirements of fire protection and suppression systems for each facility.

10.2 Fire protection and suppression equipment should be tested and maintained in accordance with local fire agency recommendations, manufacturer instructions and current safety regulations. A schedule for such tests or other maintenance information should be attached to this policy.

10.3 Appropriate and service-ready fire extinguishers shall be supplied according to the recommendations of local fire officials.

(a) Fire extinguishers must be mounted in clearly visible locations that are free from any obstructions.

(b) Extinguishers must undergo a documented inspection on at least a monthly basis, and should be serviced by a qualified vendor at least once per year.

10.4 Employees should not attempt to fight fuel, oil or solvent fires with fire extinguishers. Instead, evacuate the area and call 9-1-1. Small fires of paper or other combustible materials can be extinguished by employees if it is safe to do so AND the employee has a clear path of escape from the area. When in doubt, evacuate the area immediately and do not attempt to extinguish the fire.

11.0 Fire Detection / Smoke Alarms

11.1 Smoke alarms shall be installed in every sleeping area, in the adjoining hallway, and near kitchen areas. Depending on the facility design and the nature of the work activities that take place therein, additional smoke detectors may be required and / or other technologies may be appropriate to detect fires in a timely fashion.

11.2 Smoke detectors should be tested at least once per month.

11.3 Except when replacing the battery, employees shall not remove smoke detector batteries or in any other manner disable the device.

12.0 Employee Training

12.1 Employees should receive training about the contents of this policy on the following occasions:

(a) When the policy is first implemented

(b) For new employees, at time of initial hire

(c) If the policy is substantially changed and additional training is needed

13.0 Exceptions

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

AMR EMERGENCY ACTION POLICY

Version 2.0 <> Effective 10/31/2017

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ATTACHMENTS

A. FIRE PROTOCOL 6 B. MEDICAL EMERGENCY PROTOCOL 7

C. CONTINGENCY PROTOCOL TEMPLATE 8

* Additional contingency protocols to be developed locally as needed

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:

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.

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 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:

(a) Prior to initial assignment

(b) 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, 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:

(1) Alert fellow employees in the immediate area.

(2) If applicable, activate the emergency alarm system to initiate the evacuation process.

(3) 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.

(4) 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.

(5) 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:

- **P**ull the pin.
- **A**im at the base of the fire.
- **S**queeze the handles together.
- **S**weep 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.

AMR INFECTION CONTROL POLICY

SECTION	TOPIC	PAGE
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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:

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.

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:

AMR INFECTION CONTROL POLICY

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.

v

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, in writing, and in advance of any such exception(s) being taken.

AMR EMPLOYEE VACCINATION AND TITER POLICY

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ATTACHMENTS

A.	EMPLOYEE HEPATITIS B REGISTRATION / REFUSAL FORM	5
B.	VACCINATION REFUSAL FORM	6

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.

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:

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.

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 artifical 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, in writing, and in advance of any such exception(s) being taken.

Attachment A: Employee Hepatitis B Registration / Refusal Form

AMR EMPLOYEE VACCINATION AND TITER POLICY

EMPLOYEE INFORMATION	
Employee Name	Job Title
Primary County / Dept. of AMR Employment	Secondary County of AMR Employment (if any)
SSN: -- --	Date of Birth: / /
Contact Telephone #: ( )	home / work / cell / other

>>>>>>>> Please read the following statements carefully and place an X in the most appropriate box.

☐ I have not received the hepatitis B vaccination series prior to my AMR hire date and I would like to begin the series. (All expenses covered by AMR)

☐ I have not received the hepatitis B vaccination series prior to my AMR hire date and I have made an informed choice to refuse the vaccination. ***You must sign the refusal below.***

I ☐ am currently in the process of completing the hepatitis B vaccination series from another provider [sign declination below].

☐ I have already completed the hepatitis B vaccination series [sign declination below].

REFUSAL of AMR-Paid Hepatitis B Vaccination Series

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B (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 the 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 cost to me.

Signature indicating my refusal (if applicable):

Signature: _____ **Date** _____

I hereby certify that AMR has explained the benefits of Hepatitis B vaccination and I understand that I can seek further information from my supervisor at any time.

Signature: _____ Date: _____

AMR EMPLOYEE VACCINATION AND TITER POLICY

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 #**

AMR TB EXPOSURE PREVENTION & SKIN TESTING POLICY

SECTION	TOPIC	PAGE
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2.0	EARLY IDENTIFICATION OF INFECTIOUS TB PATIENTS	2
3.0	TB CONTROL MEASURES	3
4.0	REPORTING AND EVALUATING EXPOSURE INCIDENTS	3
5.0	EMPLOYEE TB SCREENING AND SURVEILLANCE	4
6.0	EXCEPTIONS	4

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:

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.

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, in writing, and in advance of any such exception(s) being taken.

AMR TB EXPOSURE PREVENTION & SKIN TESTING POLICY

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** _____

AMR INFECTION CONTROL TRAINING POLICY

SECTION	TOPIC	PAGE
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3.0	CURRICULUM CONTENT	2
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7.0	EXCEPTIONS	3

BACKGROUND:

American Medical Response (AMR) recognizes that providing medical care and transportation services can involve occupational exposure to infection and disease. 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 Training Policy* is to provide employees and management staff with the policies and procedures needed to help reduce occupational exposure to infectious disease through provision of timely and effective education and training.

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:

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.

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

1.0 It is the policy of AMR to:

AMR INFECTION CONTROL TRAINING POLICY

1.1 Comply with applicable federal and state safety standards related to infection control education and training for AMR employees.

1.2 Deliver standardized, high-quality curriculum and supporting materials to employee participants, as outlined in this policy.

1.3 Consistently enforce / reinforce the elements of this written policy, thereby supporting AMR's overall Infection Control Program.

PROCEDURES

2.0 Training Requirements vs. Job Title Matrix

2.1 The table below indicates the correlation between AMR employee job title and the types of infection control related training they should receive initially and on an annual basis thereafter.

(a) If a job title of interest is not included in the table, contact the Safety and Risk Management Department for guidance.

(b) Minimum curriculum content for each topic is specified in Section 5.0.

Job Title	Infection Control Intro	Bloodborne Pathogens	Airborne Pathogens	Droplet Pathogens	Contact Pathogens
EMT	X	X	X	X	X
Paramedic	X	X	X	X	X
CCT Nurse	X	X	X	X	X
Field Supervisor	X	X	X	X	X
Mobile Healthcare Technician	X	X	X	X	X
Non-Field AMR Employee (to do a ride-along)	X	X	X	X	X
Wheelchair Van Driver	X	X	X	X	X
Gurney Van Driver	X	X	X	X	X
Fleet Mechanic	X	X	-	-	X
Vehicle Support Technician	X	X	-	-	X
Non-Field AMR Employee	-	-	-	-	-

AMR INFECTION CONTROL TRAINING POLICY

3.0 Curriculum Content

3.1 The AMR Clinical and Educational Services and Safety and Risk Management Departments shall collaborate and develop annual refresher training curriculum and delivery methods. Input from all interested parties is encouraged and shall be carefully considered for inclusion.

