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 1.0
Revised / Effective

January 11, 2011
Disclaimer, Receipt and Acknowledgement of Understanding

I acknowledge that I have received a copy of the AMR Health, Safety and Risk Management Program Manual ("Program Manual") and that I have the responsibility to read and familiarize myself with its provisions. If I have any questions, I understand that I should contact my Supervisor. I understand that AMR has been recognized as a leader in implementing programs designed to enhance employee and public safety, insuring the health and well-being of associates, and creating a work environment which encourages awareness and communication of healthy and safe working practices.

I also understand that the AMR Program Manual is not a contract of employment or an offer for a contract of employment, and that it is not a promise of employment for any length of time or under any particular conditions, and that nothing in this handbook in any way creates an express or implied contract of employment or warranty of any benefits. I understand that the purpose of the Program Manual is to provide AMR's safety policies and procedures by which I am governed and which may be unilaterally amended, modified, reduced or discontinued at any time by AMR, in its judgment and discretion. Further, I clearly understand that certain provisions of the Program Manual may lead to accelerated levels of corrective action. Specifically, I recognize and acknowledge that AMR has certain policies that are necessary for the safe and efficient operation of its business and that because of the potentially serious outcomes of certain at-risk behaviors, I may be subject to immediate termination for failure to meet expectations in the Program Manual, regardless of the consequence of those at-risk behaviors. Policies which result in immediate termination are included, but not limited to, those contained in the AMR Vehicle Safety Policy Sections 3.3, 4.1, 4.2 and 7.9. I further agree that these policies are consistent with the letter and spirit of any collective bargaining agreement which may impact my employment at AMR. If my employment at AMR is governed by a collective bargaining agreement, I agree and acknowledge that any violation of these policies meets the just cause requirements in the respective collective bargaining agreement that governs my employment at AMR.

I further understand and acknowledge that if my employment with AMR is not subject to a collective bargaining agreement, I am an at-will employee. As at-will employee, I understand that I have the right to resign from employment at any time, with or without notice, and with or without cause. By the same token, AMR has the right to terminate my employment at anytime, with or without notice and with or without cause. I further understand and acknowledge that the at-will nature of my employment can be altered only by (1) a written document specifically so providing, signed by the Chief Executive Officer of AMR, or (2) a collective bargaining agreement between AMR and a labor organization which by its terms governs the wages, hours and other terms and conditions of my employment.

By signing this Acknowledgement of Receipt, I agree to comply with the guidelines, policies, and procedures of AMR. I understand that AMR may modify or withdraw the AMR Program Manual at any time, with or without prior notice. It is understood that changes in procedure will supersede or eliminate those found in this Program Manual. If my employment is governed by a collective bargaining agreement between AMR and a labor organization, I understand and acknowledge that this handbook is not intended to form a part of the collective bargaining agreement. AMR reserves the right to implement changes to this Program Manual, with or without notice, in its sole discretion.

I have read and understood this disclaimer. I have had the opportunity to ask any questions concerning the meaning of this disclaimer.

Employee

__________________________

Date

Witness

__________________________

Date

American Medical Response

Revised/Effective: January, 2010
# Table of Contents

## AMR INJURY & ILLNESS PREVENTION PROGRAM

- Injury & Illness Prevention Policy, Version 1.0 dtd 9/21/2006 ........................................ 1105
- Safety Incident Reporting Policy, Version 1.0 dtd 9/21/2006 ........................................ 1110
- Safety Inspection Policy, Version 1.0 dtd 9/21/2006 ..................................................... 1115
- Patient Handling Policy, Version 2.0 dtd 1/1/2007 ......................................................... 1120
- Gurney Safety Policy, Version 1.0 dtd 9/21/2006 ......................................................... 1125
- Vehicle Safety Policy, Version 2.0 dtd 9/21/2006 ......................................................... 1130
- Road Safety Policy, Version 4.0 dtd 1/1/2008 ................................................................. 1131
- Hazard Communications Policy, Version 1.0 dtd 9/21/2006 ........................................ 1140
- Workplace Violence Prevention Policy, Version 1.0 dtd 9/21/2006 ............................... 1145
- Compressed Gas Safety Policy, Version 1.0 dtd 9/21/2006 ........................................... 1150
- Fire Prevention Policy, Version 1.0 dtd 9/21/2006 ....................................................... 1155
- Emergency Action Policy, Version 1.0 dtd 9/21/2006 ................................................... 1160

## AMR INFECTION CONTROL PROGRAM

- Infection Control Policy, Version 1.0 dtd 9/21/2006 ...................................................... 1205
- Employee Vaccination and Titer Policy, Version 1.0 dtd 11/1/2004 .......................... 1210
- TB Exposure Prevention & Skin Testing Policy, Version 1.2 dtd 7/1/2008 .................... 1215
- Infection Control Training Policy, Version 1.0 dtd 9/21/2006 ...................................... 1220
- Cleaning and Disinfection for Infection Control Policy, Version 1.0 dtd 9/21/2006 .......... 1225
- Sharps Exposure Prevention Policy, Version 1.0 dtd 9/21/2006 .................................. 1230
- PPE for Infection Control Policy, Version 1.1 dtd 7/1/2008 ......................................... 1235
- Respiratory Protection Policy, Version 1.0 dtd 9/21/2006 ............................................ 1240
- Post Exposure Management Policy, Version 1.0 dtd 9/21/2006 .................................... 1245

## AMR Safety and Risk Management

- Reserved

Advertisements:

```
AMR Safety and Risk Management
<< Proprietary Materials >>
```
### Section 1400: AMR Risk Management Program

**AMR Risk Management Program**

- Substance Abuse Prevention Policy, Version 1.0 dtd 9/21/2006 .............................................. 1505
- Transitional Work Assignment Policy, Version 1.0 dtd 9/21/2006 .................................................. 1510
- Physical Agility Testing (PAT) Policy, Version 1.1 dtd 7/1/2008 ..................................................... 1515

**Section 1500: Additional SRM Policies**

<table>
<thead>
<tr>
<th>Rule Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserved</td>
<td>XXXX</td>
</tr>
</tbody>
</table>

**Section 1600: Tools and Job Aids**

<table>
<thead>
<tr>
<th>Rule Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserved</td>
<td>XXXX</td>
</tr>
</tbody>
</table>

**Section 1700: References**

<table>
<thead>
<tr>
<th>Rule Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserved</td>
<td>XXXX</td>
</tr>
</tbody>
</table>
From: Ron Thackery, AMR Corporate Vice President of Professional Services  
To: All AMR  

Date: February 1, 2010  

Subject: Infection Control Program Annual Review  

1. In accordance with federal regulation (29 CFR 1910.1030(c)(1)(iv) and corporate policy, AMR’s infection control program was reviewed in its entirety. The following policies that became effective on November 1, 2004 were reviewed and remain in effect until otherwise stated:

   - Infection Control Policy, SRM 1205  
   - Employee Vaccination and Titer Policy, SRM 1210  
   - TB Exposure Prevention and Skin Testing Policy, SRM 1215  
   - Infection Control Training Policy, SRM 1220  
   - Cleaning and Disinfections Control Policy, SRM 1225  
   - Sharps Exposure Prevention Policy, SRM 1230  
   - PPE for Infection Control Policy, SRM 1235  
   - Post Exposure Management Policy, SRM 1245  

2. Safer Medical Devices & Technology was extensively reviewed. Changes in technology that eliminate or reduce exposure to blood-borne pathogens were implemented and are reflected, in accordance with 29 CFR 1910.1030(c)(1)(iv)(A). Safer Medical Devices were also considered and implemented in accordance with 29 CFR 1910.1030(c)(1)(iv)(B). The National Equipment Evaluation Team’s - Safer Medical Device & Technology Review is attached.
From: AMR National Equipment Evaluation Team
Led jointly by:
  Ron Thackery, Corporate Vice President of Professional Services
  Valerie Gaither, Corporate Director of Purchasing

To: All AMR Operations

Date: February 1, 2010

SAFER MEDICAL DEVICE & TECHNOLOGY REVIEW

1. This summary reflects “changes in technology that eliminate or reduce exposure to blood borne pathogens”, in accordance with 29 CFR 1910.1030(c)(1)(iv)(A). This document also summarizes AMR’s annual “consideration and implementation of appropriate, commercially available and effective safer medical devices, designed to eliminate or minimize occupational exposure”; as required by 29 CFR 1910.1030 (c)(1)(iv)(B). While OSHA requires documenting annual review, AMR performs the function on an ongoing basis, throughout the year.

2. Through the National Equipment Evaluation Team and a National Clinical Leadership Committee, AMR:
   (a) Implemented the BAXTER Clearlink / Interlink System, Non-DEHP Solution Set with DUO-VENT Spike should eliminate occupational exposures. This is a Needleless and Universal EMS tube set. Besides being compatible with all hospital systems, the concept eliminated the need for using unprotected needles. Don Simpson an AMR purchasing director and Paramedic conceptualized the idea. BAXTER Healthcare Corporation manufactured the set and now AMR purchases it.
   (b) Implemented the VIDACARE EZ-IO. This device should minimize the risk of occupational exposure. There is no protected Intra Osseous Infusion (IO) needle commercially available. Currently, AMR uses different IO devices that are manually operated. Some have several stabilization needles as well as a hollow-bore needle. AMR evaluated the
VIDACARE EZ-IO in a lab setting. It's an efficient and safer power-drill devise equipped with only one unprotected needle and no stabilization needles. The manual IO will be phased out and the VIDACARE EZ-IO will be phased in.

3. In accordance with 29 CFR 1910.1030(c)(1)(v), AMR’s input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps.
   (a) First, AMR’s Infection Control Policy clearly states “All employees are encouraged to offer input on ways to improve the effectiveness of this Program, by submitting comments”. A copy of the Infection Control Plan was distributed to all existing employees and is given to all new hires.
   (b) Second, AMR has a National Equipment Evaluation Team that continuously solicits input. The Equipment / Product Recommendation Form 101 shall is used to document the recommendation. Recommendations for new products that would reduce injury from sharps, are forwarded to the Local Equipment Review Team (LERT) as outlined in the National Equipment Evaluation Team Policy effective June 1, 2005. The LERT often includes a safety supervisor, clinical education specialist and purchasing supervisor. The LERT may also serve as the Operation’s Safety Committee’s nucleus, along with field employees. A copy of exhibit A (form 101) and exhibit B (the NEET review packet) are attached. The LERT will forward both completed forms to the Regional Purchasing Director or NEET member as described in the NEET Policy.
   (c) Third, employees who sustain injuries from medical sharps are asked to provide input that is later reflected in the OSHA medical sharps log and available for study.
   (d) Despite all three open and ongoing solicitations, AMR didn’t receive any information from the field; needed to identify, evaluate and select effective engineering and work practice controls. However, during the past twelve months, AMR’s innovation and initiatives eliminated most unprotected medical sharps in EMS.

4. As part of this annual effort, AMR reviewed all medical sharp logs to determine how previous needlesticks occurred.
   (a) Most logs didn’t provide sufficient detail regarding the type and brand of the device in use at the time of the needle stick as required by 29 CFR 1910.1030(h)(5)(i).
   (b) Most logs didn’t include solicitation from employees responsible. They should have answered:
      (1) Would another sharp have been safer or more protective?
      (2) Are there other measures, aside from protective features, that could have prevented the sharps exposure?
5. Attached are forms that must be added to exposure packets at each operation. The exposed employee must complete the forms on the day of the exposure.
   (a) Exposures Involving Medical Sharps form. The information garnered from this form must be added to the STARS Database - Medical Sharps Tab. Information from that tab flows directly to each operation's OSHA Medical Sharps Log.
   (b) Unsafe Condition Report form
   (c) NEET Exhibit A form
   (d) NEET Exhibit B form

6. A few operations previously selected using B-Braun protected catheters. However, B-Braun products proved to be unsafe for use at AMR.
   (a) Unfortunately, one of the operations experienced a disproportionate higher number of needle sticks. AMR wouldn't have realized this disparity if every operation was using B-Braun products or if AMR didn't have the means of comparing exposures between operations.
   (b) Many of the needlesticks occurred while disposing into a sharps container, in a moving vehicle. While the B-Braun product was engineered with a protected feature, it wasn't safe. The protected feature didn't withstand pressure when the sharp was pressed against the sharps container. Hence the needle was unsheathed.

7. AMR supply rooms were randomly audited and many unprotected sharps were discovered.
   (a) The only unprotected sharps in use at AMR should be Intra Osseous Infusion needles and Emergency Cricothyrotomy Devices for which there are no engineered safety-substitutes available.
   (b) The discoveries included TERUMO syringes with unprotected needles, unprotected BD Precision Glide needles, unprotected Abbott Laboratories Butterfly Infusion Sets, and unprotected spinal needles. Three of the four products had an engineered substitute available. The spinal needles had no viable purpose at AMR. All of these unapproved and unprotected sharps were immediately purged from AMR's supply rooms.
   (c) The source of the unprotected needles is suspected to be a combination of hospital-supplied products and AMR purchasing errors. In the future, each AMR operation will look for, remove and dispose of unapproved unprotected sharps found in supply rooms, while performing inventories.

8. Changes were made to preclude purchasing errors that result in stocking unprotected and unapproved sharps. AMR decided to purchase only Smith-Kline protected tuberculin needles and Becton Dickinson & Company (BD) sharps with engineered safety injury protection that includes, but not limited to: BD Protective IV Catheters, BD VACUTAINER Brand Safety-Lok Blood Collection Sets and BD Lancets. AMR's purchasing system, ProcureIT, was modified to block any attempt to purchase unapproved or unprotected sharps. This measure will reduce the possibility that unprotected sharps are used.
9. Unprotected lancets contributed toward many needle sticks. AMR prohibits EMS personnel from using unprotected lancets. AMR purchases protected spring-loaded lancets for use. Unprotected lancets were obtained from new Glucometer kits and diabetic patients.

   (a) AMR personnel are prohibited from using unprotected lancets that patients offer for use or are found in new Glucometer kits. Unfortunately, unprotected lancets are packaged with new Glucometers. AMR has no control over the manufacturer's packaging and there is no other commercial substitute available. Therefore, each operation must ensure unprotected lancets are removed from new Glucometer kits and disposed of, before placing the kits into service.

   (b) Untidy diabetics also contributed to needle sticks. EMS personnel were often stuck by contaminated and unprotected lancets found to be hidden in bed sheets and handbags.

10. Unsafe practices also contributed to some needlesticks. AMR has always prohibited setting contaminated sharps down for later disposal or passing them onto other persons for disposal. Unfortunately, some chose to violate both of these policies and contaminated needlesticks occurred.

11. Uncooperative and combative patients contributed toward most needle sticks. Protected catheters were in use, but due to unpredictable and erratic jerking movement, field crews were exposed while attempting to insert (advance) the protected catheters.

12. Drug abusing patients contributed toward some contaminated needlesticks. AMR personnel attempting to lift patients were stuck by unprotected needles, hidden from plain view, in the patient's pocket.

13. AMR's National Equipment Evaluation Team and the Clinical Leadership Committee recently initiated two studies that may reduce or eliminate exposure to Bloodborne pathogens through changes in technology. Sharps Container and Alternate Airway Management studies were recently initiated. The findings will be reported in the next annual report.
EXPOSURES INVOLVING MEDICAL SHARP

1. Was Medical Sharp provided by:
   (a) Patient
   (b) Unknown Party
   (c) Hospital Supply
   (d) AMR Supply

2. To the best of your ability, please specify medical sharp type and brand, in use, when the exposure occurred. If necessary, attach empty packaging.
   Here are examples that specify Brand, Type and Model:
   - BD Interlink Vial Access Cannula (Reorder No. 303401), used with a Precision Glide Needle, 25G1 (Reorder No. 305125)
   - BD Angiocath, IV Catheter 14Ga x 1.88 in. (Reference No. 381167)
   - BD 10ml Syringe with Twin Pack (Reorder No. 303393). Steel blunt I.V. needle end contributed to stick.
   **Brand, Type and Model:**

3. If exposure occurred as a result of a Medical Sharp, please circle one answer to each of the following questions.
   **Employee opinion 1:** Would another sharp have been safer or more protective?
   (a) No, other protective sharp is safer.
   (b) Yes, other protective sharp is safer. I've completed Exhibit A for consideration.
   (c) I choose not to provide opinion.
   (d) N/A - was not a medical sharp.
   **Employee opinion 2:** Are there other measures, aside from protective features, that could have prevented the sharps exposure?
   (a) No other way to avoid injury.
   (b) Yes, there is another way. I've completed an unsafe condition report for consideration.
   (c) I choose not to provide opinion.
   (d) N/A - was not a medical sharp.

Employee signature: ___________________________ Date: __________________
UNSAFE CONDITION REPORT

The form provides a means for any concerned individual, to report conditions that are known or perceived to be unsafe. Providing detailed information, in addition to specific corrective action you're requesting will aid in timely evaluation and corrective action.

Print name of employee making report: ________________________________

1. What best describes the unsafe condition's potential for injury or illness?
   (a) Actually resulted in injury or illness.
   (b) Almost resulted in injury or illness.
   (c) Might result in injury or illness.
   (d) Won't result in injury or illness.

2. What best describes the unsafe condition's potential for property damage?
   (a) Actually resulted in property damage.
   (b) Almost resulted in property damage.
   (c) Might result in property damage.
   (d) Won't result in property damage.

3. When (time & date) was unsafe condition last observed? ________________________________

4. Where was unsafe condition observed? ____________________________________________

5. What is the unsafe condition (describe)? ____________________________________________

6. Does the unsafe condition currently exist, or will it recur? YES or NO

7. What corrective action are you proposing? ____________________________________________

8. Is your proposal, feasible? YES or UNKNOWN or NOT REALLY or NO

Signed: ____________________________________________ Date: __________
If you complete this form and an Unsafe Condition Report or an Exposure Involving Medical Sharps Form, your input will be forwarded to the Local Equipment Evaluation Team for review.

Exhibit A

Local Recommendation to NEET
Equipment/Product Recommendation Form 101

Instructions:
Send this report to the National Equipment Evaluation Team following evaluation of a product by your local Equipment Evaluation Team, CES representative or Operations Manager if:

1) Findings show a potential positive impact on reimbursement level under the CMS Fee Schedule by the addition of this item/product, or
2) Findings show a potential cost savings over a currently utilized item/product, or
3) Purchase of this item may violate an existing contract or agreement held by AMR nationally, or
4) This item has an exceptional impact on patient care or customer service, or
5) Test of this product demonstrated a positive impact on employee safety or clinical outcome.

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Product/Item Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Manufacturer:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Source:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location performing Evaluation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Person submitting this form:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Which of the 5 points above triggered the submission of this form?</th>
</tr>
</thead>
</table>

Please attach all local evaluation summaries and comments using this form as a cover sheet and submit to Regional Purchasing or NEET member.
Exhibit B

NEET REVIEW PACKET

PRODUCT OR EQUIPMENT: 
☐ Replace current product
☐ Introduce new product
☐ Other ____________________________

VENDOR: ________________________________

REASON FOR REQUEST:
☐ New technology
☐ Used & previously liked
☐ Seen at conference, desired
☐ Addresses a patient care problem
☐ Cost savings
☐ Vendor service
☐ Other ____________________________

PROJECTED USE:
☐ Location wide
☐ Region wide
☐ Location specialty unit only, i.e. CCT
☐ Nationwide

PATIENT USE:
☐ Single patient use
☐ Multiple patient use

Name: ________________________________

Manager or Director Approval: ________________________________

Location (City/State): ____________________________ Date: __________

Please complete all pages.