4.1 Timing and Frequency of Infection Control Training

4.1 All employees with occupational exposure to blood or OPIM shall be required to complete:

(a) Initial infection control education and training, in the subjects specified in Section 2.0, before assignment to tasks or work areas where occupational exposure may occur.

(b) Refresher training at least annually thereafter.

(c) Remedial training, where appropriate

(d) Update training based on significant regulatory changes that affect occupational exposure, to the extent those changes were not already covered in the employees' initial or refresher training curriculum during the past year. Similarly, AMR shall provide additional information or training when significant changes occur, such as:

(1) Introduction of new engineering, administrative, or work practices controls,

(2) Modification of tasks or procedures, or

(3) Institution of new tasks or procedures that affect employees' occupational exposure.

(4) This additional training may be limited to addressing the new exposures created, and may be delivered using the most appropriate means.

5.0 Delivery of Required Training

5.1 All training materials shall be appropriate in content and vocabulary to the educational level, literacy, and language of employees being trained.

5.2 Instructors shall be knowledgeable in all of the training curriculum and Infection Control Program elements, particularly as they relate to the services provided by this organization.

5.3 AMR may provide infection control training using traditional classroom-based instruction or other delivery methods as approved by the Director, Safety and Risk Management. A few examples of alternative delivery methods include:

(a) On-the-job training (remedial or post-incident)

(b) Interactive CD-ROM or video (portions of orientation or annual refreshers)

(c) Informational memos or newsletters (periodic notices and informational updates).

6.0 Training Documentation

6.1 Written records of all required training sessions shall be maintained for three years after the date on which the training occurred. Training records should include:

(a) The dates of the training sessions

(b) The contents or a summary of the training sessions

(c) The names and qualifications of persons conducting the training

(d) The names and job titles of all persons attending the training sessions.

7.0 Exceptions

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

AMR INFECTION CONTROL CLEANING & DISINFECTION POLICY

SECTION	TOPIC	PAGE
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3.0	INFECTIOUS LINEN & BIOHAZARDOUS WASTE	3
4.0	INFECTIOUS LINEN & BIOHAZARDOUS WASTE STORAGE AREAS	3
5.0	KITCHEN ENVIRONMENTS	4
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9.0	AMBULANCE SURFACES & REUSABLE EQUIPMENT	5
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11.0	PERSONAL PROTECTIVE EQUIPMENT [PPE]	5
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13.0	EMPLOYEE HANDWASHING	7
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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:

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.

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, in writing, and in advance of any such exception(s) being taken.

AMR SHARPS EXPOSURE PREVENTION POLICY

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5.0	TRADITIONAL SHARPS	3
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8.0	PRODUCT SELECTION PROCESS	5
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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:
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.

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 recommendation 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, in writing, and in advance of any such exception(s) being taken.

AMR PPE FOR INFECTION CONTROL POLICY

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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. This care and service can also expose individuals to the hazards inherent with close proximity to vehicular traffic. 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 Personal Protective Equipment [PPE] for Infection Control Policy* is to provide employees and management staff with the policies and procedures needed to help reduce occupational exposure to infectious pathogens and decrease the likelihood of worker injuries caused by motor vehicles, construction vehicles and equipment while working on or near a roadway, through the use of PPE.

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 is assigned to carry out tasks that involve potential exposure to infectious materials.

ENFORCEABILITY:

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.

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 Regard all blood and other potentially infectious materials (including most body fluids) as potentially infectious. Body Substance Isolation shall be observed at all times.

1.2 Provide all employees with the necessary training, immunizations and personal protective equipment (PPE) needed for protection from communicable disease.

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 Basis for Selection & Use of PPE

2.1 While providing patient care or other related tasks, employees should attempt to limit splashing, spraying, or aerosolization of blood or body fluids. However, given that these attempts will not always be successful and no one is able to predict every set of circumstances that may lead to an exposure, employees must utilize company-approved PPE according this policy even if they do not perceive any direct threat of exposure to blood or other potentially infectious materials (OPIM).

2.2 Employees should consider and treat the blood, body fluids, and tissues of all patients as potentially infectious. Therefore, Body Substance Isolation (BSI) procedures shall be used while:

(a) Providing patient care

(b) Handling potentially contaminated materials, supplies, or equipment

(c) Cleaning and disinfecting potentially contaminated equipment and environmental surfaces

(d) In any other situation that includes the possibility of infectious disease transmission

2.3 Employees are encouraged to use maximal rather than minimal PPE for each situation.

3.0 PPE Utilization Summary

3.1 As further detailed in this policy, employees are expected to wear:

(a) Gloves during every call

(b) Face and eye protection whenever splash or spray of blood or OPIM is possible

(c) Mask or respirator for suspected or confirmed droplet pathogens, including meningitis cases

(d) An approved respirator for suspected or confirmed airborne pathogens, including TB cases (e) A gown if splash, spray, or substantial contact with a patient's blood or body fluids is possible (f) Shoe covers if gross contamination is likely.

(g) High visibility Class II safety apparel as described in section 11.0

4.0 Company and Employee Responsibilities

4.1 Each operation Director / Manager is responsible for developing methods to ensure appropriate supply, repair, replacement, and final disposal of personal protective equipment (PPE).

4.2 Local Infection Control Officers and Local Safety Coordinators are expected to help develop and monitor compliance with PPE supply, repair, replacement and final disposal procedures that their operation uses to meet the Company's obligations.

4.3 Each employee is responsible to use and dispose of PPE in accordance with AMR's policies and procedures.

4.4 When unsure which types of PPE to utilize for a given situation, employees are encouraged to use maximum protection levels available until they are able to discuss their questions with the Local Infection Control Officer or Safety Coordinator.

5.0 Provision of Adequate of PPE

5.1 The amount, type, size selection, and storage location of PPE shall be standardized on all comparable vehicles within each Operation.

5.2 Each response vehicle shall be checked at the beginning of the shift to confirm adequate quantities of the following infection-control PPE and related supplies (may vary by location):

- Exam gloves in appropriate sizes
- Eye protection on person, in carry-in bags, and in the unit
- Standard surgical masks
- Approved respirators
- Combination visor-masks
- Impervious gowns and shoe covers
- BVM(s) and personal pocket masks
- Class II High Visibility Safety Apparel
- Easily accessible sharps disposal containers
- Red biohazard and yellow infectious linen bags
- Water soluble (melt-away) laundry bags
- Labeled bags for blood specimen tubes
- Disposable absorbent barriers (chux)
- Waterless virucidal hand cleaner or towelettes
- Paper towels for cleanup

6.0 Hand Protection

6.1 Latex, Nitrile or similarly impervious exam gloves shall be worn on the following occasions:

(a) During any patient contact

(b) When handling contaminated equipment or medical waste

(c) When handling infectious linen

(d) When performing cleaning and disinfection tasks

6.2 Standard issue, disposable exam gloves shall be constructed of powder-free, low-protein latex material.

6.3 Vinyl exam gloves may still be used where there is a low potential for significant contact with blood or OPIM. However, depending on the brand and model, vinyl gloves may not provide sufficient protection when using high-level disinfectants.

6.4 Employees who have a clinically diagnosed latex sensitivity or latex allergy shall be provided with latex- safe PPE. “Latex safe” does not necessarily mean “latex-free” in all cases. Despite this

provision, affected employees must understand that latex is present in many medical and non-medical products in the work environment.

6.5 Gloves shall be replaced as soon as possible when soiled, torn, or punctured. Gloves should also be changed between patients.

6.6 To facilitate rapid replacement, all employees shall carry an extra pair(s) of disposable gloves when providing patient care.

6.7 Protective leather gloves may be worn in situations where sharp or rough edges are likely to be encountered, such as at the scene of a motor vehicle incident.

6.8 Heavy-duty, reusable utility / chemical gloves may be used in the handling, cleaning, decontamination, or disinfection of potentially contaminated patient care equipment.

(a) Operations that utilize heavy-duty utility / chemical gloves are responsible for assuring that these gloves are cleaned and disinfected appropriately

(b) Employees who use heavy-duty, reusable utility / chemical gloves should inspect the integrity of the gloves prior to each use.

(c) Utility / chemical gloves must be discarded if they are cracked, peeling, punctured, torn, or exhibit any signs of deterioration.

7.0 Eye Protection

7.1 Company-approved eye protection shall be worn by employees at all times while:

(a) Providing patient care where there is a risk of contamination from blood or OPIM and during high-risk procedures such as intubation, administration of aerosolized breathing treatments, wound treatment, etc.

(c) Handling contaminated equipment, infectious linen or infectious / biohazard waste where there is a risk of blood or OPIM splatter

(d) Performing cleaning and disinfection tasks where there is a risk of blood or OPIM splatter.

7.2 Regular prescription glasses or sunglasses are not considered a substitute for protective eye wear.

7.3 Employees who must wear prescription glasses may, at the local operation's discretion, be afforded the following options to meet the eye protection requirements specified in Section 7.1 of this policy:

(a) Over-the-glasses type infection control eye protection, which may include oversized glasses, splash goggles, or a full-face shield

(b) Prescription safety glasses if the employee has occupational exposure to blood or other potentially infectious materials (OPIM) as part of their work duties

7.4 An employee who chooses to purchase personal protective eyewear at his/her own expense is doing so as an individual preference for style and comfort, not for any added exposure protection. Loss, damage or thefts are risks assumed by the employee.

7.5 All employee purchased eyewear must meet local operational and safety requirements, and must include brow and side-shields. Dark or mirrored lenses are prohibited.

7.6 In the event of loss or breakage of employee purchased protective eyewear, local management has no obligation other than to provide the employee with the eye protection that is provided to other employees.

8.0 Face Protection

8.1 Facial protection shall be used in any situation where splash contact with the face is possible, including while intubating a patient or carrying out other airway intensive tasks.

8.2 Facial protection may be afforded by using both a facemask and eye protection, or by using a combination visor-mask.

8.3 Face shields on structural fire fighting helmets (or similar versions) are not acceptable for splash protection and shall not be used for infection control purposes.

8.4 Field personnel entering a scene shall always carry either a bag-valve-mask resuscitator or a pocket mask with one-way valve unless first responders that are known to be carrying resuscitation equipment are already on the scene.

8.5 Employees are strongly encouraged to carry pocket masks with one-way valves with them at all times while on duty. Similarly, all stations, company cars, offices and other AMR buildings shall also have disposable pocket masks in prominent areas available for use in the event a patient or private citizen requires ventilation assistance from a CPR-trained employee.

8.6 Providing mouth-to-mouth / nose resuscitation and direct mouth suctioning of blood or other potentially infectious materials [e.g., de lee suction] is prohibited.

9.0 Respiratory Protection

9.1 Patients with suspected airborne or droplet communicable diseases should be transported wearing a surgical mask or valveless N-95 respirator whenever possible.

9.2 For known or suspected TB cases, employees must wear an AMR-approved respirator. The first step is to don and fit-check an approved respirator. Next, place a mask on the patient. During

transport, activate ventilation controls in the vehicle. For detailed information regarding airborne pathogen exposure prevention, see *The AMR TB Exposure Prevention & Skin Testing Policy* and the *AMR Respiratory Protection Policy.*

9.3 When responding to a patient with a suspected or known droplet transmissible disease, such as meningitis, employees shall wear a mask or approved respirator. Again, employees should protect themselves first by donning PPE and then place a mask on the patient to reduce expelled droplets.

10.0 Body Protection

10.1 Prior to any contact with patients, employees should cover all areas of abraded, lacerated, chapped, irritated or otherwise non-intact skin with an occlusive dressing or other impermeable barrier.

10.2 AMR uniforms are not PPE. Therefore, fluid-resistant gowns (or similar) are provided to protect clothing from splashes. A gown (or similar) should be used when there is a reasonably foreseeable chance of splash, spatter or other contact with blood or other infectious agents to the employee's uniform.

10.3 Gowns should also be worn along with respiratory protection in the suspected presence of chicken pox, shingles or other highly contagious diseases.

10.4 Under certain circumstances, shoe covers will be necessary to protect shoes from potential contamination.

11.0 Worker Visibility

11.1 In order to provide the safest work environment, it is recommended as a best practice that all field employees wear high-visibility safety apparel when responding to incidents within the roadway's right of way. High visibility safety apparel is personal protective safety clothing that is intended to provide conspicuity during both daytime and nighttime usage.

12.0 Exceptions

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

AMR RESPIRATORY PROTECTION POLICY

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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:

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.

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 Vice President of Safety Management, in writing, and in advance of any such exception(s) being taken.

AMR POST-EXPOSURE MANAGEMENT POLICY

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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 Post-Exposure Management Policy* is to provide employees and management staff with the policies and procedures needed to help reduce the risk of occupationally acquired infectious disease through use of timely post-exposure evaluation and treatment procedures.