Submit to: Regional Purchasing/Procurement or NEET Member

NEET Response:
☐ Further evaluation approved
☐ Further evaluation not approved, why:

_____________________________________________________

☐ No further evaluation required, okay to order
BACKGROUND:
American Medical Response (AMR) recognizes that physical injury and illness is an occupational health hazard. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

PURPOSE:
The purpose / intent of the Injury and Illness Prevention Policy is to: (1) provide a structured approach to the organization's desire to effectively identify, evaluate, and control occupational safety and health hazards, (2) summarize AMR's approach to basic safety and health management issues, and (3) to comply with applicable regulations.

APPLIES TO:
This policy applies to all AMR employees.

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

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of occupational injury or illness, please contact your supervisor.
1.0 It is the policy of AMR to:

1.1 Achieve and sustain full compliance with federal and state safety regulations that govern development and implementation of an effective Injury and Illness Prevention Policy or equivalent.

1.2 Provide each employee a safe environment in which to work.

1.3 Ensure that this written Policy is readily available to employees for reference.

1.4 Seek out and implement feasible engineering and administrative controls such that complete reliance on work practice and personal protective equipment (PPE) controls is minimized.

1.5 Establish a system of accountability within the organization such that ownership of critical responsibilities is understood and injury and illness prevention tasks are managed along with other operational or departmental concerns.

1.6 Investigate and document the circumstances of each reported unsafe condition, employee injury, illness, unsafe act, or system failure to determine and implement corrective actions that will reduce the risk of similar events in the future.

1.7 Enforce and reinforce the provisions of this entire written Policy such that employee risk of occupational injury and illness is reduced.

PROCEDURES

2.0 Roles and Responsibilities

2.1 This section provides a summary of the basic roles and responsibilities that are crucial in the injury and illness prevention process. The responsibilities which follow are complimentary to those detailed in the Company’s other written health and safety policies, procedures, job descriptions, action plans, and other tools used to convey expectations throughout the organization.

2.2 Chief Executive Officer

(a) The Chief Executive Officer, CEO, works with the organization's leadership team to establish, promote, and sustain a safe and healthful work environment. He/she participates in the organization's safety improvement process by:

   (1) Championing safety and health as a key organizational value and setting expectations accordingly with leadership staff

   (2) Assuring a management culture is established that supports full compliance with safety related policies and procedures

   (3) Providing leadership among internal staff and union officials to improve employee health, safety, and compliance with applicable regulations

   (4) Identifying and addressing significant organizational barriers to safety improvement

2.3 Operation & Department Vice Presidents

(a) Each Operation or Department Vice President provides safety and health leadership and problem solving skills within their area of concern. Vice Presidents participate in the safety improvement process by:

   (1) Leading and supporting the development of a safety-oriented culture among all employees
(2) Setting clear expectations related to full and consistent implementation of safety policies and procedures and the need to make timely corrections when deficiencies are identified.

(3) Taking steps to periodically evaluate the quality and consistency of safety and health policy implementation in each business unit and holding management staff accountable for both safety-related successes and shortcomings.

(4) Requiring development and execution of specific action plans to address significant safety and health issues or loss trends within an operation(s) or department(s).

(5) Seeking opportunities to visibly lead and support safety improvement initiatives.

2.4 Local Operations Director or Department Director/Manager

(a) The local Operations Director or Department Director/Manager has the responsibility to ensure full and consistent implementation of AMR's health and safety policies within his/her area of concern. He/she participates in the safety improvement process by:

(1) Taking steps to assure supervisory staff understand the contents and application of all safety and health policies and procedures.

(2) Developing local safety policies or procedures to address unique safety and health issues which are not addressed by AMR's national SRM policies.

(3) Assigning key safety responsibilities and tasks to staff within the operation or department and following-up to ensure completion.

(4) Reviewing safety related activities and results metrics as a basis for planning and implementing local improvements or to recognize measured improvements.

(5) Ensuring positive feedback and recognition is received among local staff and employees for their safety performance and fulfillment of safety related responsibilities.

(6) Enforcing and reinforcing the company's safety and health policies through consistent issuance of corrective actions (including discipline, remedial training, coaching, etc.) as appropriate.

2.5 Field or Department Supervisors

(a) To support AMR's safety and health process, Field or Department Supervisors are primarily responsible for directly interacting with their employees on matters related to safety and health and for determining, through investigation, the need for post-incident corrective actions. Each supervisor participates in the safety improvement process by:

(1) Keeping abreast of company safety policies.

(2) Ensuring employees understand and are able to meet company safety expectations.

(3) Monitoring employee safety performance in the field or within their department and providing on-the-job safety training or coaching when needed.

(4) Recognizing employees who work safely while also enforcing company policies fairly and uniformly whenever indicated.

(5) Performing incident investigations to discover causal factors, and then seeing that corrective actions are carried out to reduce the likelihood of recurrence.

(6) Identifying and correcting unsafe conditions or work practices in a timely fashion.
2.6 Local Safety Coordinator

(a) The Local Safety Coordinator, if so designated, is responsible to monitor and guide the day-to-day implementation efforts of AMR's health and safety policies at the local level. In addition to serving as a local safety and health resource to his/her peer supervisors and employees, he/she participates in the safety improvement process by:

1. Verifying safety, health and regulatory compliance through documented site visits, inspections, field observations, and policy implementation audits.
2. Actively supporting and locally championing the implementation of new/revised safety policies or procedures.
3. Attending and participating in periodic Safety Coordinator meetings, which are hosted by AMR's dedicated Safety and Risk Management Department.
4. Assisting with local safety training for supervisory staff and employees.
5. Initiating and supporting a local safety committee or similar process.
6. Assisting the local director or manager to identify and prioritize safety-related endeavors that should be undertaken based on both pre and post-loss information.

2.7 All Employees

(a) In addition to taking responsibility for their own safety and health, all employees are responsible for participating in the safety improvement process by:

1. Knowing and consistently following the provisions of AMR's safety policies and procedures.
2. Requesting assistance if clarification on AMR's expectations is needed or if a constraint prevents compliance with those expectations.
3. Reporting safety or risk-related incidents, including occupational injuries, illnesses, vehicle collisions, unsafe acts, unsafe conditions, or presence of unsafe equipment in the workplace immediately or as soon as possible thereafter.
4. Using personal protective equipment (PPE) in accordance with AMR's standards.
5. Actively assisting co-workers to work safely whenever a possibility to do so arises.

2.8 Safety and Risk Management Department Staff

(a) Safety & Risk Management (SRM) staff provide overall leadership, development and support of AMR's safety and health program. Detailed SRM job descriptions are available upon request. In general, SRM staff members participate in the safety improvement process by:

1. Supporting and enabling all operations and departments to successfully carry out their safety-related roles and responsibilities.
2. Carrying out standardized or ad-hoc policy development and revision tasks.
3. Monitoring organizational compliance with applicable safety and health regulations.
4. Developing methods to measure safety activities and results.
5. Reporting safety or loss-related issues and trends to appropriate levels of management for consideration and correction.
6. Supporting development and implementation of solutions to identified safety problems.
3.0 Hazard Identification

3.1 AMR recognizes that hazard identification / analysis is a critical step in reducing employee risk of injury or illness in the workplace. The company's system for identifying and evaluating occupational safety and health hazards includes the following:

(a) Reviewing applicable safety regulations which apply to the operation or department

(b) Reviewing both process and task-level steps which may involve personal risk

(c) Conducting formal job safety analyses and task analysis activities when necessary

(d) Reviewing industry safety and hazard information, best practices from other companies, and published safety and health hazard information such as MSDS', NIOSH studies, etc.

(e) Investigations of all safety related incidents to determine causal factors

(f) As detailed in the AMR Safety Inspection Policy, conducting periodic workplace, vehicle and equipment inspections to identify potential hazards

(g) Receiving input and opinions from line employees, management, Local Safety Committees and others regarding potential hazards in the workplace 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.
The content and learning points of AMR’s safety and health training is defined in AMR’s safety and health policies or can be learned by reviewing the associated training program materials. In general, the following topics are covered [which may vary based on employee job classification or work assignments]:

(a) Explanation of AMR’s safety policies and procedures, with an opportunity to ask questions.
(b) Information about chemical hazards to which employees could be exposed as well as other HAZCOM Policy information.
(c) Engineering, administrative and work practices that are utilized or expected by the Company.
(d) Work practice controls employees are expected to follow while completing their job assignments.
(e) Proper selection and use of appropriate safety equipment and PPE including gloves, eyewear, and other PPE as required by regulation or as needed.
(f) Specific information regarding workplace hazards that are unique to an employee’s work assignments, to the extent that such information was not already provided.

8.0 IIPP Recordkeeping

8.1 AMR’s IIPP recordkeeping consists of the following:
(a) Records of scheduled and periodic inspections include the name of the person(s) conducting the inspection, the unsafe conditions or work practices identified, and action(s) taken to correct said unsafe conditions or practices.
(b) Documentation of safety and health training that includes, at minimum, the employee name, training date, type of training, and training provider(s). If required by regulation or AMR, training records will also include other information.
(c) Documentation related to enforcement and reinforcement of AMR safety policies and procedures.
(d) Records identified in Sections (a) through (c) above are to be maintained for at least three (3) years. Other safety related records shall be maintained for the duration specified by the Safety and Risk Management Department.
(e) OSHA Form 300 and related documentation is maintained electronically by the Safety and Risk Management Department.

9.0 IIPP Related Policies / Procedures

9.1 In addition to this policy, AMR maintains a number of other complimentary policies that meet or exceed existing safety and health regulations. Such policies are incorporated by reference into AMR’s overall Injury and Illness Prevention Program.

9.2 AMR also maintains policies that cover infection control and exposure prevention.

9.3 Local AMR operations / departments may also maintain additional [non-conflicting] safety policies or procedures that compliment / augment AMR’s national policies.

10.0 Exceptions

10.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.
AMR SAFETY INCIDENT REPORTING POLICY

SECTION  TOPIC  PAGE
*  INTRODUCTION  1
1.0  POLICY STATEMENT  2
2.0  SAFETY INCIDENT REPORTING REQUIREMENTS  2
3.0  UP-CHAIN NOTIFICATIONS  2
4.0  EMPLOYEE EDUCATION AND TRAINING  3
5.0  EXCEPTIONS  3

BACKGROUND:
American Medical Response (AMR) recognizes that providing medical response and transportation services and the associated support functions involve personal and organizational risks. To protect employees and the Company from harm, it is necessary to establish the means through which the management team can be notified of certain types of incidents in a timely fashion.

While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to: (1) provide as safe a workplace as possible, (2) take prudent / reasonable measures to safeguard each patient in our care, and (3) comply with all applicable safety laws and regulations.

PURPOSE:
The purpose of the AMR Safety Incident Reporting Policy is to provide a structured approach to communications such that appropriate resources can be engaged in a timely fashion subsequent to a safety incident occurring in the workplace.

APPLIES TO:
This policy applies to all AMR employees

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

Employees are required to familiarize themselves with these expectations. To obtain further information about incident reporting / notification requirements, please contact your supervisor.
1.0 It is the policy of AMR to:

1.1 Require employees to report safety, health or risk-related incidents ["Safety Incidents"] to the Company in a timely fashion.

1.2 Establish and support up-chain notification standards to ensure appropriate staff members and resources are engaged once a safety incident is identified or reported.

1.3 Provide documented education and training in support of this policy and its objectives.

1.4 Carry out documented corrective actions whenever necessary to address a knowledge, skill or motivational issue that reduces an employee's ability to follow this policy as part of their official job responsibilities.

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

PROCEDURES

2.0 Safety Incident Reporting Requirements

2.1 In addition to locally-specified reporting triggers or those found in other AMR policies, employees are required to report the following incidents to their supervisor immediately or as soon as possible thereafter:

(a) Occupational injuries, illnesses and exposures

(b) Patient mishaps, including gurney tips / drops, patient drops, clinical errors, etc.

(c) Alleged or known injury to a patient in the care of AMR employees

(d) Vehicle mishaps, including collisions, body damage, critical failures during a call, etc.

(e) Failure of a critical medical device during the care of a patient

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

(g) Presence of a regulatory inspector or other official on AMR property

(g) Other incidents or circumstances that involve employee safety or potential risk to the Company.

3.0 Up-Chain Notifications

3.1 The operation or department supervisor, upon receipt of an employee report of the items specified in Section 2.0 above, should notify:

(a) His or her local Manager / Director, as specified locally

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

3.2 The local Manager / Director is responsible for notifying his / her Vice President as necessary.

3.3 The AMR Safety and Risk Department staff may also notify the appropriate Vice President, CEO and / or other resources if it appears prudent to do so.
4.0 Employee Education and Training

4.1 All employees should receive education on this policy's provisions as part of their initial orientation experience.

4.2 Remedial training will be provided as appropriate.

5.0 Exceptions

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

## Background:
American Medical Response (AMR) recognizes that AMR facilities, vehicles and equipment can involve certain occupational safety or health hazards. In addition, patients can be put at risk of injury due to equipment mishap or malfunction. To reduce this risk, hazards must be recognized and corrected in a timely fashion. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to: (1) provide as safe a workplace as possible, (2) take prudent / reasonable measures to safeguard each patient in our care, and (3) comply with all applicable safety laws and regulations.

## Purpose:
The purpose of the *AMR Safety Inspection Policy* is to provide a structured approach that effectively assists employees and the company to identify workplace or equipment hazards such that corrective actions can be taken. In addition, safety inspections are an integral component of a key safety, health, risk management and regulatory concerns that AMR must be responsive to during the course of providing medical care and transportation services.

## Applies To:
This policy applies to all AMR employees and locations.

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

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of injury or illness caused by physical hazards in the workplace, please contact your supervisor.

---

**SECTION** | **TOPIC** | **PAGE**
---|---|---
* | INTRODUCTION | 1
1.0 | POLICY STATEMENT | 2
2.0 | INSPECTION TRIGGERS / INDICATORS | 2
3.0 | SAFETY INSPECTION RESPONSIBILITIES | 2
4.0 | HAZARD INTERVENTION / CORRECTION | 3
5.0 | INSPECTION DOCUMENTATION | 3
6.0 | EDUCATION AND TRAINING | 4
7.0 | EXCEPTIONS | 4

** ATTACHMENTS **
A. SAFETY INSPECTION FREQUENCY & RESPONSIBILITY MATRIX | 5
It is the Policy of AMR to:

1.1 Provide facilities, vehicles and equipment that are clean, safe and in service-ready condition

1.2 Establish and consistently reinforce effective safety inspection procedures

1.3 Take action to correct identified hazards in a timely and prudent fashion

1.4 Deny access to facilities, vehicles or equipment if an identified and significant hazard cannot be corrected timely enough to safeguard employees, patients or the general public

1.5 Administer effective facility, vehicle, and equipment maintenance programs such that the frequency and severity of physical safety hazards is minimized

1.6 Effectively document safety inspection efforts as well as any hazard correction steps taken

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

PROCEDURES

2.0 Inspection Triggers / Indicators

2.1 Programmed and documented safety inspections should be carried out, at minimum, according to the frequency established in Attachment A to this policy.

2.2 Additional programmed safety inspections can and should occur more frequently if local experience demonstrates that the minimum frequency is not effectively controlling the occurrence of hazards.

2.3 Other safety inspection indicators may include the following:
   (a) New facilities, vehicles or equipment are initially placed into service
   (b) An employee reports one or more hazardous conditions to management that are appropriate to address by carrying out a documented safety inspection such that the Company can understand the concerns, confirm the presence or absence of a hazardous condition, evaluate the severity of the hazard, or determine how to correct the problem.
   (c) Vehicles or critical equipment are not operating normally
   (d) As required by safety regulation or other AMR policy
   (e) More than one employee reports onset of illness subsequent to common exposure to an AMR facility, work area or condition
   (f) To confirm and document that one or more significant hazards have been fully abated, depending on the nature of the hazard and other circumstances

3.0 Safety Inspection Responsibilities

3.1 In general, operations management are responsible for inspecting the facilities they own or lease, including crew quarters, deployment centers, administrative offices, etc. Therefore, the local Operations Director or designee must effectively set expectations with local staff related to their participation in the facility safety inspection process and periodically assess whether such expectations are met.
3.2 Support service directors or designees are responsible for establishing expectations with their staff members regarding safety inspection of vehicles, equipment, or work areas that fall directly within their department’s jurisdiction.

3.3 Field or non-field employees are responsible to carry out documented safety inspections of their work areas if doing so is formally assigned to them by local management.

3.4 Other resources that may be called upon to complete safety inspections include:
   (a) Local Safety Committee participants
   (b) Employees assigned to a particular vehicle, crew quarters or facility work area
   (c) Local Safety Coordinator, if so designated
   (d) Field or department supervisors
   (e) Safety and Risk Management staff, if appropriate based on the nature or severity of a previously recognized hazard(s) that requires specialized review.

4.0 Hazard Intervention / Correction

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

4.2 Depending on the nature and severity of an identified hazard within an AMR facility, employees may be requested to correct the problem as a job assignment. However, if such a request is made by local management, employees should only attempt to correct the problem if all the following criteria are met:
   (a) The employee has been assigned to correct the problem by management, and
   (b) It is safe and feasible for him / her to do so, and
   (c) Efforts to correct the hazard will not put other individuals at risk or create new hazards, and
   (d) The employee will not suffer any lost wages or incur any personal expenses.

4.3 Significant hazards that cannot be corrected immediately may trigger the need to cordon off the area, deny access to the facility or equipment, or take other assertive measures to protect employees / individuals until such time that the hazard is fully addressed.

4.4 Depending on the contents of AMR’s facility lease arrangements, responsibility to correct a recognized hazard may belong to either AMR or the facility landlord depending on the circumstances. However, despite a landlord’s responsibility, if any, AMR shall not knowingly expose employees to a significant safety hazard that the landlord has failed to abate in a timely fashion.

4.5 Subcontracted service providers or appropriately skilled AMR employees should be utilized whenever specialized skills or expertise is necessary to effectively address an identified hazard.

5.0 Inspection Documentation

5.1 Programmed safety inspections involve the use of specialized / standardized inspection report forms / tools. Impromptu or ad-hoc inspections, or those involving a very specific issue, may use other documentation as appropriate.
5.2 In most cases, AMR's Safety and Risk Management Department can provide programmed safety inspection documentation tools upon request.

5.3 All safety inspection documentation should include at least the following information:

(a) Operation or department name

(b) Facility location, specific vehicle or item inspected

(c) Date of inspection

(d) Name(s) of those carrying out the inspection

(e) A description of any hazards identified

(f) Absence of safety hazards, if that is the finding

(g) Signature and date

5.4 If hazards are discovered as part of a safety inspection, their correction shall be documented such that there is a clear link between hazard recognition and hazard correction. This can be done in the following ways:

(a) Amending or augmenting the safety inspection report form or documentation to include the steps taken, degree of abatement, signature and date

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

(c) Carrying out a second documented inspection of the same hazardous condition(s) to verify and document the absence of the original hazard

5.5 The responsible operation or department shall maintain an organized and current set of safety inspection records along with hazard abatement information. Such records should be retained for a minimum of three (3) years.

6.0 Education and Training

6.1 Most types of programmed inspections do not require specific education or training to carry out. Rather, the inspection process and items to be inspected are identified using AMR's turn-key form tools. However, if a need for safety inspection education or training arises, AMR's Safety and Risk Management staff or other appropriate resource can be contacted for assistance.

7.0 Exceptions

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

### Safety Inspection Frequency and Responsibility Matrix

<table>
<thead>
<tr>
<th>Item</th>
<th>Minimum Frequency</th>
<th>Responsible Person(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance and Equipment</td>
<td>Daily</td>
<td>On-Duty Crew</td>
</tr>
<tr>
<td>Ambulance (mechanical)</td>
<td>Every 5,000 miles</td>
<td>Director of Fleet or Designee</td>
</tr>
<tr>
<td>Gurney / Stretcher / Wheelchair</td>
<td>Coincides with vehicle PM</td>
<td>Director of Fleet or Designee</td>
</tr>
<tr>
<td>Station / Crew's Quarters</td>
<td>Monthly</td>
<td>Operations Director or Designee</td>
</tr>
<tr>
<td>Ambulance and Scene</td>
<td>Unscheduled spot checks</td>
<td>Field Supervisor</td>
</tr>
<tr>
<td>Offices, Communications Centers, Break Rooms</td>
<td>Quarterly</td>
<td>Area Director / Manager or Designee</td>
</tr>
<tr>
<td>Maintenance shops (critical areas)</td>
<td>Daily</td>
<td>Director of Fleet or Designee</td>
</tr>
<tr>
<td>Maintenance Shop and Related Areas</td>
<td>Monthly</td>
<td>Director of Fleet or Designee</td>
</tr>
<tr>
<td>Storerooms, Warehouses and Related Areas</td>
<td>Quarterly</td>
<td>Director / Manager of Materials or Designee</td>
</tr>
<tr>
<td>Wheelchair Vans, Gurney Cars, Courier Vans, Supply Vans, and Equipment</td>
<td>Daily</td>
<td>Driver</td>
</tr>
<tr>
<td>Wheelchair Vans, Gurney Cars, Courier Vans, Supply Vans, and Equipment (mechanical)</td>
<td>Every 5,000 miles</td>
<td>Director of Fleet or Designee</td>
</tr>
</tbody>
</table>
# AMR Patient Handling Policy

**SECTION** | **TOPIC** | **PAGE**
--- | --- | ---
* | INTRODUCTION | 1
1.0 | POLICY STATEMENT | 2
2.0 | GENERAL PROVISIONS | 2
3.0 | PATIENT HANDLING RESOURCES | 2
4.0 | MANDATORY ASSISTANCE REQUESTS | 3
5.0 | TRANSFER DEVICE AND AIDS PROCEDURES | 3
6.0 | PATIENT EXTRACTION/EXTRICATION | 4
7.0 | EMPLOYEE EDUCATION AND TRAINING | 4
8.0 | EXCEPTIONS | 4

## BACKGROUND:

American Medical Response (AMR) recognizes that lifting and/or moving patients during the course of providing medical response and transportation services involves occupational health hazards. AMR has an interest in establishing methods to reduce this risk.

While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to: (1) provide a safe workplace, (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 Patient Handling Policy* is to address safe patient handling through the use of transfer assistance devices, thus, helping to reduce the risk of personal or patient injury in the field setting. The use of friction reducing devices reduces the friction that occurs when laterally transferring patients from one horizontal surface to another. This policy replaces the AMR Lift Assist Policy - SRM #1120 dated November 1, 2004 in its entirety. Information specific to Gurneys is located in the AMR Gurney Safety Policy - SRM #1125.

## APPLIES TO:

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

## ENFORCEABILITY:

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

Employees are required to familiarize themselves with these expectations. To obtain further information about the use of lift assists, patient handling devices or how to reduce the risk of lifting-related injury, please contact your supervisor or local safety officer.
1.0 It is the policy of AMR to:

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

1.2 Provide documented education and training in support of this policy and its objectives

1.3 Carry out documented corrective action whenever necessary to address a knowledge, skill or motivational issue that reduces an employee's ability to follow this policy

1.4 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 General Provisions

2.1 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.

2.2 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 ambulance. In doing so, they will be available to assist if needed to lift, transfer, or move the patient outside, to ground level, where safe patient treatment can continue; and safe transportation can begin. Allied agencies, skilled and experienced in extrication, are responsible for structural modification such as widening building doorways to establish a clear exit path and cutting away metal for the removal of injured persons from vehicles.

2.3 To request a lift assist using resources that are not already at the scene, employees should follow locally established procedures. AMR Communications and Operations Management Teams are encouraged to develop procedures for making such request.

2.4 In cases where a lift assist is utilized in the field, Communications is encouraged to contact the receiving facility in advance so that lift assist resources can be ready upon their arrival.

2.5 Employees shall utilize transfer assistance devices where available.

3.0 Patient Handling Resources

3.1 The movement of patients to and from gurneys and hospital beds should involve the use of any approved lateral transfer devices.

3.2 Assistance with lifting or patient transfer may include the following resources:

(a) Trained Paramedic interns and EMT students

(b) Allied agency responders in the field or hospital staff within facilities

(c) Capable family members or bystanders, if it appears safe for them to participate

(d) Field supervisor(s), if available

(e) Additional AMR field employees, if available

AMR Safety and Risk Management
<< Proprietary Materials >>
(f) Lateral transfer devices such as low friction transfer sheets, slide boards, backboards, hover mats, and hover lifts

(g) Stair Chairs 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.

4.0 Mandatory Assistance Requests

4.1 Employees must use one or more of the above resources to assist with lifting or moving of a patient if:

(a) The patient’s weight, position or other circumstance may involve lifting / movement loads that exceed an employee’s perception of their own safe capability.

(b) * The weight of the patient is determined to be in excess of 300 pounds

4.2 Once a lift assist has been requested, employees must request and receive permission from an operations supervisor, before attempting to perform lifts without assistance.

5.0 Transfer Devices and Aids Use Procedures

5.1 When utilizing a transfer device, the below procedures must be followed to ensure the safest transfer for the patient and crew:

(a) Crew members must utilize the procedures outlined during the orientation training period for the type device available when using the device during the course of duty.

(b) * Both the bed and the gurney wheel locks must be engaged prior to maneuvering patient.

(c) Before transferring the patient from one surface to the other, both crew members must be on the opposite side of the apparatus the patient is being transferred to so that both may slide the patient across together, without lifting.

6.0 Patient Extraction/Extrication

6.1 AMR personnel may remove, a patient from a vehicle involved in a motor vehicle crash if it is safe to do so.

6.2 Extrication means to disentangle and implies a painstaking separation. AMR personnel should not attempt to extricate patients unless:

(a) Training that is recognized and approved by AMR management was successfully completed,

(b) Extrication can be performed without jeopardizing AMR personnel’s health and well-being.

7.0 Education and Training

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

7.2 All field employees shall receive training for any transfer devices the operation utilizes. Field employees shall also receive annual refresher training on these devices.

7.3 Training shall be performed by FTOs or CES staff utilizing curricula developed by SRM.
7.4 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 injury sustained while handling patients.

8.0 Exceptions

8.1 Any exception(s) to this policy must be approved by the National Vice President of Professional Services, in writing, and in advance of any such exception(s) being taken.
BACKGROUND:
American Medical Response (AMR) recognizes that using a gurney during the course of providing medical response and transportation services involves occupational health hazards. In addition, patients can be put at risk of injury due to improper gurney use, mishap or mechanical malfunction. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to: (1) provide as safe a workplace as possible, (2) take prudent / reasonable measures to safeguard each patient in our care, and (3) comply with all applicable safety laws and regulations.

PURPOSE:
The purpose of the AMR Gurney Safety Policy is to provide a structured approach that effectively addresses the key safety, health, risk management and regulatory issues that relate to use of gurneys in the field setting.

APPLIES TO:
This policy applies to all AMR field employees who operate gurneys as part of their job duties and responsibilities.

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

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of gurney mishap, please contact your supervisor.
1.0 It is the Policy of AMR to:

1.1 Provide gurneys that are in clean, safe and service-ready condition.

1.2 Favor purchase and deployment of X-frame gurney designs rather than fold-away undercarriage designs, and to phase out all fold-away undercarriage gurneys through attrition or as prescribed by a separately prepared and approved transition plan in each AMR region.

1.3 Establish and consistently reinforce effective procedures that reduce or eliminate the risk of employee or patient injury related to gurney use in the field setting.

1.4 Provide employees with documented education and training on proper gurney use.

1.5 Investigate potential mishaps or malfunctions such that appropriate corrective measures can be implemented.

1.6 Administer an effective preventive maintenance and gurney repair program.

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

PROCEDURES

NOTE: Not every element in this section applies equally well to all gurney designs/models currently deployed in the field. There are some differences in loading/unloading/utilization procedures between X-frame gurney designs and fold-away undercarriage designs. Therefore, based on the type of gurneys in use within each operation, some discretion is needed to interpret and apply these procedures.

2.0 Authorized Users / Allied Agency Assistance

2.1 AMR employees shall serve as the head and foot-end operators of the gurney, unless unusual circumstances exist such as a call involving multiple serious patients where AMR on-scene resources may be limited.

2.2 * Under no circumstances shall AMR employees permit non-employees to operate the undercarriage controls of a loaded gurney.

2.3 AMR employees are encouraged to use allied agency responders and/or other appropriate individuals to assist them with raising, lowering or rolling a loaded gurney. If such resources are utilized, they should be evenly positioned along the sides of the gurney and receive direction/task coaching in advance from AMR staff.

2.4 * Any gurney movement task that involves use of additional personnel [up, down, rolling, loading or unloading, etc.] shall be directed and controlled by an AMR employee, who must be in physical control of the gurney's undercarriage release levers at the foot-end.

3.0 Transferring a Patient to/from the Gurney

3.1 When transferring patients to/from the AMR gurney and another surface [e.g. bed, hospital gurney, etc.], employees should:

(a) Try to match the height of the gurney and the surface the patient will be transferred to/from. Brace or secure the gurney to keep it from suddenly shifting during the transfer.
(b) Utilize low-friction sheets, draw-sheets, slide boards or other transfer adjuncts as available
(c) Use allied agency / hospital staff to help distribute the patient's weight
(d) Pre-plan the transfer and use good verbal communication to coordinate the task
(e) Employ ways to support their upper torso with a free hand, knee or foot to provide better, leverage and help to reduce the total lifting / transfer load that is experienced.

4.0 Rolling a Loaded Gurney Safely

4.1 Given the increased chances of mishap while rolling a loaded gurney, AMR crews should:
(a) Preplan their route to minimize the number of obstacles that will be encountered, even if a longer path of travel is required
(b) Roll the gurney in a slow and controlled fashion, leading with the foot-end of the gurney whenever possible
(c) Pay careful attention to avoiding potential hazards such as pavement cracks, edges, holes, surface debris, door thresholds, etc.
(d) Keep at least three hands on the gurney
(e) Actively and assertively communicate with each other regarding potential hazards.

4.2 Gurneys with patients should not be rolled sideways or rotated laterally unless absolutely necessary, in which case both employees must have both hands on the gurney and be prepared to assume the full weight at first sign of tipping.

5.0 Loading an X-Frame Gurney / Patient into the Ambulance

5.1 All gurney designs require a minimum of two operators to safely load a patient into the ambulance. Regardless of gurney design, patient weight, or sense of urgency, an AMR employee shall not attempt to load a gurney [with a patient onboard] into the ambulance without assistance.

5.2 To safely load a patient on a gurney into the ambulance, the following techniques should be utilized in a slow and controlled fashion:
(a) Adjust the gurney to the appropriate height so that the safety latch on the gurney will engage the safety hook on the floor of the ambulance.
(b) Roll the head-end of the gurney into the ambulance and then draw it backwards in order to positively catch the safety hook on the floor of the ambulance.
(c) The foot-end operator must not activate the undercarriage controls until his/her partner [positioned at the side of the gurney nearest the bench seat] has visualized that the gurney's safety latch is fully engaged with the safety hook on the floor of the ambulance and has given a signal that it is safe to proceed.
(d) After the undercarriage controls have been activated, thereby releasing the undercarriage, the side-operator should raise the undercarriage in a smooth fashion while paying careful attention to body mechanics and potential pinch points that might catch hands, fingers, debris, blankets, gurney straps, oxygen tubing, etc., in the gurney's mechanisms.
(e) When the undercarriage is fully retracted, both operators should work together to slowly steer the gurney into the locking assembly in the ambulance. Reconfirm the gurney is locked in place before concluding the loading process.

6.0 Unloading an X-Frame Gurney from the Ambulance

6.1 All gurney designs require a minimum of two operators to safely unload a patient from the ambulance. Regardless of gurney design, patient weight, or sense of urgency, an AMR employee shall not attempt to unload a gurney [with a patient onboard] from the ambulance without assistance.

6.2 To safely unload a patient on a gurney from the ambulance, the following techniques should be utilized in a deliberate and controlled fashion:

(a) Check for and remove debris on the floor which might effectively block the engagement of the gurney's safety latch with the safety hook on the floor of the ambulance.

(b) When both operators are in position and ready, release the gurney from the locking mechanism and slowly draw the foot-end of the gurney out of the ambulance.

(c) As the gurney is drawn out of the ambulance, the operator at the side of the gurney should visually monitor the alignment between the safety latch and the ambulance's safety hook to ensure that the safety latch engages properly. Coach the foot-end operator as needed.

(d) The operator at the foot-end should not activate the undercarriage release mechanism unless his/her partner has given a clear signal that the safety latch is positively engaged with the safety hook and he/she is ready to assist the undercarriage down to the ground.

   (1) Due to causing excessive wear on the mechanisms and considerable patient discomfort, "hot dropping" the undercarriage is prohibited, regardless of whether a patient is on board the gurney. [A hot drop occurs when the foot-end operator releases the undercarriage without the benefit of a partner's help to slowly lower it to the ground].

   (2) The side-operator should pay careful attention to body mechanics while lowering the undercarriage to the ground.

(e) Before releasing the gurney's safety latch from the ambulance's safety hook, operators should confirm the undercarriage is locked and securely holding the patient's weight.

(f) After confirming the undercarriage is locked, the side-operator should release the gurney's safety latch. The gurney can now be rolled clear of the ambulance.

7.0 Heavy Patient Issues

7.1 While each operation may have separate policies, procedures and specialized equipment for the care and transport of bariatric [morbidly obese] patients, the following baseline gurney standards have been developed to guide AMR employees when faced with a heavy patient:

(a) If a patient's weight exceeds 300 pounds, AMR employees should strongly consider lowering the gurney to mid-height until such time as the gurney/patient is loaded into the ambulance. Doing so is an effective way to reduce the gurney's center of gravity and the risk of tipping over. The heavier the patient, the lower the gurney height should be. In more extreme cases, it may be prudent to keep the gurney in its lowest position at all times.
(b) Any time a patient's weight exceeds 600 pounds [or the gurney's labeled weight capacity, whichever is less] there is a possibility of slight mechanical damage, fatigue or deformation of critical gurney components. Therefore, in such cases, employees must:

(1) Contact a supervisor for guidance and follow locally established procedures regarding how to obtain a safety / mechanical inspection before using the gurney again.

(2) If the inspection cannot be done immediately, tag the gurney "Out of service" and securely attach a written description of the patient's weight, the need for a safety / mechanical inspection, the names of the employees who ran the heavy-patient call, the date, and any other relevant information.

8.0 Gurney / Patient Restraint Systems

8.1 Local management is responsible for ensuring that all gurneys are equipped with both lateral straps and an over-the-shoulder patient safety harness, and for purchasing replacements as needed.

8.2 To safeguard each patient during transport, employees must:

(a) Ensure their gurney is equipped with clean and serviceable over-the-shoulder and lateral patient safety straps as part of their pre-shift check-out routine

(b) Use the over-the-shoulder safety harness on each patient, except in the rare circumstances where a specific medical procedure or patient circumstance requires it to be temporarily disconnected

(c) Secure patients to the gurney with at least two lateral safety straps in addition to use of over-the-shoulder patient safety harness

(d) To ensure the over-the-shoulder harness and lateral safety straps are available on each call and for each AMR crew, never remove the straps from the gurney except momentarily for routine cleaning or maintenance tasks.

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

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

(a) Each operation is encouraged to develop local policies and procedures regarding the purchase, storage, deployment and use of infant / child restraint devices in their area.

(b) Unless contraindicated by a specific medical condition, infants and children under the age of 6 and/or less than sixty (60) pounds in weight should be transported in an appropriate infant / child restraint device that is secured to the gurney (see Attachment A) whenever possible.

(1) The infant or child's own restraint device may be used [if it is in working order and readily available] or an AMR-provided infant / child restraint device can be used.

(c) In terms of patient restraint, 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.

(d) Contact a field supervisor for guidance as needed.
9.0 Employee Education and Training

9.1 Every field-care provider who is expected to operate a gurney as a part of their job duties shall receive documented education and training on the following occasions:

(a) Initial Orientation

(b) Field Orientation / FTO time

(c) Remedial Training, as necessary

9.2 Training materials, curriculum, methods of delivery, and documentation tools should be approved by Safety and Risk Management prior to their use.

10.0 Gurney Mishap Reporting and Documentation

10.1 Gurney drops, tips, collapses [full or partial] while a patient is onboard, and mechanical failure or other gurney mishap that interrupts or significantly delays a call in progress shall be reported to the on-duty field supervisor immediately or as soon as possible thereafter.

10.2 The supervisor’s investigation findings and supporting documentation must be routed to AMR’s Safety and Risk Management Department.

11.0 Preventive Gurney Maintenance and Repair

11.1 The Director of Fleet Services in each AMR region is responsible to:

(a) Design, implement and maintain an effective [written] gurney preventive maintenance and repair program that complies with manufacturer recommendations

(b) Monitor and periodically evaluate the efficiency / effectiveness of their preventive maintenance and repair program

(c) Track gurney failures / problems [by model, serial number, date of incident, location, etc.] to identify recurring problems or specific gurneys that should be taken out of service

(d) Periodically provide data-driven purchasing recommendations regarding the gurney brand(s) and specifications that have been proven most reliable, safe and cost-effective.

12.0 Exceptions

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

Infant Restraint Guideline

NOTE: Based on the design of the infant / child restraint device available, some adaptation to the
 diagram below may be necessary. In general, the goal is to positively secure the restraint device to the
gurney and then secure the infant / child to the restraint device. This diagram is provided for reference
only.

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.

- Place the backrest in the upright position so the child restraint fits snugly against the cot.

- Position the child restraint on the cot facing the foot.

- Use a convertible child safety seat with a 5-point harness.

- Anchor the child safety seat to the cot using two pairs of belts.

- One belt should be attached behind the farthest rail anchor to the cot backrest tightly and be routed
  through the belt path designated for "rear-facing" installation.

- The other belt should be attached routed through the belt path designated for "forward-facing"
  installation.

Source: Indiana University School of Medicine

The Detroit News
BACKGROUND:
AMR operates 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. In some cases, the provisions of this policy require AMR employees to meet higher performance standards than may be established by federal or state regulation. In such cases, AMR will provide an enhanced margin of safety for our employees, patients, and the communities we serve.

APPLIES TO:
This policy applies to all AMR employees who operate Company vehicles as part of their job duties and responsibilities.

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

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of 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 to set higher performance expectations for AMR employees if doing so further enhances the safety of employees, patients, and the general public.

1.2 Provide documented education and training to prepare AMR employees to safely operate Company vehicles.

1.3 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.

1.4 Recognize that the AMR 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. Based on this joint responsibility, both the AMR driver and his/her partner will be subject to corrective action, up to and including termination, separately or in combination, depending on the circumstances of each collision, policy infraction, or other vehicle safety related incident.

1.5 Conduct an investigation into each vehicle incident to identify causal factors and to select, carry out and document corrective actions to reduce the likelihood of recurrence.

1.6 Enforce and reinforce the elements of this written policy consistently, thereby supporting AMR's overall Injury and Illness Prevention Program.

PROCEDURES

2.0 General Provisions

2.1 In addition to complying with the provisions of this written policy [including attachments], AMR employees are to follow the State Vehicle Code provisions at all times. In case of discrepancies between this AMR policy and State or local requirements, the stricter standard shall apply.

2.2 Only Company employees and other individuals authorized by the Company may drive Company vehicles. Such employees must continuously satisfy the Company's minimum driver qualifications, as found in Attachment A.

2.3 During routine driving situations [i.e. non-emergent], AMR employees must stop at all stop signs and red light traffic controls. Failure to meet this standard for the first violation of this policy shall result in a 15 calendar day suspension without pay, remediation and a final written warning stating that any subsequent violation of Section 2.3 or 7.9 of the AMR Vehicle Safety Policy shall result in termination. A second violation of Section 2.3 or 7.9 of the policy by an employee shall result in termination.