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:

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.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of occupationally acquired infection or disease, 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 post-exposure evaluation and treatment of employees.

1.2 Take steps to ensure treatment providers render evaluation and treatment in accordance with the Centers for Disease Control and Prevention (CDC) recommendations.

1.3 Keep all employee post-exposure testing and treatment records confidential.

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 / Definitions

2.1 A bloodborne pathogen exposure is defined as contact with blood or other potentially infectious materials (OPIM) that have the potential to be infectious through a needle stick, through broken or non-intact skin, or through the mucous membranes of the nose, mouth or eyes.

2.2 An airborne pathogen exposure is defined as significant contact with a patient who demonstrates signs / symptoms of infectious airborne disease [such as active TB], coupled with a failure to use suitable PPE. Factors that should also be considered include:

(a) Duration of patient contact or duration of exposure to a contaminated environment

(b) Infectious status of the patient

(c) Patient behaviors, such as coughing or sneezing, that increase the likelihood of expelled droplet nuclei entering the airspace

(d) PPE used by the employee(s)

2.3 A droplet pathogen exposure is defined as significant and substantial contact with an infectious patient's oral or nasal secretions that are transmitted directly or indirectly transferred to the employee's mucous membranes.

2.4 Not every potential or confirmed exposure warrants post-exposure prophylaxis. The treating clinician and the employee should discuss how to proceed based on the specific nature of the

potential exposure and the CDC's current recommendations regarding the most appropriate course of treatment.

2.5 The AMR Safety and Risk Management Department maintains a variety of checklists, form tools and job aids to help coordinate resources, responsibilities, and tasks associated with post-exposure management. These tools are available upon request.

PART A:

POTENTIAL BLOODBORNE PATHOGEN EXPOSURES

Note: This section will describe the roles and responsibilities of each participant in the bloodborne pathogen post-exposure management process. It's important that each participant complete their assigned responsibilities in order to assure a coordinated system of post-exposure evaluation, documentation, and follow-up.

3.0 Employee Responsibilities

3.1 Immediately wash the exposed area with soap and water or waterless hand cleaner. If mucous membranes are involved, irrigate them liberally with water or saline solution.

3.2 **Notify the AMR on-duty supervisor immediately** and obtain authorization for an initial evaluation at a designated medical facility.

3.3 Carefully complete company-provided exposure report forms, as well as any additional forms / reports locally required.

3.4 Request source patient testing for HIV, HBV, and HCV. Record the pertinent information carefully, including the names and contact numbers of the persons responsible for completing the testing.

3.5 If you don't want your blood tested for HIV, HBV, and HCV to establish a baseline blood status, you still have the right to have a sample drawn and preserved for up to 90 days in case you change your mind later. (Note: it's in your best interest to have these tests performed to establish a baseline blood status.)

3.6 If applicable, complete an AMR Worker's Compensation packet (see your supervisor).

3.7 If you were provided with a drug regimen or course of treatment, follow it carefully and consistently and plan ahead to accommodate scheduled blood tests and follow-up medical appointments. They will play a vital role in your treatment.

3.8 Make sure all your questions are answered. Your supervisor and Local Safety Coordinator are available to help you. If they are unable to provide the information you need, please call the AMR

Safety and Risk Management Department. Your supervisor can reach Safety & Risk staff 24 hours/day.

4.0 Field Supervisor Responsibilities

4.1 Make sure the employee immediately washes the affected area and/or irrigates mucous membranes.

4.2 Arrange rapid evaluation at a locally designated facility or at the nearest appropriate facility if time between the exposure and the evaluation is likely to exceed 2 hours.

4.3 Call the facility in advance to authorize evaluation and treatment and to ensure the employee will be able to access definitive care quickly upon arrival.

4.4 Page Safety and Risk according to the most current *SRM Notification Guidelines*.

4.5 Whenever possible, meet the employee at the selected facility and review the employee's exposure report forms to ensure each relevant item is completed accurately.

4.6 Aggressively pursue source patient blood testing **AND** employee baseline blood testing for HIV, HBV, and HCV. Obtain responsible person names, numbers, and firm commitments.

4.7 *In case of uncertainty or disagreement with the clinician about how to proceed, consider calling the National Clinician's Post-Exposure Hotline (PEP-Line). The treater should have the current number. AMR Safety and Risk Management staff will as well.*

4.8 Unless the employee refuses all evaluation and treatment, have him/her complete an AMR Worker's Compensation packet.

4.9 Determine if a County or other exposure report form is required locally and, if so, ensure it has been completed and routed appropriately.

4.10 Make sure the employee receives post-exposure medical counseling, and offer emotional counseling through the AMR Employee Assistance Program (EAP).

4.11 Collect, quality check, and fax all related documents to the AMR Safety and Risk Management Department.

4.12 Submit a copy of all documents to the local AMR Infection Control Officer for follow-up.

4.13 Based on your investigation, design and schedule implementation of a follow-up plan to prevent reoccurrence.

5.0 Healthcare Professional's Responsibilities

5.1 It's AMR's expectation that each of the following steps will be completed in accordance with current regulatory standards and the most current guidelines published by the Centers for Disease Control and Prevention.

5.2 The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV status.

5.3 If consent is not obtained, the treater shall establish and document that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

5.4 Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source person.

5.5 The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

(a) Note: If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

(b) Healthcare Professionals should document the route(s) of any exposure and circumstances under which exposure occurred and obtain all medical records relevant to the appropriate treatment of the employee including vaccination status, which may include contacting AMR as needed.

5.6 Additional collection and testing shall be made available as recommended by the U.S. Public Health Service (CDC).

5.7 Post-exposure prophylaxis shall be provided, when medically indicated, in accordance with the current recommendations of the U.S. Public Health Service (CDC). The treater is responsible for assisting exposed employees to obtain appropriate medications.

5.8 Medical counseling must be provided during the initial evaluation.

(a) Note: medical counseling must include discussion of CDC recommendations for prevention and transmission of HIV infection, the risks of transmission based on the circumstances of this potential exposure, treatment options, risks and benefits of the treatment options, and the specific safe practices to use during the follow-up period. AMR will make available emotional / psychological counseling services if requested by the employee.

5.9 The *Healthcare Professional's* *Written Opinion* for post-exposure evaluation and follow-up must be provided to the employee within 15 days of the initial evaluation. The Written Opinion shall be limited to the information included on the form provided.

5.10 The Healthcare Professional should print and review a copy of the OSHA Standard for Bloodborne Pathogens (29 CFR 1910.1030) and correlating standards for State OSHA programs. In California, also print and review a copy of the Aerosol Transmissible Diseases standard at (8 CCR 5199). If you are unable to print these standards, contact AMR.