2.4 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.

2.5 The AMR 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.
2.6 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 AMR 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 AMR vehicle. This is especially relevant when changing lanes or crossing intersections.

3.3 AMR driver distractions should be avoided while the vehicle is in motion, in accordance with the following:

(a) Eating, drinking, grooming, is prohibited while driving a Company vehicle. Texting or emailing (creating, sending or reading) is prohibited while driving a Company vehicle.

(b) The attendant should handle job related radio and cell phone traffic on behalf of the driver when the vehicle is in motion.

(c) 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.

(d) 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.

3.4 * AMR drivers must establish and maintain sufficient following distance behind the vehicle ahead to safely avoid the other driver(s) if he/she makes a sudden stop or other unexpected maneuver.

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

3.6 To change lanes, drivers should check mirrors, engage the turn signal well in advance and, when clear to do so, make a gradual and smooth lane change. The right-seat partner, when present, should help the driver by checking right-side blind spots.

3.7 Drivers should avoid making U-turns across lanes of traffic unless there is no reasonable alternative. Consider going around the block, turning around in a nearby parking lot, or proceeding to the next intersection that allows for a safe U-turn via traffic controls.

3.8 During non-emergency mode driving, the posted speed limits must be observed. However, vehicle speed must never exceed that which is safe for conditions, regardless of posted limits.

3.9 Employees may not drive a vehicle while using medications [prescription or over-the-counter] that warn against driving or operating machinery. An exception can be requested if the Company is provided a recent physician's note that indicates it is safe for the employee to drive despite the use of the medication(s).

3.10 Employees must not operate a vehicle if they feel too tired to do so safely. In such cases, the employee is required to immediately notify his/her supervisor for guidance.
4.0 Safety Belts and Other Restraint Devices

4.1 Safety belts in the cab must be worn by employees and right-seat passengers at ALL times the vehicle is in operation. Failure to meet this standard shall result in termination.

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. Failure to meet this standard shall result in termination.

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, the gurney's lateral straps are secured, and the shoulder restraint system is properly attached.
   (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, especially 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 When stopping or parking, whenever possible to do so, the driver should allow adequate space ahead to pull around other vehicles or objects without having to back the vehicle.

5.2 While backing the vehicle, the back-up alarm (if so equipped) must be in continuous use.

5.3 Prior to backing, the driver's partner must exit the vehicle and check for hazards to the sides, behind and overhead and direct the driver from the rear, except when a patient is in the ambulance (see 5.7 below).

5.4 The driver shall not begin to move in reverse until the spotter is visible in left mirror and he/she has indicated to begin backing. Rolling the driver's side window down to improve communication between the driver and spotter may be prudent.

5.5 While moving in reverse, the driver is responsible for keeping his/her eyes focused on the side mirror and for following the instructions provided by the spotter. The spotter is responsible for identifying hazards behind, alongside, and overhead and for providing the driver with clear instructions to avoid them.

5.6 If the spotter is not visible in the side 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.
5.7 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.

5.8 When the driver is alone, or a spotter is otherwise unavailable, s/he 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.

5.9 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 forward in tight quarters or under a potentially hazardous overhang.

5.10 Allied agency personnel [i.e. fire, police, security, etc.] may be used as spotters if the AMR 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 the AMR employees, patient(s), or other personnel the AMP, vehicle may be parked to shield the scene.

6.2 When stopping or parking, whenever possible to do so, the driver should allow adequate space ahead to pull around other vehicles or objects without having to back the vehicle.

6.3 Unless on an emergency call and no other reasonable parking is available on-scene, 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.

6.4 The AMR driver is responsible for assuring the transmission is placed in “park” and the parking brake is fully engaged prior to exiting the driver’s seat.

6.5 If the vehicle is or will be left unattended, the driver must assure the vehicle in locked and all supply compartments that are accessible from outside the vehicle are secured.

6.6 Employees should engage the vehicle’s anti-theft device, if so equipped, prior to leaving the vehicle unattended.

7.0 Emergency Vehicle Operations

7.1 Drivers must continuously exercise “due regard” for the safety of others while requesting emergency right-of-way. This standard can only be met if emergency warning devices are in use according to this policy’s provisions and the AMR driver provides an adequate opportunity for others to safely yield the 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 On freeways/highways, driver shall restrict speed to 15 mph if forced to pass stopped / slowed traffic using the right or left shoulder.

7.5 * 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.

7.6 * Under no circumstances shall a company vehicle be driven around a railway crossing arm or a draw-bridge barrier that has been activated.

7.7 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. However, if this maneuver is used to pass traffic at a controlled intersection, AMR drivers shall restrict speed to no more than 15 miles per hour from the point of initial encroachment in the opposite lanes until completely clear of the intersection.

7.8 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 AMR vehicle shall turn off the emergency lights and siren and wait until the light changes to green. Once on the far side of the intersection, and it is safe to do so, the AMR driver may resume use of warning devices to request emergency right-of-way.

7.9 * During emergency operation, driver shall make a complete stop at the limit line at every intersection stop sign and red traffic light. Additional complete stops are required at every open lane where the driver’s view of potential cross traffic is obstructed in any way. The driver may proceed only after verifying each lane is safe before entering the potential path of other motorists. Failure to meet this standard for the first violation of this policy shall result in a 15 calendar day suspension without pay, remediation and a final written warning stating that any subsequent violation of Section 2.3 or 7.9 of the AMP, Vehicle Safety Policy shall result in termination. A second violation of Section 2.3 or 7.9 of the policy by an employee shall result in termination.

7.10 * During emergency response, the driver’s partner in the front seat 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.

7.11 While exercising an emergency vehicle exemption against a stop sign or red traffic light, drivers shall not exceed 15 mph until they are completely clear of the intersection.

7.12 During emergency operation, the AMR driver must make a complete stop at the limit line if using a left turn lane to go straight or to turn right in front of traffic that is stopped at the limit line.

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 or there is a legitimate time advantage to requesting right of way from other motorists [i.e. situation dependent], use of warning devices may be resumed as needed.

8.3 Only state approved siren sounds (wail, yelp, manual wail, etc.) shall be used.

8.4 If local procedures designate certain no-siren zones, such as near a crew quarters in a residential area or near a medical facility, AMR employees are to operate the vehicle in non-emergency mode until clear of those areas.
8.5 Emergency warning devices shall not be used in non-emergency response, non-emergency transport, or routine driving situations.

8.6 If any emergency warning devices fail to operate normally, the driver shall downgrade to a non-emergency status and advise dispatch immediately.

8.7 During emergency operation, the yelp siren mode shall be activated 150 feet prior to every red-light controlled intersection and shall remain activated until the ambulance is completely through the intersection.

8.8 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 AMR 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 AMR 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.

9.2 Employees should avoid making statements at the scene about whether AMR will / should be legally responsible for the collision, as such initial statements are often incorrect.

10.0 Service Animals

10.1 If a patient or a person riding with a patient aboard an AMR 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 and Risk Management, in writing, and in advance of any such exception(s) being taken.
Attachment A

AMR Driver Qualification Standards

A.1 All AMR employees who drive a Company vehicle as part of their job duties must continuously meet the following standards as evidenced by their comprehensive DMV driving record and/or the Company’s incident records. AMR will review employee DMV driving records on a quarterly basis.

A.2 AMR employees 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 or revoked driver’s license, even if the suspension or revocation 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 DMV 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
      9. More than two (2) at-fault collisions
   (e) Not have more than two (2) on-duty collisions that involve corrective action for violation of the AMR Vehicle Safety Policy in the past 36 months [per the Company’s incident records].
   (f) Not have more than three (3) of the following in combination as reflected by DMV records and/or the Company's incident records within the past 36 months:
      1. Moving violations [per DMV report]
      2. At-fault collisions [per DMV report]
      3. 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 AMR employees who are required to drive Company vehicles in the course of their work must successfully complete the following education and training requirements related to vehicle operations before operating a Company vehicle on surface streets.

(a) At time of hire or as locally required for transferring employees:
   1. Classroom education by an experienced instructor
   2. A written or computer-based test
   3. A basic behind-the-wheel skill module in a controlled environment that includes observation, feedback, and written approval by the employee’s instructor.
   4. Successful completion of FTO driver’s training, if applicable

(b) At least every two years:
   1. CD-ROM or other AMR online courses and/or classroom refresher
   2. A written or computer-based test
   3. A behind-the-wheel skill enhancement module if made available by the Company

(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 corrective action plan
   2. Implementation/change training if the Company implements new procedures that require formal education or training
BACKGROUND:

American Medical Response's (AMR) commitment to the safety of its employees and the public that it serves requires concurrent and consistent monitoring of its driver training programs and compliance with policies and procedures. Given the risk of vehicle collision associated with both emergency and non-emergency vehicle operation, AMR desires to use an established vehicle monitoring system that will assist each employee in reducing the risk of collision, injury or other harm while practicing safe driving.

PURPOSE:

The purpose of the AMR Road Safety Driving Policy is to establish expectations for the management, utilization and reporting of the vehicle monitoring system. The provisions of this policy require AMR employees to meet performance standards set forth by the National Safety and Risk Management team.

OBJECTIVES:

1. To ensure compliance of company standards for the safe operation of company vehicles.
2. To enhance the overall safety of employees and the public.
3. To reduce collisions and the overall financial impact they have to the organization.
4. To establish, monitor and update driving standards, behaviors and training needs.
5. To establish accountability for the safe operation of company vehicles.

APPLIES TO:

This policy applies to all AMR employees who operate Company vehicles equipped with the Road Safety system as part of their job duties and responsibilities. This policy does not apply when mechanics are test driving AMR vehicles.

ENFORCEABILITY:

In addition to complying with the provisions of this written policy, AMR employees are to continue to comply with all AMR policies, including those which govern the operation of company vehicles. Failure to adhere to the provisions of this policy may result in corrective action(s) up to and including termination.

Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap / injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction. Employees are required to familiarize themselves
with these expectations. To obtain further information about how to reduce the risk of vehicle collision, please contact your supervisor.

**POLICY**

The AMR Road Safety standard is to maintain a minimum driver score of level 5 (i.e. 8 miles Average Between Counts (ABC)) as reported on the Driver Safety Summary Report. AMR recognizes that certain situations may arise during the course of a shift causing a driver to exceed the system settings in order to avoid unsafe situations. In such situations, the driver may incur exceptions to his/her score that may cause the score to be less than the standard for the month.

**TAMPERING:**

* Tampering of any kind will not be tolerated. This includes any activity which disrupts, disengages or alters the system from the way in which it was intended to operate, to include disruption of audio feedback from the speaker system by covering the speaker or disconnection of speaker wires. The Road Safety System records tampering or disabling activities and reports the last logged in driver to the system at the time of disruption.

**IDENTIFICATION:**

Employees that drive AMR vehicles equipped with the Road Safety System ("RSS") as part of their normal daily duties shall be issued a system identification tag (fob) identified with the employee by last name. Each employee is solely responsible for his/her fob. The use of another employee’s fob is prohibited.

**PARAMETERS:**

The Road Safety System monitors a number of set parameters to include speed, spotter switch use, turn signals, braking, ignition, emergency lights & siren, parking brake, seatbelt usage, idle time, park time, run time, and system tampers. AMR has determined a specific set of parameters to have a prescribed setting as described below.

1. Minimum seatbelt distance – 0.25 miles
2. Minimum high force – 52%
3. Minimum low force – 36%
4. Over force warning – 25%
5. Minimum high over speed (Emergency) – 80 mph
6. Minimum low over speed (Emergency) – 76 mph
7. Minimum high over speed (Non-emergency) – 76 mph
8. Minimum low over speed (Non-emergency) – 71 mph
9. Low over speed grace period – 10 seconds. If grace period is exceeded, start over speed count at end of grace period.

10. Hard acceleration – 7 ft/s/s

11. Minimum hard acceleration time – 2 seconds

12. Hard deceleration – 9 ft/s/s

13. Minimum hard deceleration time – 2 seconds

14. Spotter switch in use at all times.

**PROCEDURE**

**PROVISIONS:**

1. Operations shall appoint a supervisor to manage the operation of the Road Safety System, including the posting, at least twice monthly, of the Driver Safety Summary Report, in a conspicuous place, so that each employee has information about their performance and the opportunity to adjust performance before the end of the reporting period. A reporting period is defined as one calendar month.

2. Employee’s identified as driving below AMR Road Safety Policy standards for a reporting period, will be issued a Road Safety Substandard Driving Report by the Operation’s Supervisor. The report will be maintained on file until the next reporting period.

3. The employee must contact CES within one week of receipt of the Road Safety Substandard Driving Report to schedule remediation in accordance with the attached matrix See Appendix A.

4. The Operation’s Manager/Director will determine the course of remediation that appropriately addresses any substandard driving.

5. The Safety and Risk Department may use Road Safety data reports during accident investigation.

6. Seatbelt usage will be monitored and reviewed in accord with AMR’s Vehicle Safety Policy.

7. The AMR management team may modify data collection and reporting as software and hardware upgrades are available by the manufacturer.

8. It is the responsibility of the all AMR employees to report any apparent audible and visible signs of tampering or mechanical problems of the Road Safety System. Any known or visible problems with the Road Safety System should be reported to your Supervisor immediately.

8. Newly hired employees must maintain a driver score of level 5 for at least 200 miles and have a score of level 5 at the end of the FTO training period in order to be cleared by an FTO to independent duty.
RESPONSIBILITIES:

1. The employee is responsible for maintaining possession and reporting to duty with their fob. The employee is also responsible for identifying himself/herself to the RSS by connecting the fob to the portal each time the vehicle is started and there is a change in drivers. Should an employee's fob become lost, it must be reported immediately to the supervisor. Possession or use of two or more fobs is strictly prohibited.

2. The supervisor may issue a temporary replacement fob if it is lost while on duty. Temporary fobs must be returned at the end of each shift. A permanent fob shall be issued should a fob be lost or misplaced during off-duty hours.

3. The CES Coordinator, in conjunction with Operation's Supervisors and FTOs, shall be responsible for monitoring and administering Road Safety Remediation (See Appendix A). Ride-along reviews should be completed using the Driver Performance Evaluation Form, which shall be placed in the employee’s training folder.

4. The Fleet Maintenance department shall be responsible for installation and maintenance of each individual unit of the Road Safety System. Hardware testing and calibration of odometers and leveling will be completed on the same frequency as a "C" service as described in the Fleet Maintenance Policy.

SUMMARY EDITING [Reserved]

EXCEPTIONS:

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

#### Road Safety Remediation Matrix

| First substandard reporting period | Issuance of Substandard Driving Report | 1. Continued Monitoring  
| | | 2. Employee to contact CES to schedule remediation within one week of receipt of Substandard report. 
| | | 3. Ride-along by Operations Supervisor or FTO if substandard driving resulted from over-forces in order to correct driving deficiencies |

| Substandard report for second consecutive reporting period | Issuance of Substandard Driving Report and Written Warning | 1. Continued Monitoring  
| | | 2. Ride-along by Ops Sup or FTO if substandard driving resulted from over-forces in order to correct driving deficiencies  
| | | 3. Review of CD-ROM as appropriate to scoring |

| Substandard report for third consecutive reporting period | Issuance of Substandard Driving Report and Final Written Warning | 1. Continued Monitoring  
| | | 2. Supervised driving by Ops Sup or FTO for a period of time to be determined by CES  
| | | 3. EVOC intervention |

| Substandard report for fourth consecutive reporting period | Corrective action including loss of driving privilege at AMR. | Revocation of driving privileges and other disciplinary actions as approved by HR and Operations Management |
Appendix B

Road Safety Substandard Driving Report

Employee Name ____________________ Employee No. __________ Fob No. __________

Initial Substandard Driving Report

Observation Period to Miles Driven Score

During the reporting period above, the Road Safety Driving Monitoring system reported that your driving score is below the minimum reporting score of 5. Emergency vehicle operations are a major component of your EMS duties. The safe, efficient, and professional operation of all vehicles that you are operating is mandatory at all times. You are hereby advised that your driving will continue to be closely monitored. A ride-along with an FTO or Operation’s Supervisor will be scheduled to evaluate your driving performance. Continued failure to maintain an acceptable score will result in continued counseling and corrective action up to and including termination. Your score will be reassessed in one month. A second and consecutive score below a score of 5 will result in formal counseling and will become part of your personnel record.

Feedback Entry by ____________________ Date ____________________

Counseling issued by ____________________ Date ____________________

Second Substandard Driving Report-Coaching and Counseling

Observation Period to Miles Driven Score

During the reporting period above, the Road Safety Driving Monitoring system reported that your driving score was below the minimum reporting score of 5 for a second consecutive reporting period. Your failure to correct driving deficiencies has resulted in the issuance of a Written Warning. You are hereby advised that your driving will continue to be closely monitored. A ride-along with an FTO or Operation’s Supervisor will be scheduled to evaluate your driving performance. You are also hereby directed to coordinate with CES to review the appropriate CD training pertinent to the deficiencies outlined by your score. If you have any questions concerning appropriate driving procedures or feel that you need further training or remediation, you should contact the Clinical and Education Specialist or a Field Training Officer for assistance. Your score will be reassessed in one month. A third and consecutive score below a score of 5 will result in formal corrective action, up to and including termination and will become part of your personnel record.

Feedback Entry by ____________________ Date ____________________

Counseling issued by ____________________ Date ____________________

Third Substandard Driving Report-Warning Report

Observation Period to Miles Driven Score

During the reporting period above, the Road Safety Driving Monitoring system reported that your driving score was below the minimum reporting score of 5 for a third consecutive reporting period. You are hereby advised that your driving will continue to be closely monitored. You are hereby directed to coordinate with Operations, to be scheduled for supervised driving with an Operation’s Supervisor, for a period of time to be determined by Operations, and CES, to be scheduled for EVOC intervention based on deficiencies determined through previous ride-along evaluations and driving scores for the previous reporting periods. Your repeated failure to correct your substandard driving has also resulted in the issuance of a final Written Warning Report. This Warning Report will become a permanent part of your personnel record and may be used in the future for progressive disciplinary action. Your score will be reassessed in one month. A fourth and consecutive score below a score of 5 will result in the revocation of your driving privilege and corrective action.

Feedback Entry by ____________________ Date ____________________

Counseling issued by ____________________ Date ____________________

Warning Report Attached
Driver Performance Evaluation Form

This evaluation should be completed by an assigned FTO/Supervisor. The standards addressed on this evaluation are based on the standards described in the FTO training manual.

<table>
<thead>
<tr>
<th>Name: ______________________</th>
<th>Date: _______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTO/Supervisor: ______________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Acceleration</th>
<th>\</th>
<th>\</th>
<th>\</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Backing and Maneuvering</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>3. Braking</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>4. Emergent Driving</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>5. Following Distance</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>6. Right Turns</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>7. Left Turns</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>8. U-Turns</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>9. Merging and Lane Changing</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>10. On-Scene Arrival and Parking</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>11. Unregulated Intersections</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>12. Regulated Intersections</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>13. Blind Intersections</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
<tr>
<td>14. Signals</td>
<td>\</td>
<td>\</td>
<td>\</td>
</tr>
</tbody>
</table>

Comments:

__________________________________________________________________________________________
BACKGROUND:

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

PURPOSE:

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

APPLIES TO:

This policy applies to all AMR field employees.

ENFORCEABILITY:

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

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

1. Fully comply with 29 CFR 1910.120 and applicable State Plan equivalents.
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.
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.
4. Prohibit AMR employees from participating in hazmat rescue, extrication, decontamination, and from transporting contaminated patients to hospitals.
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.
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.
7. Participate in post-incident critiques and actively seek ways to improve employee safety when called to a hazardous materials incident.
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.
9. Enforce and reinforce the provisions of this written policy, thereby reducing the personal risk faced by AMR employees, other responding personnel, receiving hospital staff, and the public.

PROCEDURES

2.0 Pre-Emergency Planning & Coordination

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

3.1 Employees are expected to perform the following at hazmat scenes:
   (a) Recognize potential hazards
   (b) Isolate the scene and deny entry
   (c) Call for additional resources if not already present
   (d) Direct exposed victims to begin self-decontamination prior to arrival of rescuers
   (e) Attempt identification of materials, when feasible to do so from a safe distance
   (f) When possible, obtain or verify information from Regional Poison Centers regarding secondary contamination risks, decontamination requirements and medical treatment advice.
   (g) Maintain self and equipment outside of contaminated areas at all times
   (h) If possible from the cold-zone, monitor the appropriateness and thoroughness, per Poison Center recommendations, of decontamination procedures being performed by others
   (i) If requested, monitor pre and post-entry vital signs of emergency entry personnel.

3.2 Unless modified by explicit local policy that has received advanced and written approval from the AMR National Vice President of Safety and Risk Management, employees are not to perform any of the following tasks at hazmat scenes:
   (a) Examine or treat (including CPR) victims prior to appropriate decontamination
   (b) Enter a hot zone, warm zone, or if unmarked, any area with secondary contamination risk
   (c) Perform patient decontamination procedures, other than continuous eye irrigation in the cold zone or during transport

4.0 Emergency Alert and Response Procedures

4.1 Dispatch to reported hazmat incidents should be by the usual means employed within the county.

4.2 En route, crews should seek additional information about the material involved, wind direction if applicable, and suggestions for access routes and staging areas.

4.3 If first on scene, initial reports should include at least the following information:
   (a) Description of incident including identity of substance if known
   (b) Extent of contamination if known
   (c) Conditions at scene including wind direction
   (d) Suggestions regarding access routes and staging areas.

5.0 Safe Distances and Places of Refuge

5.1 Employees should maintain a vigilant attitude on every ambulance response since visible signs of hazmat release may not be evident on arrival at many scenes.

5.2 Employees responding to reported hazmat releases should approach from upwind and upgrade if at all possible.

5.3 Ambulances should be parked upwind and upgrade, facing away from the scene, with doors and windows closed.

5.4 The DOT Emergency Response Guidebook and other appropriate resources should be consulted regarding safe distances.
5.5 Initial staging distances for significant releases are suggested as follows:
   (a) Open Areas - 1,000 feet
   (b) Residential Areas - 1 block
   (c) Light Commercial Areas - 1 block
   (d) Large Industrial Complexes - 500 feet
   (e) Incidents Hidden by Large Buildings - 500 feet

5.6 In the event of a sudden, uncontrolled escalation of the release, employees shall immediately drive
away from the area [upwind and uphill if possible] until new cold zone perimeters are established
by the authorities in charge.

6.0 Scene Security and Evacuation Procedures

6.1 Employees are expected to provide site security and control, to the best of their abilities, until the
arrival of appropriate public safety personnel.

6.2 Employees may utilize unit positioning, existing barriers, chemical light sticks and citizen
volunteers as appropriate.

6.3 Employee safety at all times takes precedence over efforts to secure a scene.

6.4 Evacuation responsibilities rest with the public safety agency with overall scene management
responsibility.

6.5 Unless specifically directed by the Incident Commander (IC), employees should not have
evacuation responsibilities other than to direct individuals in the immediate vicinity of a release to
withdraw to a designated location or distance from the hazard.

6.6 Directions from the IC regarding evacuation of EMS personnel are to be followed.

7.0 Lines of Authority & Communication at the Scene

7.1 The Incident Commander (IC) is responsible for overall scene management and the Site Safety
Officer is responsible for scene safety

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

7.3 Employees are expected, if feasible, to make contact with the Regional Poison Control Center
prior to personally treating or transporting a hazmat victim. The purpose of said contact is to verify
that proper decontamination requirements were used and to identify secondary contamination
risks.

7.4 Information received from the Poison Control Center and any immediate safety concerns should
be immediately relayed to the Incident Commander or Site Safety Officer as appropriate in order
to assure the safety of AMR employees and other members of the healthcare team.

7.5 Any disputes regarding decontamination requirements at the scene should be resolved, if
possible, by letting the Incident Commander or designee confer directly with Poison Control.
8.0 Decontamination

8.1 Responsibility for the provision of patient decontamination rests solely with the fire service, hazmat team or other agency specifically trained and equipped to provide this service.

8.2 AMR employees are not to personally conduct or participate in decontamination other than to continue irrigation during transport for site specific injuries, such as eyes, to otherwise fully decontaminated patients.

8.3 To reduce the risk of secondary contamination, employees should carefully monitor decontamination activities from the cold zone [which may not always be possible] to assess compliance with Poison Center instructions, i.e. techniques used, duration, and thoroughness.

8.4 Durable medical equipment (e.g. gurneys, monitors, medical kits, etc.) are not to enter hot zones, warm zones or decontamination areas except to receive a fully decontaminated patient. It is suggested such transfers occur at the border of the cold and warm zones.

8.5 Contaminated clothing should be left at the scene with public safety personnel to prevent secondary contamination of employees, the ambulance, or hospital staff.

8.6 Should the ambulance be inadvertently contaminated despite these precautions, immediately notify an AMR supervisor and the Incident Commander to determine how to proceed.

9.0 Emergency Medical Treatment and First Aid

9.1 All medical treatment within the hot zone and decontamination areas shall be provided by fire service or hazmat entry personnel only.

9.2 After thorough decontamination, including complete clothing removal and flushing or exchange of backboards, employees may initiate medical care authorized within their scope of practice, utilizing direction from the Poison Center and medical control as appropriate.

9.3 Patients with ingestion of hazardous substances should be expected to vomit. Plastic bags with twist ties should be provided to contain such emesis and prevent release of harmful vapors within the ambulance.

9.4 Off-gassing following chemical exposure can sometimes pose a significant hazard to the crew during transport, even following thorough decontamination. Potential hazards of off-gassing should be thoroughly discussed with the Poison Center prior to transport.

(a) The risk of off-gassing can be minimized by transporting the patient in a tightly-zipped body bag (face exposed) or using other reverse-isolation techniques while simultaneously utilizing the patient compartment exhaust fan coupled with fresh air intake.

10.0 Personal Protective Equipment and Emergency Equipment

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

10.2 AMR employees shall not utilize any specialized hazmat PPE or equipment to expand their involvement in the incident management process beyond that outlined in this written policy.

(a) Examples of prohibited equipment, unless authorized in writing by the AMR National Vice President of Safety and Risk Management, include Level-A or B isolation suits, SCBA's, or similar items used by the fire department or hazmat teams to enter warm and hot zones.
11.0 Critique of Response and Follow-Up
11.1 Employees may be asked to participate in post-response critiques of significant hazmat incidents or those where a significant breach of safety procedures occurred.
11.2 Employees are encouraged to report unusual occurrences at hazmat incidents to their supervisor with suggestions for follow-up or critique.

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

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

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

TABLE OF APPROVED PERSONAL PROTECTIVE EQUIPMENT
FOR EMPLOYEE USE WHILE TREATING AND TRANSPORTING DECONTAMINATED PATIENTS

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

TABLE OF SUGGESTED EMERGENCY SUPPLIES FOR EMPLOYEE USE
IN THE COLD ZONE AT A HAZARDOUS MATERIALS INCIDENT SCENE

- DOT Emergency Response Guidebook
- DOT Chart 9
- NFPA 704-M Chart
- Binoculars (optional, at operation's discretion)
- Chemical light sticks (in lieu of flares)
- DOT truck placard chart
- Poison Control Center label fixed inside clipboard or other suitable location
- Emergency Care for Hazardous Materials Exposure—Bronstein and Currance or other reference texts
- Disposable plastic coated blanket to protect ambulance floor
- Disposable plastic zip-up body bags for modesty and irrigation containment
- Sealable plastic bags for isolating contaminated emesis
- Liquid green soap for oily contaminants (for fire service decontamination use)
- Epsom salts (for soaking hydrofluoric acid burns)
- Disposable stethoscope
<table>
<thead>
<tr>
<th>SECTION</th>
<th>TOPIC</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.0</td>
<td>POLICY STATEMENT</td>
<td>2</td>
</tr>
<tr>
<td>2.0</td>
<td>SELECTION OF A HAZCOM PROGRAM ADMINISTRATOR</td>
<td>2</td>
</tr>
<tr>
<td>3.0</td>
<td>HAZARDOUS SUBSTANCE IDENTIFICATION</td>
<td>2</td>
</tr>
<tr>
<td>4.0</td>
<td>AREA HAZARDOUS SUBSTANCE INVENTORY LISTS</td>
<td>3</td>
</tr>
<tr>
<td>5.0</td>
<td>MSDS BINDER REQUIREMENTS</td>
<td>4</td>
</tr>
<tr>
<td>6.0</td>
<td>MSDS MANAGEMENT</td>
<td>4</td>
</tr>
<tr>
<td>7.0</td>
<td>CONTAINER LABELING</td>
<td>5</td>
</tr>
<tr>
<td>8.0</td>
<td>NON-Routine TASKS</td>
<td>6</td>
</tr>
<tr>
<td>9.0</td>
<td>OUTSIDE CONTRACTORS</td>
<td>6</td>
</tr>
<tr>
<td>10.0</td>
<td>EXCEPTIONS</td>
<td>6</td>
</tr>
</tbody>
</table>

**ATTACHMENTS**

A. EMPLOYEE HAZCOM EDUCATION & TRAINING                      | 7    |
B. SAMPLE AREA HAZARDOUS SUBSTANCE INVENTORY LIST              | 8    |
C. EMPLOYEE MSDS REQUEST FORM                                 | 9    |
D. SAMPLE MSDS REQUEST LETTER                                  | 10   |

**BACKGROUND:**

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

**PURPOSE:**

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

**APPLIES TO:**

This policy applies to all AMR employees.

**ENFORCEABILITY:**

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

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

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

1.2 Provide information about hazardous substances and their safe use through provision of MSDS Binders, Material Safety Data Sheets (MSDS), Area Hazardous Substance Inventory Lists, container labeling, and employee training.

1.3 Safeguard against employee access to hazardous substances in the workplace unless they are correctly listed in the Area Hazardous Substance Inventory List, a current MSDS is available, and employees have received hazard information and training as appropriate.

1.4 Ensure that this written policy and a current MSDS binder are readily available in employee work areas and throughout each work shift. Copies for mobile units shall be maintained at the primary workplace facility.

1.5 Seek out and implement feasible engineering and administrative controls (including elimination or substitution with less hazardous alternatives) such that complete reliance on work practice controls and personal protective equipment (PPE) is minimized.

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

1.7 Investigate and document the circumstances of each reported hazardous substance leak, spill, release, or potential employee exposure to determine and implement corrective actions that will reduce the risk of similar events in the future.

1.8 Enforce and reinforce the provisions of this entire written policy such that employee risk of harmful exposure to hazardous substances is reduced.

PROCEDURES

2.0 Selection of a HazCom Program Administrator

2.1 To assist the operation or department Director meet the requirements of this policy, a local HazCom Program Administrator (HPA) should be selected.

2.2 The Director should consider the following staff when selecting an HPA: (a) Materials Coordinator, (b) Local Safety Coordinator, (c) Safety Committee Chairperson, (d) Operational or Administrative Supervisor, (e) Operations Manager.

2.3 AMR Safety and Risk Management Department staff can provide the selected HPA with training, additional information and guidance upon request.

3.0 Hazardous Substance Identification

3.1 This policy applies to hazardous substances in the workplace that employees may be exposed to under normal conditions of use or in a "foreseeable emergency" resulting from workplace operations. Foreseeable emergencies may include equipment failure, rupture of containers, or failure of control equipment that releases a hazardous substance into the workplace.
3.2 This policy does not apply to hazardous or infectious waste.

3.3 Upon initial implementation of this policy and at least annually thereafter, each AMR operation or department shall complete a thorough review of all chemicals or substances in their respective work areas to determine whether they qualify as "hazardous". A product should be considered hazardous if any of the following criteria are met:

(a) The words DANGER, WARNING, CAUTION, POISON, FLAMMABLE or CORROSIVE appear on a container label or in the MSDS.
(b) The container label or MSDS indicates the substance is a carcinogen, toxic or highly toxic agent, reproductive toxin, mutagen, teratogen, irritant, corrosive, sensitizer, hepatotoxin, nephrotoxin, neurotoxin, an agent which acts on the hematopoietic system, or an agent which damage the lungs, skin, eyes, or mucous membranes.
(c) The label or MSDS indicates that protective equipment such as gloves, gown, or protective eyewear is necessary to safely use the substance, or that high-flow ventilation is required.
(d) The label or MSDS indicates that harmful exposure requires emergency treatment at a medical facility or that a fire department or hazardous materials team is required to abate a significant spill, leak, or release.

3.4 Each substance classified as "hazardous" according to Section 3.3 (a)-(d) above, shall be listed in the Area Inventory Hazardous Substance Inventory List (see Section 4.0 and Attachment B).

3.5 Whenever possible, the use of hazardous substances should be discontinued (elimination) or, if available, safer alternatives purchased (substitution).

3.6 All hazardous substances no longer in use shall be removed from the workplace and properly disposed of in accordance with applicable laws and regulations.

4.0 Area Hazardous Substance Inventory Lists

4.1 The Area Hazardous Substance Inventory List (hereafter referred to as "Inventory List") shall itemize the specific hazardous substances found in the work area and enable a user to cross-reference Common Name, Chemical Name, and Manufacturer of a given product quickly.

4.2 The Inventory List shall be:
(a) Alphabetized by common name or chemical name
(b) Maintained in the front of the MSDS binder
(c) Kept current to within 15 days
(d) An accurate reflection of the hazardous materials in the work area as well as a table of contents of the MSDS' that are available in the binder or by electronic / telephonic means.

4.3 The chemical names listed in the inventory shall be the same as that found on the product containers and MSDS'.

4.4 The HPA should develop a system to assure that new hazardous substances are not introduced into the work area unless the appropriate Inventory List(s) is updated.
5.0 Material Safety Data Sheet (MSDS) Binder Requirements

5.1 Each AMR facility, station, or stand-alone work area that contains hazardous substances shall be equipped with a current MSDS binder. Each binder shall contain:

   (a) The Area Hazardous Substance Inventory List

   (b) The MSDS for the hazardous substances found in the work area OR the written instructions of how to use an electronic / telephonic MSDS request system for on-demand access to an MSDS

   (c) Instructions on how to read an MSDS

   (d) A glossary of common MSDS terms

5.2 In larger facilities that house several distinctly different departments, separate and work-area specific MSDS binders are recommended. For example, a large deployment facility might include several MSDS binders to accommodate office, shop, and field employee work areas. This separation helps to prevent a single MSDS binder from becoming too large and difficult to use efficiently.

5.3 MSDS binders shall be brightly colored and prominently labeled to facilitate rapid identification. The AMR Purchasing Department can order MSDS binders specifically made for this purpose.

5.4 The MSDS binder should be kept in a designated location within the facility or work area. Attaching the binder to a fixed object is recommended, as doing so helps to ensure availability to all employees at all times.

5.5 MSDS must be site-specific. That is, each MSDS binder should only include information about the specific hazardous substances that are present in the particular work area.

6.0 Material Safety Data Sheet (MSDS) Management

6.1 Manufacturers and importers of hazardous substances are legally required to develop an MSDS for each hazardous substance they produce based upon the information they obtain during a hazard review process. This MSDS must be provided with their initial shipment to a customer and with the first shipment after the MSDS is updated.

6.2 The local HPA shall maintain one of the following:

   (a) An MSDS for every hazardous substance present in the operation or department, OR

   (b) An effectively implemented system of electronic / telephonic access to MSDS' using an on-demand system.

6.3 Even if electronic / telephonic MSDS access is provided, it is recommended that the HPA maintain a master hard-copy file of current MSDS' for each work area.

6.4 The HPA should develop a system to assure that new hazardous substances are not introduced into the work area unless:

   (a) The appropriate Area Hazardous Substance Inventory Lists are updated with the new hazardous substance information

   (b) The product's MSDS is placed in appropriate MSDS binders or electronic / telephonic access is verified
6.5 If an MSDS is missing, outdated, incomplete, or cannot be accessed using the site's electronic / telephonic MSDS request on-demand system, the following procedure should be used:

(a) The local HPA should utilize the Internet to search for the MSDS. Good sites include: http://www.msdssearch.com/index.htm, http://www.msdsOnline.com/, or http://msds.pdc.cornell.edu/msdssrch.asp.

(b) If the MSDS cannot be obtained within 7 days, the local HPA shall request the MSDS, in writing, directly from the manufacturer (see Attachment D).

(c) The AMR Director of Safety and Risk Management shall be notified if a complete MSDS has not been received from the manufacturer within 25 working days of the HPA’s written request.

6.6 If an employee discovers that an MSDS is missing or he/she cannot access it through the site’s electronic / telephonic MSDS on-demand system, he/she should complete the MSDS Request Form (see Attachment C) and submit it to the local safety committee, local HPA, or a supervisor.

(a) Within 15 days of obtaining an employee-requested MSDS, the HPA shall provide a copy of the MSDS to the requester. If a letter to the manufacturer was sent, a copy of the letter shall be provided to the employee (followed by the MSDS immediately upon receipt).

6.7 If a hazardous substance is discontinued and the substance is completely removed from the work site, the MSDS and the associated Area Hazardous Substance Inventory List should be taken out of the MSDS binder(s) and archived for 30 years as required by State and Federal regulations. Similarly, when an updated MSDS is placed into an MSDS binder(s), the outdated materials shall be removed and archived for 30 years.

7.0 Container Labeling

7.1 AMR will not accept or release hazardous substances for use unless the original container is clearly labeled, tagged, or marked with at least the following information:

(a) Identity of the hazardous substance
(b) Appropriate hazard-warning statement(s)
(c) The name and address of the manufacturer, importer, or other responsible party.

7.2 If the hazardous substance is transferred to a secondary container, that container must be clearly and durably labeled with at least the following information:

(a) Identify of the hazardous substance
(b) Appropriate hazard-warning statement(s)
(c) Required PPE to use the product safely
7.3 Employees who have questions regarding secondary container labeling should contact a supervisor or the local HPA for guidance prior to transferring the substance from one container into another.

7.4 All container labels must be legible, in English, and prominently displayed on the container.

7.5 Labels shall not be defaced or removed.

7.6 Unlabeled chemical containers should be immediately reported to a supervisor or the local HPA for proper identification and corrective action.

8.0 Non-Routine Tasks

8.1 Rarely, AMR employees will be assigned non-routine tasks that involve the use of specialized hazardous substances they may not be familiar with. Prior to starting such projects, each affected employee will be given a pre-task briefing about the hazards they may be exposed to while carrying out the assignment.

8.2 The following information shall be provided to the employee regarding the non-routine task:

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

(b) Steps taken by the AMR to ensure the safety and health of the employee while carrying out the non-routine task, such as ventilation controls, task-specific training, provision of PPE, presence of another employee (safety observer) and emergency procedures.

9.0 Outside Contractors

9.1 It is the operation or department Director’s responsibility to provide (or cause to be provided) the following information prior to an outside contractor commencing work at an AMR facility:

(a) Hazardous substances that may be present in the work area as well as the precautions that the contractor's employees should take to reduce the risk of harmful exposure

(b) Location of an MSDS binder and, if applicable, how to use the site’s electronic / telephonic MSDS request on-demand system

(c) If original container labels have been removed / replaced, an explanation of the hazardous substance labeling system in local use

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

9.2 Prior to commencing work, outside contractors should be required to provide AMR with an MSDS for each hazardous substance that will be used.