6.0 AMR Designated Officer's Responsibilities

6.1 Upon receipt of bloodborne exposure-related documentation, contact the appropriate hospital promptly to determine source patient blood test results, and make sure the employee's treating clinician is made aware of same.

6.2 Discuss confidentiality with employee prior to releasing the source patient's blood test results and answer any related questions to ensure understanding.

6.3 Emphasize the importance of the employee participating in all scheduled blood tests (e.g. 6, 12, and 26 weeks) and answer any related questions to ensure understanding.

6.4 If follow-up employee blood testing was recommended by the healthcare professional, record the frequency or dates of scheduled appointments for evaluation and/or testing. Make calendar entries for purposes of reminding the employee prior to each appointment.

6.5 Offer the employee EAP services, provide information regarding how to initiate this counseling, and inform employee that all records of participation remain strictly confidential.

6.6 Verify that AMR Safety and Risk Management received all related paperwork. If information is missing from the SRM file, please provide it ASAP.

6.7 Make sure that local management identified the primary and root causes of the exposure and has taken (or has scheduled) appropriate intervention to reduce the chances of reoccurrence. If additional training or disciplinary action is needed, make recommendations to the investigating supervisor.

Part B:

POTENTIAL ACTIVE TB EXPOSURES / Positive TB Skin Tests

7.0 Tuberculosis [TB] Exposure Management

7.1 Medical treatment facilities should notify AMR of a patient transported with a diagnosis of an

airborne transmissible disease including but not limited to infectious tuberculosis. When so notified, the Infection Control Officer shall contact employees involved and schedule a medical evaluation if it is determined that a significant exposure did in fact occur.

7.2 Within one week from the date of discovery of the infectious TB exposure incident and again 10 weeks after the exposure, the employee shall be sent to the designated medical facility for medical evaluation, testing and treatment if required.

7.3 The treating facility shall report all TB testing and treatment requirements to the company's appointed Divisional Infection Control Officer as well as to the employee.

7.4 In conjunction with the treating physician / facility, AMR should monitor and ensure that appointments for the employee's ongoing evaluation / treatment are kept.

7.5 The company shall reasonably accommodate any additional treatment and testing as deemed necessary at no cost to the employee.

7.6 Medical management of employees with a positive TB skin test shall meet the current recommendations set by The Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).

7.7 A determination shall be made by the treating health care provider as to the infectious state of the employee.

7.8 If the employee could present risk of infection to other employees or the general public, the employee shall not return to their previous duties. If a safe work environment can not be created for the employee during their infectious state, the employee will be considered disabled from working until they are no longer considered infectious to others.

7.9 If the employee is not infectious to others and does not present a risk to employees or the general public, the employee shall work assigned duties. Should the employees status change, the treating physician or health care facility shall notify the employee and the company.

Part C:

WORK RESTRICTIONS

8.0 Work Restrictions

8.1 Contracting viruses or infections from caregivers can create serious problems for compromised patients. Therefore, work restrictions for reasons of infection control may be initiated by the

company, a healthcare professional, or regulatory agency. These may be temporary or permanent.

8.2 Any employee returning to work following debilitating injury or illness or communicable disease (occupational or non-occupational) may be required to present a medical clearance prior to resuming duties.

8.3 Any evidence of the following common diseases mandates consultation with a company-approved physician regarding work status. The following are general work guidelines subject to modification by the evaluating physician.

(a) **Positive tuberculosis skin test (PPD) with no evidence of clinical disease** - may work with a physician clearance and follow-up.

(b) **Bacterial conjunctivitis** - may work but no patient contact until drainage is absent. Frequent hand washing is essential.

(c) **Acute diarrhea with other symptoms** (bloody or fever) - do not work until symptoms subside.

(d) **Draining wounds on hands or arms** - do not work until culture is negative. Keep wound dressed.

(e) **Herpes simplex virus, Type I** (cold sores, draining herpetic whitlow [herpetic lesions on fingers/hands]) - may work with drainage contained by dressing after explanation of potential hazards.

(f) **Hepatitis A** - may return to work 7 days after jaundice appears with physician authorization.

(g) **Hepatitis B** - no patient contact until authorized by a physician.

(h) **Impetigo** - no patient contact until antibiotic therapy initiated, crusts begin healing, and physician authorization has been obtained.

(i) **Lice or scabies (actual) infestation** - do not work until 24 hours after treated with appropriate lotion or shampoo.

(j) **Mononucleosis** - do not work until authorized by a physician.

(k) **Measles (rubeola)** - do not work until 7 days after rash appears. **Susceptible employees exposed to measles without wearing mask and gloves shall not work on ambulance from 5th through 21st day after exposure.**

(l) **Mumps** - do not work until 9 days after glands begin to enlarge.

(m) **Rubella (German measles)** - do not work until 5 days after rash appears. Susceptible employees exposed to German measles without wearing mask and gloves shall not work on ambulances from 7th through 21st day after exposure.

(n) **Strep throat** - do not work until 24 hours after initiation of antibiotic therapy and physician authorization has been obtained.

(o) **Tuberculosis** - employees diagnosed with active [infectious TB] shall not work until cleared by a physician as non-infectious / no-risk to others. Employees who have a positive TB skin test are handled as described in Section 7.6 though 7.9 of this policy.

(p) **Upper respiratory infection** - may work but avoid contact with high-risk patients or wear a mask and gloves.

(q) **Chicken pox (varicella, shingles)** - do not work until lesions are dry and crusted. Susceptible employees exposed to chicken pox / shingles without wearing mask and gloves shall not work from 7th through 21st day after exposure.

9.0 Exceptions

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

AEROSOL TRANSMISSIBLE DISEASE EXPOSURE CONTROL ADDENDUM

AEROSOL TRANSMISSIBLE DISEASE EXPOSURE CONTROL ADDENDUM

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PURPOSE:

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.

To establish guidelines for the proper handling of incidents that involve individuals who have, or are suspected of having an aerosol transmissible disease. It is the responsibility of AMR to ensure that its employees are able to perform their duties in a safe and effective manner and to make certain that we provide every person the same quality of service, regardless of a person's state of health. This policy shall:

A. Establish safety procedures to reduce the risk of emergency personnel contracting an aerosol transmissible disease during the performance of his/her duty.

B. Establish procedures to be followed when an employee has been exposed to a patient with an aerosol transmissible disease.