10.0 Exceptions

10.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.
AMR HAZARD COMMUNICATION (HAZCOM) POLICY

Attachment A

AMR Employee Education and Training

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

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

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

(c) Annual Refresher:
   (1) To reinforce their initial training, AMR field employees should receive annual refresher training or equivalent information.

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

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

AREA HAZARDOUS SUBSTANCE INVENTORY LIST [sample]

<table>
<thead>
<tr>
<th>Work Area(s) / Location(s):</th>
<th>Operation / Department:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HazCom Program Administrator:</td>
<td>Revision Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMON NAME</th>
<th>CHEMICAL NAME</th>
<th>MANUFACTURER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Attachment C**

**MSDS Request Form / Tracking Sheet**

### REQUESTING EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Employee Name: (print clearly)</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operation or Dept. of Employment:</td>
<td>Date Request Submitted to AMR:</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>PRODUCT NAME</th>
<th>MANUFACTURER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employee Signature  
Employee Representative’s Signature (if applicable)

### REQUEST TRACKING LOG

<table>
<thead>
<tr>
<th>Date Written Request Was Sent to Manufacturer:</th>
<th>HPA or Supervisor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Requested Copy(ies) Were Received:</td>
<td>HPA or Supervisor Signature</td>
</tr>
<tr>
<td>Date Requested Copy(ies) Were Provided to Employee:</td>
<td>HPA or Supervisor Signature</td>
</tr>
</tbody>
</table>

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

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

Today’s Date

Manufacturer/Supplier
Address
City, State, Zip

Reference: Material Safety Data Sheet Request

Dear Sir/Madam:

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

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

☐ Attached is a list of products that we currently purchase from your Company. Will you please provide a current MSDS on each of the products listed?

☐ I need the most current MSDS for ________________________________.

A timely reply would be appreciated.

Sincerely,

Your Name
Your Job Title
Emergency Medical Services Corporation
BACKGROUND

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

PURPOSE

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

APPLIES TO

This program applies to all AMR employees.

ENFORCEABILITY

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

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

1.1 Provide safe and secure work areas as required in federal safety regulations and other State equivalents, which include protecting employees against recognized risks of violence in the workplace.

1.2 Not tolerate threats or acts of violence in the workplace by or towards AMR employees.

1.3 Recognize that violence and harassment affect the health, productivity, and morale of victims and other employees.

1.4 Promptly, thoroughly, and objectively investigate credible reports of workplace violence incidents or potential risks and, based on documented findings, assure timely and effective corrective actions are taken to protect the safety and welfare of employees and other affected individuals.

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

1.6 Enforce and reinforce all elements of this written policy such that employee risk of workplace violence is reduced.

2.0 Applicant Background Checks

2.1 The company will not knowingly hire applicants that pose a risk to others.

2.2 Every applicant for employment shall be subject to a thorough background check.

2.3 Each former employer shall be contacted to verify an applicant’s dates of employment and positions held [which may not always be disclosed].

2.4 AMR employment applications shall advise applicants that omissions, misrepresentations or falsification of information in the application shall be grounds for rejection or immediate termination of employment.

2.5 Where allowed by law, the company shall obtain and review a confidential summary criminal history (“rap sheet”) on applicants that desire a medical care or transportation focused position at AMR. Applicants may be fingerprinted as necessary to obtain such records.

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

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

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

2.7 Every applicant for employment shall be subject to a confidential drug test.
3.0 Facility Security and Access Control

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

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

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

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

3.5 Propping exterior doors should be avoided.

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

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

4.0 AMR Employee Conduct Standards

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

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

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

4.4 * Threats or acts of violence that will not be tolerated by AMR include, but are not limited to:
   (a) Hitting or shoving an individual
   (b) Threatening an individual or his/her family, friends or property with harm
   (c) Threatening violence or harm to oneself
   (d) Intentional destruction or threat of destruction of company property
   (e) Harassing or threatening communications, including phone calls, voice messages, emails, text messages, pages, notes, written communications, etc.
   (f) Harassing surveillance or stalking
   (g) The suggestion or intimidation that violence is appropriate
   (h) Any violation of criminal law relating to vandalism, violence, or harassment.

<< Proprietary Materials >>
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.
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 them of the serious risks to the patient during transport and request that 4-point restraints be used as a safer alternative.

(b) If the officers refuse to transfer the patient to 4-point restraints, AMR employees should record their recommendation and the refusing officer's names / badge numbers as part of the official documentation of the transport.

(c) In these cases, it is strongly suggested that a law enforcement officer accompany the patient in the back of the ambulance all the way to the receiving facility.

6.7 Patients may not be compressed or "sandwiched" under scoop stretchers or other rigid devices as a means of physical restraint.

6.8 Employee use of choke holds is prohibited as a means of temporary physical restraint.

6.9 If a patient who is on a mental health hold or is under arrest by law enforcement somehow escapes AMR employees, notify the on-duty AMR supervisor, law enforcement and the sending / receiving facilities as appropriate. Do not attempt to follow or capture the patient, as this is a law enforcement role and is very dangerous.

7.0 Threats & Workplace Violence Reporting

7.1 Employees are required to report workplace security threats, violence or hazards involving violence or threats of violence, including belligerent or intimidating behavior, harassment or stalking to the company. Attachment A to this policy provides specific questions that can be used to capture critical information about a threat or other related incident.

(a) Reporting is required even if the perpetrator is a non-employee or if the reporter is not the intended victim.
(b) Such occurrences may be reported directly to a supervisor. If the perpetrator of the violence or threat is a supervisor or a management staff member, the employee may report the matter directly to the AMR Human Resources Department.

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

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

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

8.0 Threat / Violence Investigation

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

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

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

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

9.0 Intervention Strategies

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

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

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

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

9.5 If workplace security issues are relevant to the threat, operations / department leadership should work with SRM staff to evaluate workplace access controls, lighting, etc. as well as local procedures that can be enacted to further safeguard AMR employees.
9.6 When appropriate, the company will consider seeking an employer's workplace violence restraining order or an individual civil harassment restraining order against a person who has threatened workplace security. The company should confer with targeted employee(s) when doing so such that they are aware of the restraining order and the date it is served.

9.7 Any employee experiencing a threat of violence outside the workplace should also consider obtaining an individual civil harassment restraining order for their personal protection.

9.8 Suggested, recommended, or mandatory EAP referrals may be made after investigation for employees evidencing threatening, intimidating, harassing, or otherwise inappropriate behaviors. AMR management may also require a psychological fitness for duty test if warranted.

9.9 Employees who have been assaulted should be permitted to request police assistance or to file criminal charges of assault and/or battery against any person who willfully injures them.

9.10 Prompt medical evaluation and treatment should be offered whenever an assault on an AMR employee takes place, regardless of severity.

9.11 Employees coping with incidents of workplace violence should be referred to appropriate support services such as, EAP, etc.

9.12 Workers' compensation benefits and treatment may be denied where an employee injury arises out of an altercation where the injured employee was the initial physical aggressor.

10.0 Employee Education and Training

10.1 Orientation: All employees will receive training on workplace violence prevention and the specifications of this policy as part of their new-hire orientation process.

10.2 Refresher: Employees may receive annual refresher training or equivalent information as part of AMR's harassment prevention training or other complimentary undertakings.

10.3 Remedial: To be carried out when a remedial training need is discovered.

11.0 Exceptions

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

Threat / Incident Report Guidance

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

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

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

## Section

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Policy Statement</td>
<td>2</td>
</tr>
<tr>
<td>Supply</td>
<td>2</td>
</tr>
<tr>
<td>Fire / Explosion Prevention</td>
<td>2</td>
</tr>
<tr>
<td>Tank Inspection</td>
<td>3</td>
</tr>
<tr>
<td>Tank and Cylinder Storage</td>
<td>3</td>
</tr>
<tr>
<td>Labels and Signs</td>
<td>3</td>
</tr>
<tr>
<td>Movement of Tanks</td>
<td>3</td>
</tr>
<tr>
<td>Education and Training</td>
<td>4</td>
</tr>
<tr>
<td>Exceptions</td>
<td>4</td>
</tr>
</tbody>
</table>

## 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:

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

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of injury or illness caused by 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-site 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 be slightly opening and closing the valve before applying a regulator or fitting to the valve stem.
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 overtightening, 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 and Risk Management, in writing, and in advance of any such exception(s) being taken.
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:
Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap / injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about fire prevention activities, 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 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 / server 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 and Risk Management, in writing, and in advance of any such exception(s) being taken.
**AMR EMERGENCY ACTION POLICY**

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

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

**APPLIES TO:**
This policy applies to all AMR employees.

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

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

PROCEDURES

2.0 Pre-Planning Measures
2.1 Before an actual emergency occurs, employees should be familiar with the emergency escape floor plans that are posted throughout larger facilities, generally on each floor between the elevators or near stairwells. The floor plans indicate where the nearest emergency exits are.
2.2 Employees should be familiar with the location of fire alarms and fire extinguishers in their work area, which will vary based on facility size and other factors, and should ask a supervisor for guidance or instruction as needed.
2.3 Exits leading to an outside evacuation route shall be marked with an "EXIT" sign. Doors that do not lead to an outside area that could be mistaken as an exit shall have a "NOT an EXIT" posted.
2.4 Exit doors must be unlocked or otherwise configured so that occupants can open exit doors from the inside at all times without keys, tools or special knowledge.
2.5 Emergency exits must be adequately illuminated so that a person with normal vision can locate the exit in an efficient manner.
2.6 To facilitate emergency evacuation, all stairwells and pathways to and from exit doors must be kept clear of any obstructions, debris, and stored materials at all times.
2.7 Each operation or department director should proactively identify any critical facility tasks or operations that should be handled prior to evacuating the facility. No such contingency, however, shall place an AMR employee at additional risk.
2.8 In larger facilities, evacuation leaders should be designed for each major work area or for each floor of the building. Unless otherwise specified locally, operation / department supervisors should serve as evacuation leaders. The role and responsibilities of evacuation leaders is specified in Section 6.4.
2.9 Large facilities should practice evacuations at least once each year.
3.0 Employee Alarm System

3.1 Every AMR facility shall have an effective employee alarm system.

(a) For work areas with 10 or fewer employees, direct voice communications may serve as the employee alarm system.

(b) In facilities with more than 10 employees, an appropriate, commercially installed emergency alarm system should be utilized.

(1) "Non-supervised" alarm systems (those that do not automatically report a deficiency or fault in the system as soon as it occurs) should be tested at least every two months to verify adequacy and reliability.

(2) "Supervised" alarm systems (those that automatically report a deficiency or fault in the system as soon as it occurs) should be tested at least annually.

(3) Whenever the employee alarm system contains multiple actuation devices (such as manual pull-stations), a different actuation device should be used for each test.

(c) Service, maintenance, and systems testing of employee alarm systems should be done by persons appropriately trained to complete such work and should be coordinated with the local emergency agencies as appropriate.

(d) A combination of "All-Page" announcements to facility telephone speakers as well as employee runners may be used for times the alarm system is "down."

3.2 When performing duties in isolated areas, such as a basement, tell a coworker and / or a supervisor before and after completing the work. In the event of an emergency evacuation, you can be notified and accounted for.

4.0 Emergency Evacuation and Route Assignments

4.1 Employees who detect an emergency that requires evacuation of the building shall activate the employee alarm system according to the methods locally designated (direct voice, public address system, manual pull-station, telephone, radio, etc.).

4.2 Prior to evacuation of large facilities, the switchboard operator or other employee should confirm that the fire department and/or other appropriate public safety agencies have been requested.

4.3 If the emergency alarm system is activated, or when directed to evacuate an AMR facility, the following procedure should be followed:

(a) Stop work safely, turn off major equipment in use, and proceed immediately to the nearest exit unless hazards indicate the need to use an alternative exit.

(b) Employees in multi-story buildings are NOT TO USE ELEVATORS during an evacuation.

(c) If evacuating due to fire:

(1) Check closed doors before opening them to see if they are hot.

(2) If a door is hot, do not open it. Evacuate using a different exit route.

(3) Stay as low as possible to minimize exposure to heat and smoke.

(4) Close doors behind you but DO NOT lock them.
(d) Employees should assist disabled coworkers or visitors to evacuate.
(e) When safely out of the building, proceed to a safe / designated staging area for an employee count. Staging locations should be designated on a local basis.
(f) Do not leave the area until authorized to do so by management.
(g) Follow further instructions from an AMR supervisor or public safety official.

5.0 Accounting for Employees Following an Evacuation

5.1 It is each department director's responsibility to maintain a means of accounting for his/her employees immediately following an evacuation.

5.2 Upon evacuation, all employees must report to a designated staging area. The department heads or designee(s) should take attendance of their employees to determine if anyone is missing.

5.3 The front desk receptionist [if any] should take the visitor sign-in log with them to help account for visitors that were in the building.

6.0 Rescue, Medical and Other Duties

6.1 AMR will not require employees to perform rescue duties involving personal risk.

6.2 Employees with medical training may be asked to care for injured coworkers / visitors.

6.3 Employees should assist their coworkers and visitors to evacuate as needed.

6.4 In larger facilities, evacuation leaders should be designated in advance. If the building must be evacuated, the evacuation leaders should:

(a) Systematically sweep through their designated space(s) to ensure everyone is aware the need to evacuate the building. Based on the nature of the hazard, performing this sweep will not always be possible or prudent.

(b) Check all storage areas and rest rooms for occupants that are isolated or may be unaware of the evacuation for other reasons.

(c) Identify employees or visitors that need assistance to evacuate the area and coordinate resources as needed.

7.0 Employee Education and Training

7.1 As part of the implementation of this policy, training in safe and orderly emergency evacuation procedures shall be provided to staff that are locally designated as evacuation leaders.

7.2 All employees shall be advised of their responsibilities under the Emergency Action Policy at the following times:

(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 and Risk Management, in writing, and in advance of any such exception(s) being taken.
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:
   - Pull the pin.
   - Aim at the base of the fire.
   - Squeeze the handles together.
   - Sweep the extinguisher from side to side.
CONTINGENCY PROTOCOL #2

MEDICAL EMERGENCY

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

1. Call 9-1-1. Be prepared to give:
   - Type / nature of the emergency
   - The location / address
   - The nearest cross street
   - The return phone number
   - Do not hang up the telephone until the operator gives you permission to do so.

2. Notify a supervisor.

3. Provide medical care if trained and equipped to do so.

4. Protect the privacy of the person in need to the extent possible.
CONTINGENCY PROTOCOL #

TYPE OF EMERGENCY

Employees who discover a __________________ should do the following:

(1)

(2)

(3)

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

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.

BACKGROUND:

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

PURPOSE:

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

APPLIES TO:

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

ENFORCEABILITY:

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

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

1.1 Provide specialized medical and transportation services to the public without regard to known or suspected diagnoses of communicable disease in any patient.

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

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

1.4 Recognize that all elements of an ambulance and clinical care, and many related support functions, have the potential for exposure to communicable disease.

1.5 Recognize the need for work restrictions based on certain infection control concerns.

1.6 Encourage participation in critical incident stress management (CISM) and employee assistance programs (EAP).

1.7 Prohibit discrimination against any employee for health reasons related to infection control, including infection and/or conversions with HIV or any hepatitis virus.

1.8 Regard sensitive medical information as strictly confidential. Employee health information shall not be released to unauthorized persons without the signed written consent of the employee.

**PROCEDURES**

2.0 Employees with Occupational Exposure

2.1 The following employees may have substantial occupational exposure to blood or other potentially infectious materials in the course of providing patient care, treatment, transportation or while carrying out related support tasks such as handling, cleaning and disinfecting contaminated equipment:

(a) EMT's
(b) Paramedics
(c) CCT Nurses
(d) Field Supervisors
(e) Mobile Healthcare Technicians
(f) Vehicle Support Technicians / Stockers

2.2 The following employees may have some occupational exposure to blood or other potentially infectious materials in the course of providing non-medical transportation or selected field support services such as vehicle repair, equipment maintenance, similar duties:

(a) Fleet Services Mechanics
(b) Wheelchair Van Drivers
(c) Gurney Van Drivers

2.3 Based on the hierarchy of exposure detailed in Sections 2.1 and 2.2, AMR's infection control related policies will provide guidance regarding education, training, supplies, PPE, etc., as applicable to each situation.
3.0 Roles and Responsibilities

3.1 This section provides a summary of the basic roles and responsibilities that are crucial in the infection control and exposure prevention process. The responsibilities which follow are complimentary to those detailed in the Company's other written health and safety policies, procedures, job descriptions, action plans, and other tools used to convey expectations throughout the organization.

3.2 Director of Operations or other Department Director
(a) The Director of Operations / Department is responsible for working with local staff and Company resources to ensure this policy, and related infection control policies, are fully implemented.
(b) Each Director of Operations should designate an Infection Control Officer. This person must have one or more years experience as an EMT-1 or above. The position may be combined with that of the Local Safety Coordinator.

3.3 Infection Control Officer (Designated Officer)
(a) The Infection Control Officer should:
   (1) Serve as the operation's "Designated Officer" as required by the Ryan White Comprehensive AIDS Resources Act of 1990 (PL 101-381).
   (2) Make recommendations for the purchase of infection control PPE, and propose adequate stocking levels for each station and response vehicle.
   (3) Evaluate possible employee exposures to communicable diseases and coordinate communications between the company, area hospitals, and the County Health Services Agency where appropriate.
   (4) Collect compliance, implementation, and quality data on the Infection Control Program and present the findings appropriately.
   (5) Notify the Local Safety Coordinator if data indicate the presence of a safety hazard or trend.
   (6) Coordinate with the Director of Operations or designee regarding spot inspections of various work locations to ensure compliance with infection control policy and procedures.
   (7) Facilitate a local immunization program in accordance with current CDC guidelines, company medical directives, and guidance offered by the AMR Safety & Risk Management Department.
   (8) As requested, assist the Safety & Risk Management Department to gather information used to maintain a confidential database of immunizations, exposures incidents, and treatments given.
   (9) Provide technical and operational input to appropriate personnel regarding the development of the infection control education and training curriculum.
   (10) Keep abreast of new developments in the field of infection control and make appropriate recommendations locally and to the Safety & Risk Management Department.
3.4 Local Safety Coordinator

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

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

(a) In addition to existing responsibilities, the Clinical and Educational Services and Safety & Risk Management Departments are responsible for the development and delivery of comprehensive infection control education and training which complies with federal and state requirements.

(b) The Infection Control Officers and operations staff are encouraged to provide input and technical assistance during both curriculum development and delivery activities to ensure maximum impact.

3.6 Director of Safety and Risk Management

(a) In addition to other duties, the Director of Safety and Risk Management or designee has overall responsibility for the development and evaluation of AMR’s safety and health programs, including infection control. The Director, with input from other individuals and/or committees carries out these responsibilities by:

1. Advising operational and support resources regarding immunization and post-exposure requirements in accordance with CDC guidelines, and providing ongoing guidance to facilitate their implementation at the local level.

2. Assisting in the development of AMR’s Infection Control Program, including related policies, and establishing methods to monitor local compliance.

3. Providing technical guidance to Local Safety Coordinators and Local Infection Control Officers on matters related to infection control.

4. Providing technical guidance in the development of appropriate Infection Control education and training.

5. Establishing standards to maintain confidentiality of all medical and exposure records.

3.7 Designated Physician/Health Care Professional

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

1. Facilitating the immunization and post-exposure programs by providing technical guidance and, in accordance with CDC guidelines, developing written medical directives to govern related activities.

2. Providing guidance whenever an employee’s infectious status or other health concern may require a temporary or permanent change to his/her work status, location, or assigned duties as a means to protect him/herself, coworkers, patients, or the general public. If applicable, such actions shall be in accordance with CDC guidelines and industry standards related to infection control in healthcare settings.