C. Additional provisions are also based on state and federal laws applicable to the minimum standards/reporting requirements including but not limited to the following:

1. Ryan White Comprehensive AIDS Resources Emergency Act (Pub. L 101-381, 42 U.S.C. 300ff B1 et.seq.)

2. Russell Bill, Chapter 708 added to California Health and Safety Code (Sec. 199.65, 199.66, 199.67).
3. Royce Bill SB 1518, Public Safety Notification: an act to add section 1797.188 to the Health and Safety Code.
4. California Code Regulations, General Industry Safety Orders, Section 5193, March 1993, Blood borne Pathogen Resource
5. California Code of Regulations, Title 8, Section 5199. Aerosol Transmissible Disease.
6. California Code of Regulations, Title 8, Section 14300. Occupational Injury and Illness Reports and Records APPLIES TO:

This addendum applies to all California AMR employees and Operations.

ENFORCEABILITY:

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 employees with aerosol transmissible disease (ATD) information and up-to-date safety procedures, which will assist in minimizing potential exposure, while increasing their understanding of the nature and potential risks of aerosol transmissible disease (ATD) diseases, annually. It is also the policy of AMR that body substance isolation (BSI) be used for all patient contacts as necessary. (*Ref. AMR Infection Control Policy SRM #1205*)

PROCEDURES

2.0 Roles, Responsibilities, and Implementation

2.1 The Operations Designated Infection Control Officer is responsible for administering the Aerosol Transmissible Disease Exposure Plan. This Infection Control Officer shall be knowledgeable in infection control principles and practices as they apply to the facility, service or operation, as outlined in AMR Infection Control Policy SRM #1205 Section 3.3.

(A) The AMR Infection Control Officer or designee shall insure that all immunity and titer status, communication, documentation and on-going surveillance are maintained in accordance with AMR Infection Control Policy SRM #1205, AMR Employee Vaccination and Titer Policy SRM #1210 Section 4, and AMR TB Exposure Prevention and Skin Testing Policy #1215 Section 5.

2.2 This addendum is intended for all field employees who may have a potential for contact with Air Infectious Diseases in accordance with AMR Infection Control Policy SRM #1205 Section 3.9, and AMR Infection Control Training Policy SRM#1220 Section 2.0.

2.3 This addendum is intended to address patient assessments, and potentially infectious procedures performed during patient care, as outlined in AMR Control Policy SRM #1205 Section 2.0.

2.4 AMR has established measures which include applicable engineering and work practice controls for reduction of exposure to Air Infectious Diseases in accordance with AMR Infection Control Policy SRM #1205, AMR TB Exposure Prevention & Skin Testing Policy SRM #1215, AMR Cleaning and

AEROSOL TRANSMISSIBLE DISEASE EXPOSURE CONTROL ADDENDUM

responding agencies of suspected ATD and/or ILI.

Disinfection for Infection Control Policy SRM #1225, AMR PPE for Infection Control Policy SRM #1235, AMR Respiratory Protection Policy SRM #1240.

2.5 AMR source control measures are the identification, assessment and mitigation of any human or biological targets that are defined through ATD, Influenza Like Illness (ILI) and Infection Control risk assessment, as outlined in AMR Infection Control Policy SRM #1205, AMR TB Exposure Prevention & Skin Testing Policy SRM #1215, AMR Cleaning and Disinfection for Infection Control Policy SRM #1225, AMR PPE for Infection Control Policy, Version 1.1 dtd 7/1/2008 SRM #1235, AMR Respiratory Protection Policy SRM #1240

2.6 In the event AMR personnel are on scene first, if possible, AMR personnel shall alert additional

2.7 Any employee with an occupational exposure shall be offered evaluation and treatment with an Occupational Healthcare Provider as outlined in AMR Infection Control Policy SRM #1205, and AMR Post-Exposure Management Policy SRM #1245.

3.0 Vaccinations:

3.1 Recommended vaccinations shall be made available as per AMR Employee Vaccination and Titer Policy SRM #1210.

3.2 In the event AMR cannot implement these procedures because of the lack of availability of vaccine, appropriate documentation will be maintained and efforts will be made to obtain the vaccine in a timely manner. (*Ref. AMR Infection Control Policy SRM #1205, AMR Employee Vaccination and Titer Policy SRM #1220)*

4.0 Post Exposure Management Communication and Notification Process:

4.1 Post exposure management communications, notification, and follow up are performed as outlined in AMR Infection Control Policy SRM #1205, AMR Post Exposure Management Policy SRM #1245

5.0 Respiratory Protection

5.1 Engineering controls, medical evaluations, fit testing and training are conducted as outlined in AMR's Respiratory Protection Policy SRM #1240, and AMR Infection Control Policy SRM #1205.

5.2 Effective September 1, 2010, AMR shall provide P100 respirator in addition to N95 respirators.

5.3 AMR crews will be trained and Supervisors will support and enforce the use of P100 respirators when:

(A) Crew members are present during the performance of procedures or services for a confirmed AirID case or suspected case.

(B) Working in an area occupied by an AirID case or suspected case, during decontamination procedures after the person has left the area.

(C) Working in a residence where an AirID case or suspected case is known to be present;

(D) Present during the performance of aerosol generating procedures on patients that are suspected of, or confirmed as, being infected with aerosol transmissible pathogens;

(E) Performing a task for which the AMR Health and Safety Manual requires the use of respirators; or

(F) In an ambulance or other vehicle when the patient is not masked.

6.0 Training.

6.1 AMR shall ensure that all employees with occupational exposure participate in a training program. *(Ref. AMR Infection Control Policy SRM #1205 and AMR Infection Control Training Policy #1220)*

6.2 AMR shall provide training as follows:

(A) At the time of initial assignment to tasks where occupational exposure may take place; *(Ref. AMR Infection Control Policy SRM #1205, AMR Respiratory Protection Policy SRM #1240, AMR Post Exposure Management Policy SRM #1245)*

(B) At least annually thereafter, not to exceed 12 months from the previous training; *(Ref. AMR Infection Control Policy SRM #1205, AMR Respiratory Protection Policy SRM #1240, AMR Post Exposure Management Policy SRM #1245)*

(C) When changes, such as introduction of new engineering or work practice controls, modification of task or procedures or institution of new tasks or procedures, affect the employee's occupational exposure or control measures. The additional training may be limited to addressing the new exposures or control measures. *(Ref. AMR Infection Control Policy SRM #1205, AMR Respiratory Protection Policy SRM #1240, AMR Post Exposure Management Policy SRM #1245)*

6.3 The training program shall contain at a minimum the following elements:

(A) An accessible copy of the regulatory text of this standard and an explanation of its contents.

(B) A general explanation of ATDs including the signs and symptoms of ATDs that require further medical evaluation.

(C) An explanation of the modes of transmission of ATPs or ATPs-L and applicable source control procedures.

(D) An explanation of AMR's ATD Exposure Control Plan and/or Infection Control Plan, and the means by which the employee can obtain a copy of the written plan and how they can provide input as to its effectiveness.

(E) An explanation of the appropriate methods for recognizing tasks and other activities that may expose the employee to ATPs or ATPs-L.

(F) An explanation of the use and limitations of methods that will prevent or reduce exposure to ATPs or ATPs-L including appropriate engineering and work practice controls, decontamination and disinfection procedures, and personal and respiratory protective equipment.

(G) An explanation of the basis for selection of personal protective equipment, its uses and limitations, and the types, proper use, location, removal, handling, cleaning, decontamination and disposal of the items of personal protective equipment employees will use.

(H) A description of AMR's TB surveillance procedures, including the information that persons who are immune-compromised may have a false negative test for LTBI.

(I) Training meeting the requirements of California Code of Regulations, Title 8, Section 5144(k) of these orders for employees whose assignment includes the use of a respirator.

(J) Information on the vaccines made available by AMR , including information on their efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.

(K) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available, and post-exposure evaluation.

(L) Information on AMR's surge plan as it pertains to the duties that employees will perform. As applicable, this training shall cover the plan for surge receiving and treatment of patients, patient isolation procedures, surge procedures for handling of specimens, including specimens from persons who may have been contaminated as the result of a release of a biological agent, how to access supplies needed for the response including personal protective equipment and respirators, decontamination facilities and procedures,

and how to coordinate with emergency response personnel from other agencies.

6.4 Training shall be conducted in accordance with OSHA training standards.

7.0 Recordkeeping.

7.1 AMR shall ensure that all employee medical records required by this section are maintained in accordance with AMR policy and CAL-OSHA standards. *(Ref. AMR Post Exposure Management Policy SRM #1245)*

7.2 Records of the unavailability of vaccine shall include the name of the person who determined that the vaccine was not available, the name and affiliation of the person providing the vaccine availability information, and the date of the contact. This record shall be retained for three years.

7.3 Records of the respiratory protection program shall be established and maintained in accordance with California Code of Regulations, Title 8, Section 5144, Respiratory Protection. *(Ref. AMR Respiratory Protection Policy SRM #1240)*

8.0 Exceptions

8.1 Any exception(s) to this policy must be approved by the Senior Vice President of Professional Services and Integration, in writing, and in advance of any such exception(s) being taken.

Attachment A:

Transmissible Diseases/Pathogens (Mandatory)

This appendix contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens or diseases for the purpose of Section 5199. Employers are required to provide the protections required by Section 5199 according to whether the disease or pathogen requires airborne infection isolation or droplet precautions as indicated by the two lists below.

Diseases/Pathogens Requiring Airborne Infection Isolation

- Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g.
- Anthrax/Bacillus anthracis
- Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)
- Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized
- disease in immunocompromised patient until disseminated infection ruled out
- Measles (rubeola)/Measles virus
- Monkeypox/Monkeypox virus • Novel or unknown pathogens
- Severe acute respiratory syndrome (SARS)
- Smallpox (variola)/Varioloa virus
- Tuberculosis (TB)/Mycobacterium tuberculosis -- Extra pulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed;
- Pulmonary or laryngeal disease, suspected
- Any other disease for which public health guidelines recommend airborne infection isolation

Diseases/Pathogens Requiring Droplet Precautions

- Diphtheria pharyngeal
- Epiglottitis, due to Haemophilus influenza type b

- Haemophilus influenza Serotype b (Hib) disease/Haemophilus influenza serotype b -- Infants and children
- Influenza, human (typical seasonal variations)/influenza viruses
- Meningitis Haemophilus influenza, type b known or suspected
- Neisseria meningitidis (meningococcal) known or suspected
- Meningococcal disease sepsis, pneumonia (see also meningitis)
- Mumps (infectious parotitis)/Mumps virus

- Mycoplasmal pneumonia
- Parvovirus B19 infection (erythema infectiosum)
- Pertussis (whooping cough)
- Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus
- Pneumonia
- Adenovirus
- Haemophilus influenza Serotype b, infants and children
- Meningococcal
- Mycoplasma, primary atypical
- Streptococcus Group A
- Pneumonic plague/Yersinia pestis
- Rubella virus infection (German measles)/Rubella virus
- Severe acute respiratory syndrome (SARS)
- Streptococcal disease (group A streptococcus)
- Skin, wound or burn, Major
- Pharyngitis in infants and young children
- Pneumonia
- Scarlet fever in infants and young children

- Serious invasive disease
- Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, and Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)
- Any other disease for which public health guidelines recommend droplet precautions

AMR SUBSTANCE ABUSE PREVENTION POLICY

AMR SUBSTANCE ABUSE PREVENTION POLICY

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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

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.

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.

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(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) Discovery of an open container of alcohol, controlled substances or drug paraphernalia in an employee's possession while at work

(3) Alleged felony activity while on duty related to use, possession or distribution of illegal substance or alcohol

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, as part of a last-chance agreement, 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, benzodiapines, 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 $\geq$ 0.02 and $\leq$ 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.

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(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 Director of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.

PHYSICAL ABILITY TEST (PAT) STANDARD

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BACKGROUND:

American Medical Response and its subsidiaries, “AMR” recognizes that lifting and/or moving patients 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 lifting/transfer technique or related mishap. On occasion, such mishaps can be tied to deficiencies in strength or ability of the responding AMR employees. Therefore, AMR has an interest in assessing field employee’s physical readiness to safely carry out their field duties. 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 *Physical Ability Test (PAT) Standard* is to provide a structured approach to effectively utilize the AMR PAT as a tool to reduce the risk of employee lifting-related injury and patient mishaps in the field.

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 standard applies to all AMR field employees who lift or move patients as part of their job duties and responsibilities.

ENFORCEABILITY:

Employees are required to familiarize themselves with these expectations. To obtain further information about the AMR Physical Ability Test or how to reduce the risk of lifting-related injury, please contact your supervisor.

1.0 AMR's standard is:

1.1 Design, implement and consistently reinforce effective procedures that reduce or eliminate the risk of musculoskeletal injuries among AMR employees.

1.2 Select and retain individuals who are able to continuously demonstrate the ability to safely carry out patient lifts and transfers in the field setting.

1.3 Objectively measures an individual's ability to safely lift and carry the majority of patients in a field setting, through administration of the PAT.

1.4 Provide documented education and training in support of this standard and its objectives.

1.5 Designate the local AMR Regional Director or Operations Manager as having overall responsibility to effectively implement, monitor, and suggest improvements to this written standard within his/her area of concern.