3. Advising AMR as needed to handle unique infection control concerns.
3.8 Operations Supervisors and other management staff

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

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

3.9 Employees

(a) All covered employees should:

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

4.0 Infection Control Related Policies and Procedures

4.1 In addition to this policy, AMR maintains a number of other complimentary policies that meet or exceed existing safety and health regulations. Such policies are incorporated by reference into AMR's overall Infection Control Program.

4.2 AMR also maintains additional policies that cover injury and illness prevention.

4.3 Local AMR operations / departments may also maintain additional [non-conflicting] safety policies or procedures that compliment / augment AMR's national policies.

5.0 Infection Control Policy / Program Evaluation

5.1 At least on an annual basis, the AMR Infection Control Program will be carefully reviewed to ensure that the provisions remain as current and effective as possible.
5.2  Updates and changes shall be based on:
(a) Significant changes in assigned tasks or procedures, which alter the infection control equipment or controls necessary to further reduce the risk of occupational exposures.
(b) New and reliable infection control information published by the CDC, which directly contradict one or more significant sections of this Program.
(c) New or revised regulatory requirements that cause sufficient need to revise this Program.
(d) Evidence that clearly indicates that one or more elements of this Program are deficient, as determined by the Director, Safety and Risk Management.

5.3  All employees are encouraged to offer input on ways to improve the effectiveness of this Program by submitting comments, in writing, to their local safety committee. As appropriate, the local committee may forward related recommendations to the AMR Safety and Risk Management Department for consideration.

6.0  Exceptions

6.1  Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.
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:
Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap / injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

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

1.1 Comply with applicable federal and state safety standards related to employee vaccination against infectious pathogens of concern in the healthcare setting.

1.2 Select appropriate vaccination providers, internal or external, based on their adherence to CDC recommendations, license / certification requirements, scope of practice considerations, and demonstrated competence related to the documentation / administrative aspects of providing vaccinations, titers, and related services to covered AMR employees.

1.3 Pay the costs of providing appropriate vaccinations and titers, as outlined in this policy, provided they were sought by an employee with prior management approval and were given by an AMR-authorized provider.

1.4 Assign responsibility for local implementation of all elements of this policy to the local Director / Manager of Operations. He or she shall also take steps to ensure and sustain employee compliance.

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

PROCEDURES

2.0 General Provisions

2.1 AMR employees will not be assigned to duties involving occupational exposure to infectious disease until they have initiated the required vaccinations / titers as outlined in this policy or have signed and submitted an informed refusal / waiver, if applicable.

2.2 Company offered vaccinations / titers shall be offered to covered employees at no expense.

2.3 Company offered vaccinations shall be administered by qualified providers, and in the manner recommended by the CDC and standard medical practice.

3.0 Hepatitis B Vaccination

3.1 The following employees shall be offered hepatitis B vaccination after receiving infection control training and within 10 days of initial assignment to job duties that involve occupational exposure to blood or other potentially infectious materials (OPIM):

(a) Field employees, including:
   (1) EMT’s
   (2) Paramedics
   (3) CCT Nurses
   (4) Field Supervisors
   (5) Mobile Healthcare Technicians
(6) Other employees if they are directly involved in patient / customer care that presents the risk of occupational exposure to blood or OPIM.

(b) Select Support Service employees, including:
   (1) Vehicle Service Technicians, or local equivalents
   (2) Fleet mechanics
   (3) Non-field [i.e. administrative] employees who are authorized to do periodic ride-alongs as a formal component of their job description / responsibilities.

3.2 All employees identified in Section 3.1 (a)-(b) shall complete the HBV immunization series as a condition of employment unless they do one of the following:
   (a) Show evidence of previous completion of the hepatitis B series.
   (b) Sign a hepatitis B vaccination waiver for undeclared reasons.

3.3 Employees who initially refuse hepatitis B vaccination based on Section 3.2 (a)-(b) are required to read, understand, and sign the hepatitis B vaccination waiver found in Attachment A. Such employees may later receive hepatitis B immunization, upon request, and at AMR's expense.

3.4 AMR employees are encouraged to consult with their private physician regarding the risks and benefits of vaccination against hepatitis B.

4.0 Hepatitis B Titors

4.1 Hepatitis B titors are only offered by the Company in the following circumstances:
   (a) To gauge the effectiveness of an AMR-provided hepatitis B series
   (b) If directed by the treater, to determine whether an employee has sufficient artificial immunity subsequent to a confirmed occupational exposure.

4.2 Employees who are deemed "Non-Responders" based on hepatitis B titer results should be directed back to the vaccination provider for consultation. It's possible a second HBV series will be undertaken or a vaccination booster dose will be given.
   (a) If an employee remains a "Non-Responder" despite completion of additional efforts as recommended by the CDC, he / she should receive counseling from an infection control resource regarding the risks of working in a healthcare field without HBV immunity.
   (b) Such employees shall not be disqualified, based solely on their lack of HBV immunity, from holding a field Caregiver position.

4.3 Routine hepatitis B titering, such as "every two years", is contraindicated by the Centers for Disease Control and Prevention (CDC). Employees who wish to quantify their hepatitis B immunity levels on a periodic basis may do so through their private medical provider.

5.0 Influenza Vaccination

5.1 Influenza vaccination may be offered to field employees based on local management discretion and availability of influenza vaccine. AMR employees are encouraged to consult with their private physician regarding the risks and benefits of vaccination against influenza.
6.0 Hepatitis A

6.1 Hepatitis A vaccination is not offered or paid by AMR unless specifically required by local or State regulations. Field employees who directly interact with patients are encouraged to consult with their private physician regarding the benefits and risks of undergoing vaccination against hepatitis A.

7.0 Recommended Vaccinations

7.1 Field employees are strongly encouraged to consult with their private healthcare physician regarding other vaccinations, including those recommended by the Centers for Disease Control and Prevention (CDC) or required by law:

(a) Measles, mumps and rubella [MMR] vaccination (MMR)
(b) Chicken pox / shingles / varicella vaccination
(c) Meningitis vaccination
(d) DP/Tetanus
(e) Influenza

7.2 Some areas may be required by regulation to offer the above vaccinations to employees. In those areas, employees who refuse any of the above vaccinations are required to read, understand and sign the vaccination declination found in Attachment B. This declination will be kept in the employee’s file for the duration of employment.

8.0 Exceptions

8.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.
Attachment A: Employee Hepatitis B Registration / Refusal Form

EMPLOYEE INFORMATION

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Primary County / Dept. of AMR Employment</th>
<th>Secondary County of AMR Employment (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SSN:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>/ /</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Telephone #: ( )</th>
<th>home / work / cell / other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

>>>> 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: ___________________________
Seasonal Influenza Vaccination Declination Statement
2009/2010

___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 ________________(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**
---|---|---
* | INTRODUCTION | 1
1.0 | POLICY STATEMENT | 2
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:
Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap / injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

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

1.1 Provide education to employees to reduce the risk of TB and other airborne pathogen exposures.

1.2 Supply at no charge to the employee appropriate PPE to help reduce the risk of harmful exposure.

1.3 Provide free TB screening (Mantoux skin test) prior to placement in high-risk settings and TB surveillance retesting on a periodic basis thereafter.

1.4 Provide medical evaluation, management, and treatment in cases of exposure and positive TB test results.

1.5 Keep all medical records including skin testing, medical surveillance, and treatment confidential.

**PROCEDURES**

2.0 Early Identification of Suspect or Confirmed Infectious TB Patients

2.1 If a patient, family member, treating facility, convalescent home, hospital, or other health care facility offers verbal or written information indicating TB, the patient shall be considered a confirmed active TB case and employees must utilize the controls specified in Section 3.0.

2.2 Pertinent information received by dispatch regarding confirmed or suspect TB shall be relayed to the responding employee(s) prior to their arrival.

2.3 The following have been identified as "high risk groups" for tuberculosis:

(a) Persons with HIV infection

(b) Close contacts of infectious TB cases

(c) Foreign-born persons from Asia and the Pacific Islands, Africa, Latin America and the Caribbean Islands

(d) Low income populations including homeless persons and high risk minorities such as African Americans, Latinos and Native Americans

(e) Alcoholics and injecting drug users

(f) Residents of long-term care facilities such as nursing homes and correctional institutions.

2.4 If either of the following two criteria are met, AMR employees shall utilize the precautions specified in Section 3.0.

(a) The patient is a member a high risk group, as listed in Section 2.3 above, and is complaining of productive cough of over two weeks duration OR

(b) The patient is not of a high risk group but is complaining of productive cough of over two weeks duration accompanied by any of the following secondary complaints:

(1) Fever

(2) Chills

(3) Night sweats

(4) Lethargy or weakness

(5) Loss of appetite

(6) Weight loss

(7) Coughing up blood.
3.0 TB Control Measures

3.1 Ambulances purchased after the effective date of this policy shall be equipped with a patient compartment exhaust fan capable of producing not less than 20 air changes per hour.

3.2 When treating suspect or confirmed active TB patients on scene, ventilation of closed rooms should be increased to the greatest extent possible by opening doors, windows, etc.

3.3 Suspect or confirmed active TB patients should be asked to wear a surgical mask (not a valved respirator) to prevent droplet generation from coughing.

3.4 Such patients should be provided with tissues and instructed to cover their mouth and nose when coughing or sneezing if they find it necessary to temporarily remove the surgical mask to clear their airway.

3.5 During transport of suspect or confirmed active TB patients, the exhaust fan in the patient compartment shall be used simultaneously with the HEAT/AC blower fan to create airflow toward the rear of the vehicle. When the exhaust fan is on, outside air must be introduced from the dash vent to protect against intrusion of engine exhaust gases. This ventilation method creates a negative pressure atmospheric isolation in the patient compartment as well as providing dilution and removal of contaminated air.

3.6 Employees must continuously wear NIOSH-approved HEPA or N-95 particulate respirators in each of the following circumstances:
(a) While occupying rooms with suspect or confirmed active TB patients
(b) While intubating, ventilating, suctioning or administering aerosolized medications to suspect or confirmed active TB patients
(c) When transporting suspect or confirmed active TB patients.

3.7 Employees are not required to wear respirators while driving so long as the patient is masked and ventilation required in 3.5 is operating.

3.8 Non-coughing patients who report a history of TB but have been reliably taking prescribed medication for a month or more usually pose no risk to employees. Having only the patient wear a surgical mask during treatment and transport is normally sufficient in such cases.

3.9 Employees shall utilize company-provided respirators for all situations requiring protection against airborne diseases.

3.10 Employees may also wear the respirator any other time they believe a high level of protection against droplet pathogens or other diseases is indicated.

4.0 Reporting and Evaluation of Exposure Incidents

4.1 An "exposure incident" is an event in which an employee sustains substantial exposure to a confirmed infectious TB patient without the benefit of the particulate respirator described in Section 3.0. Determination of a "substantial" exposure is based on:
(a) The infectiousness of the exposure source
(b) Proximity of the employee to the exposure source
(c) Extent of protective measures employed
(d) Length of the exposure event.
4.2 Employees who suspect they may have had a significant exposure to active TB in the course of their work must report the incident to their supervisor immediately or as soon as possible thereafter.

4.3 The Company shall promptly notify the employee upon receipt of information that indicates a potential exposure to active TB has occurred.

5.0 Employee TB Screening and Ongoing Surveillance

5.1 Every employee hired for pre-hospital care and transportation shall have a PPD performed prior to placement in a position which would put them at risk of infection.

5.2 Initial testing shall be two-step testing to detect any boosting phenomena that might later be misinterpreted as a skin test conversion.

5.3 PPD tests should be read by designated & trained personnel between 48 and 72 hours after injection. Self-reading by employees is not acceptable.

5.4 Every employee who provides pre-hospital care and transportation shall be offered a PPD, once every 12 months. If the employee chooses to decline AMR's offer, a declination statement shall be signed indicating that AMR offered the PPD, but the employee declined the offer. The declination statement or documentation of the PPD results shall be maintained in the employee's OSHA records. A sample declination statement is attached.

5.5 Any employee who tests positive for TB infection or who has had a significant exposure to TB shall be evaluated / treated according to the current standards as set by The Centers for Disease Control and Prevention. See the AMR Post-Exposure Management Policy for additional information.

6.0 Exceptions

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

************************************************************************

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

************************************************************************

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:

************************************************************************
**AMR INFECTION CONTROL TRAINING POLICY**

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

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

### Table of Contents

<table>
<thead>
<tr>
<th>SECTION</th>
<th>TOPIC</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.0</td>
<td>POLICY STATEMENT</td>
<td>2</td>
</tr>
<tr>
<td>2.0</td>
<td>TRAINING REQUIREMENTS vs. JOB TITLE MATRIX</td>
<td>2</td>
</tr>
<tr>
<td>3.0</td>
<td>CURRICULUM CONTENT</td>
<td>2</td>
</tr>
<tr>
<td>4.0</td>
<td>TIMING &amp; FREQUENCY OF INFECTION CONTROL TRAINING</td>
<td>3</td>
</tr>
<tr>
<td>5.0</td>
<td>DELIVERY OF REQUIRED TRAINING</td>
<td>3</td>
</tr>
<tr>
<td>6.0</td>
<td>TRAINING DOCUMENTATION</td>
<td>3</td>
</tr>
<tr>
<td>7.0</td>
<td>EXCEPTIONS</td>
<td>3</td>
</tr>
</tbody>
</table>
1.0 It is the policy of AMR to:

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.

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

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

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

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

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

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

1.1 Comply with applicable federal and state safety standards related to cleaning and disinfection of contaminated equipment, surfaces, supplies, PPE, etc. as a means to reduce the risk of infectious disease transmission.

1.2 Select and provide appropriate cleaners, disinfectants and related supplies necessary for employees to efficiently and effectively clean and disinfect contaminated items or surfaces.

1.3 Assign responsibility for local implementation of all elements of this policy to the local Director/Manager of Operations. He or she shall also take steps to ensure and sustain employee compliance.

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

PROCEDURES

2.0 General Provisions

2.1 Upon arrival to a receiving facility, contaminated equipment shall be cleaned and disinfected as soon as practical.

2.2 Unless a local policy has established a centralized cleaning/disinfection service for contaminated AMR equipment, such equipment shall not be taken from a medical facility until it has been properly cleaned and disinfected. In these cases, the equipment shall be enclosed in appropriate impermeable covers prior to transport.

2.3 Under no circumstances shall contaminated equipment be anonymously dropped off at any AMR facility. If extraordinary circumstances require the return of such equipment, it shall be placed in a labeled bag or container and accompanied by a report signed by the employee explaining why decontamination was not performed.

2.4 Eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm is prohibited at all times while on scene, while in the patient compartment of the ambulance, and while performing cleaning or decontamination procedures.

2.5 To help prevent contamination of uniforms, equipment, or ambulance surfaces while starting an IV, placing a disposable absorbent barrier (blue chux) under the limb to absorb blood is recommended.

2.6 All spills of blood/body fluid shall be cleaned up as soon as practical.

   (a) Wearing gloves and eye protection, soak up visible contaminants with paper towels and follow with a cleaning solution or soapy water wash.

   (b) Conclude with a soaking spray of tuberculocidal germicide, allowing at least a 30-second soak prior to wiping off.

   (c) Dispose of contaminated towels and gloves in red BIOHAZARD bag.

2.7 Potentially contaminated materials with sharp or jagged edges, such as broken glass or metal fragments, must be cleaned up using mechanical means such as a broom and dust pan or forceps, and then placed directly into a sharps container. Hands, even if gloved, shall not be used to pick up or move these items.
2.8 All blood samples in glass tubes, avulsed, amputated, or expelled tissue recovered for transport to the hospital shall be placed in a sealed, labeled, leak-proof container.

2.9 Any contaminated equipment shall be carefully cleaned and disinfected before being sent out for repair or service.

2.10 To reduce the risk of secondary exposure among oxygen vendor personnel, spent oxygen tanks should be visually inspected and cleaned/disinfected if they are contaminated with blood or other potentially infectious materials (OPIM).

3.0 Infectious Linen and Biohazard Waste

3.1 Contaminated sharps shall be stored in closed puncture-resistant containers (sharps containers) with appropriate biohazard markings and color-coding.

3.2 Sharps containers, when 3/4 full, shall be closed and placed in a designated biohazard disposal area. If this is not feasible, the Supervisor should be contacted for proper disposal instructions.

3.3 Contaminated non-sharps materials shall be placed in labeled, leak-proof bags with appropriate biohazard markings and color-coding.

(a) Biohazard bags should then be placed in designated biohazard waste containers.

(b) If outside contamination of a disposal bag is a possibility, a second bag with identical markings shall be placed over the first.

3.4 If disposable linen is saturated, penetrated, or dripping with blood or other infectious agents, it must be treated as potentially infectious. As such, it must be placed in a red biohazard bag and then disposed of in a designated and properly labeled infectious waste collection container. If disposable linen does not meet these criteria (and local practice permits) it may be disposed of as regular trash.

3.5 All final disposal of biohazard waste shall be in accordance with EPA and local regulations and shall be performed by a locally-approved and licensed contractor. Each operation is required to create and maintain a local written plan, in accordance with applicable laws, regulations, and local permit requirements.

4.0 Infectious Linen & Biohazardous Waste Storage Areas

4.1 All crew quarters / stations shall designate storage areas for clean patient care equipment, supplies, and PPE such that there is no risk of cross-contamination with infectious materials.

4.2 Stations shall also designate areas for storage of infectious linen and biohazardous waste. These areas shall be marked with biohazard signs and shall be maintained in accordance with all OSHA, EPA, and local regulations.

4.3 Reusable bins and containers that are used to store biohazardous waste and infectious linens shall be inspected, cleaned, and disinfected weekly, and immediately if outside contamination is present.
5.0 Kitchen Environments

5.1 All kitchens will be equipped with food preparation areas, sinks, and counter tops that are constructed of nonporous materials.

5.2 Under no circumstances shall any kitchen facility be used for the purpose of cleaning, sterilizing, disinfecting, storing, or disposing of any infectious materials or contaminated waste.

6.0 Bathroom Environments

6.1 Sinks, showers, toilets and the general bathroom area shall be kept in a clean and presentable condition.

6.2 Disposable hand-drying materials shall be provided.

6.3 Cloth towels shall not be used for routine hand drying.

7.0 Sleeping Environments

7.1 Adequate ventilation shall be assured and the HVAC system shall be maintained in a safe and serviceable condition.

7.2 Sleeping areas shall be kept in a clean and presentable condition.

8.0 Ambulance Cab (Clean Zone)

8.1 The ambulance cab shall be maintained as a “clean zone,” free of contamination. To support this objective, the following rules apply:

(a) Contaminated material, equipment or infectious waste shall never be transported in the cab.

(b) Family or other individuals accompanying patients shall not be allowed in the cab if they or their clothing could significantly contaminate the cab with blood or other potentially infectious materials (OPIM).

(c) Gloves or other PPE used during patient care shall be removed prior to entering the cab.

(d) Employees whose clothing is penetrated or becomes saturated with blood or OPIM during on-scene patient care should remove such clothing, if practical, prior to entering the cab. Similarly, personnel whose clothing becomes grossly contaminated during patient care enroute should remove such clothing prior to re-entering the cab. In either case, the grossly contaminated uniform should be placed in melt-away bag and, in turn, into a properly labeled "Infectious Linen" bag as described elsewhere in this SOP.

8.2 The cab of the ambulance may be employed for the storage and consumption of food and beverages so long as it remains free of blood or body fluid contamination.

8.3 Under no circumstances is any food or beverage to be transported, stored, or consumed in the patient compartment of the ambulance by an employee.

8.4 Should the cab be unavoidably contaminated while in service, it shall be promptly decontaminated with detergent cleaner and disinfectant at the earliest practical opportunity. Any food stored therein shall be discarded prior to returning to service and prior to storing or consuming any other food in the cab.
9.0 Ambulance Surfaces and Reusable Equipment

9.1 Each ambulance shall be routinely cleaned on a daily basis. All surfaces in the cab and patient compartment (including the gurney and defibrillator) must first be cleaned with an all-purpose cleaner prior to conducting any disinfection steps.