PROCEDURES

2.0 Physical Ability Test – Administration

2.1 The PAT is administered by qualified Physical Ability Test (PAT) Administrators.

2.2 PATs are administered in accordance with the PAT Administration Manual.

2.3 To qualify as a PAT Administrator, AMR Employees request enrollment in the PAT Administrator Instruction Course online, through the Learning Management-Success Factors (LMS-SF). Request for enrollment must include the AMR employees name, JDE Number and email address. Request for enrollment are submitted to Regional Safety and Risk personnel. The PAT Administration course must be completed annually to maintain qualification as a PAT Administrator.

(a) Once qualified, PAT Administrators introduce themselves to the Human Resource staff as a designated PAT Administrator for their location.

(b) The new PAT Administrator and the Regional Director or Operation Manager should discuss:

i. Who will determine when a Pre-Hire PAT and Return-to-Work PAT should be scheduled at their location;

ii. How that information will be communicated to the PAT Administrator; iii. How the PAT Administrator will set up the time, place and resources needed to administer the PAT; iv. Who will enter PAT results into ORACLE.

2.4 PAT results are recorded in ORACLE. Only Oracle users with a responsibility of EMSC HR CES (or any other HR responsibility) can enter PAT results. To obtain EMSC HR CES authority in ORACLE, an Electronic Technical Sevice Request (eTSR) must be submitted to IT Services. An eTSR Form is found on the Envision Healthcare Corporation Portal.

2.5 There are many possible scoring decisions when administering the PAT.

(a) Pass

(b) Cancel – Person cancels the test, but reschedules. This is not a PAT failure or attempt.

(c) There is an equipment failure or other problem with the test. This is not a PAT failure or attempt.

(d) Fails due to No Call - No show – Person did not show up for the test.

(e) Fails due to Withdraw – Person withdraws during the test.

(f) Fails due to performance on station – Fails a specific station.

(g) Fails due to time – Fails to complete the test stations within the time limit; note total time taken or that test was terminated at a certain time.

(h) Fails due to factor other than performance as listed in (1) through (9). Test may be terminated, canceled or stopped by the Test Administrator for any of the following reasons:

(1) Professional judgment of the test administrator that having the applicant or employee start or continue with the test would result in injury or health risk.

(2) Applicant or employee not dressed appropriately; and are unable to complete the scheduled PAT as a result of wearing inappropriate attire.

(3) Applicant or employee intoxicated or under influence of drugs.

(4) Applicant or employee cannot understand instructions.

(5) Applicant or employee cannot follow instructions.

(6) Applicant or employee does not comply or will not comply with instructions.

(7) Applicant or employee engages in inappropriate language or behavior.

(8) Applicant or employee is in pain or injured.

(9) Applicant or employee is performing in an unsafe manner and will not change approach.

2.6 The PAT Administrator is the sole determinant regarding an individual's readiness to take the PAT. The PAT Administrator may refuse access to the test or stop a test in progress based on reasonable safety or health concerns.

2.7 Applicants and employees who are ineligible to take the test due to justifiable safety or health concerns and those who are unable to pass the PAT after three consecutive attempts are deemed ineligible to be employed in a field position.

2.8 Applicants (candidates) and employees may fail the PAT because they don't complete a station or they exceed the established time limit. Contributing to the failure may be a lack of physical strength or lack of aerobic capacity.

(a) Upon failure of the first PAT, Administrators should:

(1) Review the PAT Exercise Program and the PAT Exercise Protocol with the applicant or employee.

(2) Inform the applicant or employee that a third PAT is the final attempt.

(3) Advise the applicant or employee that two weeks is the minimum time between the first PAT failure date and a second PAT date. This period may be extended as needed to accommodate:

(i) Scheduling the PAT administrators and proctors needed to administer the test.

(ii) Request to further delay a retest, by the applicant or employee.

(b) Upon failure of the second PAT, Administrators should:

(1) Review the PAT exercise Program and the PAT Exercise Protocol with the applicant or employee.

(2) Inform the applicants or employees that a third PAT is the final attempt.

(3) Advise the applicant or employee that three months is the minimum time between a second PAT failure date and a third PAT attempt date. The three month period may be extended to accommodate:

(i) Scheduling the PAT administrators and proctors needed to administer the test.

(ii) Request to further delay a retest, by the applicant or employee.

2.9 AMR's PAT was designed and intended to be performed in-house, utilizing AMR resources.

3.0 Physical Ability Test – Applicants

3.1 PATs are administered, post-offer and pre-hire, to applicants.

3.2 There is no physical examination required to support the PAT. All applicants must complete an "AMR Physical Ability Testing (PAT) – Signature and Acknowledgement Waiver" form, prior to taking the Pre-hire PAT.

3.3 Any applicant who does not pass the PAT is deemed ineligible to be employed in a field position.

3.4 At the earliest opportunity, applicants are provided access to the Candidate Handout, PAT Exercise Program, PAT Exercise Protocol and the Candidate Instructional Video.

4.0 Physical Ability Test – Employees

4.1 All field employees are expected to continuously maintain the physical strength, aerobic capacity, knowledge, skill and ability to pass the PAT.

4.2 All employees are encouraged to participate in a health and fitness program.

4.3 Employees who apply for a field position, from any non-field-position within their AMR operation, must pass the Pre-hire PAT, prior to assuming the new field position, in the same manner that new-hire applicants must pass the Pre-hire PAT prior to employment.

4.4 Employees are required to pass a Return-to-Work (RTW) PAT to establish readiness and safely continue or safely return to their field duties if:

(a) The employee has been out of the field on a leave of absence (LOA), for a period greater than 30 contiguous days. This applies to all leaves of absence, except, employees returning from a

Military LOA. Additionally, this does not apply to any employee returning from more than 30 days of Personal Time Off (PTO).

(b) The employee demonstrates an excessive pattern of musculoskeletal injury, which is defined as more than one lost-time injury claim within a 12-month period.

(c) The employee is:

i. involved in a lifting-related mishap or carry-related mishap; or

ii. involved in a lifting-related near-miss in the field or carry-related near-miss in the field; or iii. the subject of a documented complaint resulting in an investigation that reasonably indicates a need for re-evaluation of readiness to safely continue lift and carry related field duties.

4.5 AMR's Regional Safety & Risk personnel make the final decision to take the RTW-PAT, for any of the reasons described in 4.4. Considerations include: the safety of the employee, their partners and their patients; and risk to the company. Input used to reach the final decision may be obtained from other departments such as Operations and Human Resources.

4.6 Any employee who fails the PAT after the first attempt is placed on unpaid administrative leave. After three unsuccessful PAT attempts, the employee is deemed ineligible to be employed in a field position.

5.0 Exceptions

5.1 Exception(s) to this standard are approved by the Safety and Risk Management in writing, and in advance of any such exception(s) being taken.