9.2 The manufacturer's guidelines shall be used for the cleaning and decontamination of all reusable equipment. Unless otherwise specified:

(a) The gurney, bench seat, jump seat, microphones, clipboard, and patient care equipment like stethoscopes, EKG cables, backboards and scoop stretcher shall be treated with a combination cleaner-disinfectant spray.

(b) Durable equipment (backboards, straps, splints, MAST pants) shall be washed with soapy water, rinsed with clean water, and disinfected with an approved disinfectant or 1:100 bleach solution. Equipment should be allowed to air dry.

(c) Delicate equipment (radios, cardiac monitors, mobile data terminals, etc.) shall be wiped clean of any debris using soapy water, wiped with clean water, then wiped with disinfectant or 1:100 bleach solution. Equipment should be allowed to air dry.

10.0 High-Level Disinfection Requirements

10.1 Reusable airway equipment and invasive instruments shall be disassembled and thoroughly washed in disinfectant soap and water to remove all visible contamination. They shall then be immersed in a glutaraldehyde-based sterilant/disinfecting solution for 10-20 minutes followed by triple rinsing and thorough drying prior to reassembly.

10.2 All personnel using these solutions shall be familiar with their safe use, the applicable MSDS' and written procedures, and shall consistently use the recommended PPE to prevent harmful exposures.

10.3 If a sterilant solution is provided at the station for high-level, end-stage disinfection of airway equipment (already cleaned and decontaminated at the hospital), the disinfection area must be located away from food preparation areas and be equipped with:

(a) Sink constructed of nonporous materials with running water provided.

(b) Proper lighting and adequate ventilation.

(c) Adequate space to allow air-drying of equipment.

(d) Facilities for the safe storage, use, and disposal of cleansing and disinfection solutions.

(e) Appropriate PPE for the use of disinfecting solutions.

(f) Material safety data sheets (MSDS) for cleansing and disinfecting solutions as well as written procedures for safe use of each product.

11.0 Personal Protective Equipment

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

11.3 Non-saturated PPE may be disposed of with regular trash.

12.0 Uniforms and Footwear

12.1 All employees shall maintain spare clean work uniforms in the station, so that potentially contaminated uniforms can be exchanged upon return to quarters.

12.2 Employees are encouraged to carry a spare uniform in the unit to facilitate rapid change-out when necessary.

12.3 Employee uniforms showing superficial evidence of incidental blood or body fluid contact present no documented risk of disease transmission. Such items of clothing should be changed for aesthetic reasons as soon as possible.

12.4 In contrast to Section 12.3 above, uniforms that have been contaminated by blood or body fluids to the point of fabric saturation or penetration must not be taken home and laundered by the employee.

(a) In these specific cases, AMR must provide for uniform cleaning at no cost to the employee.

(b) Each operation shall establish local procedures, equipment, and supplies for such services or shall establish an effective process using appropriate outside vendors.

(c) The following basic guidelines must be followed, unless an equal or more effective local policy is established:

(1) The saturated or penetrated uniform shall be removed as soon as feasible and placed directly into a melt-away laundry bag, which shall be provided expressly for this purpose.

(2) The melt-away laundry bag shall then be placed into a yellow infectious linen bag.

(3) The double-bagged uniform should then be placed in a designated Infectious Linen receptacle for pick-up or processing according to locally established procedures.

(4) The unit shall remain out of service until the employee washes or showers if needed and changes his or her uniform.

(5) Under no circumstances shall an employee respond to additional emergency or non-emergency responses with a grossly saturated / contaminated uniform.

12.5 Local management is required to investigate and implement corrective actions based on the circumstances of the uniform contamination. An incident report is required, which details the circumstances of the contamination event and the reasons why PPE was not in use or why it failed, and the identity of the employee.

12.6 Contaminated boots should be brush-scrubbed with a solution of hot, soapy water, rinsed with clean water and allowed to air dry.
13.0 Employee Handwashing

13.1 Hand washing is one of the most important infection control procedures. Employees shall wash hands:

(a) After removing gloves or other PPE.
(b) After each patient contact.
(c) After handling potentially infectious materials.
(d) After cleaning or decontaminating equipment.
(e) After using the bathroom.
(f) Before eating.
(g) Before and after handling or preparing food.

13.2 Hand washing with soap and water should be performed for ten to fifteen seconds. If soap and water is not available at the scene, a waterless hand wash may be used, provided that a soap and water wash is performed immediately upon return to quarters, hospital or other facility.

14.0 Exceptions

14.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.
BACKGROUND:
American Medical Response (AMR) recognizes that dirty needlesticks and other types of contaminated sharps exposures are the most common means of occupational transmission of bloodborne pathogens, including HIV, hepatitis B, and hepatitis C. To address this risk, a coordinated system of engineering, administrative and work practice controls are necessary. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulations.

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

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

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

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

1.1 Fully comply with applicable federal and state standards related to the selection, use, and disposal of medical sharps.

1.2 Assign responsibility for local implementation of all elements of this policy to the local Director / Manager of Operations. He or she shall also take steps to ensure and sustain employee compliance.

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

PROCEDURES

PART A Engineering, Administrative, and Work Practice Controls

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

2.0 Needleless Systems

2.1 When provided with needleless systems, and clinically appropriate, employees shall use needleless systems for:

(a) Withdrawal of blood from established access lines

(b) Administration of medications or fluids

(c) Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

3.0 Needle Devices

3.1 In cases where a needleless system is not available or clinically appropriate for use, employees shall use needles with engineered sharps injury protection features ("Safer Sharps") for:

(a) Withdrawal of body fluids

(b) Accessing a vein or artery

(c) Administration of medications or fluids

(d) Any other procedure involving the potential for an exposure for which a needle device with engineered sharps injury protection is available (and a needleless alternative is not).

3.2 Immediately after use, the employee shall activate the needle’s engineered safety mechanism(s) and then dispose of the device directly into a sharps container.

4.0 Non-Needle Sharps

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

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

6.0 Sharps Handling and Disposal

6.1 The following work rules apply to all sharps (including needles, IV catheters, lancets, scalpels, etc.), regardless of whether or not the design includes an engineered sharps injury protection feature, and regardless of whether or not the engineered sharps injury protection feature is activated/used.

6.2 An appropriate sharps container must be within arm’s reach of the user BEFORE any sharp is used.

6.3 Used sharps SHALL NOT BE PASSED TO ANOTHER PERSON FOR DISPOSAL or reuse. Similarly, if a person attempts to pass a used sharp to an AMR employee, the AMR employee shall not accept it.

6.4 Immediately after use, sharps must be disposed of directly into a sharps container. This rule applies to all sharps, including those that have an engineered safety mechanism/design that has been fully activated.

6.5 Recapping a used needle or other sharp places the employee at high-risk for an occupational blood exposure. For this reason, recapping a used needle is only allowable if all the following conditions are met:

   (a) Recapping the used needle is required by a specific medical procedure, e.g., incremental doses from the same syringe

   (b) Using the needle’s engineered sharps injury protection feature (e.g., guard, lock, or barrier) directly conflicts with the required medical procedure and, as a result, recapping with a one-handed technique or use of a mechanical device is the safest alternative.

   (c) The scene and personnel are secure / stable when the attempt to recap is made. Crews should avoid trying to recap a needle while the vehicle is in motion or when in close proximity to an unstable person or crowd.

   (d) If all conditions above are satisfied, and the decision is made to recap the needle, the employee must use either a one-handed technique or an appropriate mechanical device.

6.6 Taking the sole exception (listed in Section 6.5 above) into account, used needles and other non-needle sharps shall not be recapped, resheathed, sheered, bent, broken, or separated from disposable syringes.

6.7 Other potentially contaminated sharp objects, such as broken glass, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Dispose of these materials directly into a sharps container.

7.0 Sharps Containers

7.1 Sharps containers of adequate size must be provided for use in each unit, at the scene, and in other locations where AMR employees utilize sharps devices.
7.2 Sharps containers in ambulances and clinical settings shall be mounted as close as possible to areas where needles and other sharps are commonly used, and should be checked daily to confirm they are not overly full.

7.3 Sharps containers provided for use on scene shall be large enough to contain all sharps waste produced by a full cardiac resuscitation.

7.4 All sharps containers shall be rigid, closable, puncture resistant, leak-proof on sides and bottom, and properly labeled as a biohazard. In addition, it must be possible to seal the containers when full such that they cannot be reopened without great difficulty.

7.5 If a sharps container is penetrated by a sharp or leakage is noticed during storage or transit, the entire container shall be placed into a larger, secondary container. The secondary container must be closable, puncture resistant, leak-proof, and properly labeled as a biohazard. Notify a supervisor such that the circumstances of the puncture or leakage can be investigated.

PART B
Sharps Exposure Prevention Process

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

8.0 Product Selection Process

8.1 AMR uses a multi-faceted approach to select and implement needleless systems, sharps with engineered sharps injury protection, and non-needle sharps with engineered sharps injury protection. Methods may include, but are not limited to: market research, purchasing fairs, written and scored employee product evaluations, pilot studies, and consideration of input received from all levels of the organization.

8.2 Where established safety or quality assurance committees are in place, AMR may also make final selections based on their recommendations. Such committees must use a well-documented and objective process to evaluate each device, and should take steps to actively involve/seek input from end-users prior to making final selections.

8.3 Since the appropriateness and efficacy of selection methods may vary by location, type of product being considered, established local processes/resources, and other factors, AMR shall maintain records that describe the methods that were used to critically evaluate and select the safer sharps products in use.

8.4 Final product selection should be based on all of the following major criteria:
(a) Market availability
(b) Objective evaluations from both employees and company specialists
(c) Clinical efficacy and patient care considerations
(d) Safety-related efficacy of engineered features
(e) Simplicity of use and disposal
(f) Potential to create new safety issues
(g) Regulatory mandates
(h) On-going input and feedback from all levels of the organization

8.5 The AMR Director of Clinical and Educational Services, in close collaboration with the AMR Director of Safety and Risk Management, reserves the right to make final product selection decisions. Use of this authority shall be limited to circumstances where:
(a) A local product decision is not possible due to differences of opinion
(b) Rapid product substitution becomes necessary
(c) A local product selection may place patients or employees at risk
(d) National contracts for equipment or supplies exist.

9.0 Product Implementation

9.1 After new or changed products are selected, the AMR Clinical and Educational Services Department, the Purchasing Department, the Safety and Risk Management Department and Operations leaders and should work closely with local resources to:
(a) Provide recommendations to management on how to best implement the supplies.
(b) Identify any new or changed policies, procedures, or work rules that will be necessary to compliment the change in supplies or methods of use.
(c) Seek constructive employee input during the change process.
(d) Develop and administer an efficient method to provide employee training as appropriate.
(e) Monitor the change process to help identify and solve problematic issues.

10.0 Employee Input and Feedback

10.1 Sharps or exposure-related input from employees and employee representatives should be made in writing whenever possible. Written input should be submitted to the contributing employee’s safety committee, Local Safety Coordinator, or Infection Control Officer.

10.2 To facilitate efficient routing and consideration, the document must include a detailed description of the issue, specific recommendations on how a meaningful improvement can be made, the contributing employee’s name, work location, telephone number, to whom the written input was provided, and the date it was submitted to that person.

10.3 The local safety committee, in accordance with usual process, shall objectively consider and respond to the employee’s perspective and recommendations. The safety committee should make every effort to respond back to the contributing employee in a timely fashion. In absence of a safety committee, the Local Safety Coordinator shall respond back to the employee.

10.4 At an employee’s full discretion, written suggestions/concerns may be simultaneously submitted to both the local safety committee and AMR management for review.
11.0 Process Measurement and Continuous Improvement

11.1 As part of the local Safety or Quality Assurance Committee process, members should meet at least quarterly to:

(a) Review and discuss any incidents, including sharps exposures, which occurred since the last meeting, with the intent of determining the causal factors and potential remedies.

(b) Update and review the Committee’s incident records to determine whether trends are found.

(c) Discuss any employee suggestions or input received since the last meeting.

(d) Determine if any new or changed engineering, administrative, or work practice control is needed.

(e) Critically evaluate new or improved sharps devices available in the marketplace.

(f) Provide a summary and/or recommendations to AMR management for consideration.

12.0 Annual Review and Data Analysis

12.1 On not less than an annual basis, the AMR Safety and Risk Management Department, Clinical and Educational Services Department, and the Purchasing Department or their designees shall meet to:

(a) Estimate the utilization frequency of the types and brands of sharps found on Sharps Logs.

(b) Calculate exposure rates by type of device, to the extent data are available to do so.

(c) Identify trends that warrant further review and formulate data-driven recommendations.

(d) Evaluate new products available in the marketplace that may provide added protection to the end-users compared to traditional sharps devices.

13.0 Sharps Injury Log

13.1 To help track the frequency of sharps exposures as well as a number of other key measures, AMR shall establish and maintain a “Sharps Injury Log” in each operation where sharps are commonly used. The Log shall fully comply with applicable federal and state requirements.

13.2 For each employee exposure to blood or body fluids that results from a contaminated sharps injury, the investigating supervisor is required to complete and submit the Sharps Exposure Report Form. This form is found in the Supervisor’s reporting packet. Completed forms shall be sent directly to the AMR Safety and Risk Management Department, along with the other exposure documentation.

13.3 The AMR Safety and Risk Management Department will maintain the company’s electronic Sharps Injury Log, kept current to within 6 days, and will provide each operation with periodic hard-copy updates for their local files. To obtain a copy of the most current Sharps Injury Log between periodic hard-copy updates, the AMR Safety and Risk Department should be contacted.

14.0 Exceptions

14.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.
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:
Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap / injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.
Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of infectious exposure / illness, please contact your supervisor.

1.0 It is the policy of AMR to:

1.1 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.
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
- 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
- Class II High Visibility Safety Apparel

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 and Risk Management, in writing, and in advance of any such exception(s) being taken.
## AMR Respiratory Protection Policy

### Table of Contents

<table>
<thead>
<tr>
<th>SECTION</th>
<th>TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>*</td>
<td>INTRODUCTION</td>
</tr>
<tr>
<td>1.0</td>
<td>POLICY STATEMENT</td>
</tr>
<tr>
<td>2.0</td>
<td>SELECTION OF RESPIRATORY PROTECTION</td>
</tr>
<tr>
<td>3.0</td>
<td>AVAILABILITY AND STORAGE OF APPROVED RESPIRATORS</td>
</tr>
<tr>
<td>4.0</td>
<td>USE OF APPROVED RESPIRATORS</td>
</tr>
<tr>
<td>5.0</td>
<td>OBTAINING A PROPER SEAL</td>
</tr>
<tr>
<td>6.0</td>
<td>DESIGNATED PHYSICIAN INFORMATION</td>
</tr>
<tr>
<td>7.0</td>
<td>MEDICAL EVALUATION REQUIREMENTS</td>
</tr>
<tr>
<td>8.0</td>
<td>WRITTEN OPINIONS</td>
</tr>
<tr>
<td>9.0</td>
<td>FIT TEST REQUIREMENTS</td>
</tr>
<tr>
<td>10.0</td>
<td>INSPECTION AND MAINTENANCE</td>
</tr>
<tr>
<td>11.0</td>
<td>CLEANING AND DISINFECTION</td>
</tr>
<tr>
<td>12.0</td>
<td>EMPLOYEE EDUCATION AND TRAINING</td>
</tr>
<tr>
<td>13.0</td>
<td>PROGRAM EVALUATION</td>
</tr>
<tr>
<td>14.0</td>
<td>RECORDKEEPING</td>
</tr>
<tr>
<td>15.0</td>
<td>EXCEPTIONS</td>
</tr>
</tbody>
</table>

### BACKGROUND:

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

### PURPOSE:

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

### APPLIES TO:

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

### ENFORCEABILITY:

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

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

1.1 Comply with 29 CFR 1910.134 and other applicable federal and state safety standards related to respiratory protection.

1.2 Designate the local AMR General Manager of Operations and their designee as having overall responsibility to effectively implement, monitor, and suggest improvements to this policy within his/her area of concern.

1.3 Provide respiratory protection training, medical evaluations [if required], and fit testing to covered employees in accordance with current regulations.

1.4 Supply appropriate respiratory protection for employee use based on the foreseeable hazards to which they might be exposed.

1.5 Enforce and reinforce the elements of this written policy, thereby supporting AMR’s overall Injury and Illness Prevention Program and Infection Control Program.

PROCEDURES

2.0 Selection of Respiratory Protection

2.1 AMR’s National leader for Safety and Risk Management must approve the respiratory protection that is provided to AMR employees for their use in the field.

(a) Such selection and approval will be based on current safety regulations, the chemical, biological, and environmental hazards to which employees may be exposed, relative safety and comfort during use, and patient care considerations.

(b) In some locations, the type of respiratory protection has been established and standardized throughout a response system by pre-planning committees or a local EMS Agency. In such cases, their selection should be evaluated against the provisions of this policy.

2.2 Respirators provided to AMR employees must, at minimum, meet all of the following criteria:

(a) NIOSH-approved

(b) Negative-pressure

(c) Classified as HEPA or N-95

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 between users
   (c) After each fit test or training exercise that involved donning the respirator.

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

12.0 Employee Education and Training

12.1 Employees who may have the need to wear a respirator provided under this policy shall be trained in [and be able to demonstrate knowledge of] at least the following:
   (a) Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effects of the respirator
   (b) The limitations and capabilities of the respirator
   (c) How to use the respirator effectively in emergency situations, including situations in which the respirator malfunctions
   (d) How to inspect, put on, remove, and check the seals of the respirator
   (e) Medical signs and symptoms that may limit or prevent the effective use of respirators
   (f) The general requirements of this written policy and the applicable OSHA regulation.

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

12.3 Documented retraining shall be administered annually and whenever the following situations occur:
   (a) Changes in the workplace or type of respirator render previous training obsolete;
   (b) Inadequacies in the employee's knowledge or use of the respirator indicate that the employee has not retained the requisite understanding or skill
   (c) Any other situation arises in which retraining appears necessary to ensure safe respirator use.

13.0 Program Evaluation

13.1 The local AMR Director or Manager of Operations is responsible to see that his/her staff or the local safety committee conducts periodic evaluations to ensure that the provisions of this written policy are implemented and that they continue to be effective. In addition, he/she must regularly consult local employees to obtain their views on this policy's effectiveness and to identify any problems.
13.2 Factors to consider during periodic evaluations or while soliciting regular employee input include, but are not limited to the following:
   (a) Respirator fit, including the ability to use the respirator without interfering with effective workplace performance
   (b) Appropriate respirator selection for the hazards to which the employee is exposed
   (c) Proper respirator use under the workplace conditions the employee encounters
   (d) Proper respirator maintenance.

13.3 Employees shall report conditions or circumstances where exposure could not be controlled or use of the respirator adversely affected the employee. Such reports should be evaluated for opportunities to improve this policy.

14.0 Recordkeeping
14.1 All records required in Sections 14.2-14.4 shall be maintained by [and be physically located at] the local operation’s administrative office. Such records must be made available to affected employees and compliance officers upon request.

14.2 The following records must be maintained in each covered employee’s medical file:
   (a) Records of any training provided under this policy, which must be maintained for at least three (3) years [these records may be electronically archived if desired]
   (d) Designated physician / LHCP’s written opinion, which must be maintained for duration of employment or until replaced by a subsequent written opinion
   (c) Fit test documentation as outlined in section 14.3 below, which shall be maintained at least until an employee’s next fit test.

14.3 Fit test records must include:
   (a) The name or identification of the employee tested
   (b) Type of fit test performed
   (c) Specific make, model, style, and size of respirator tested
   (d) Date of test
   (e) The pass/fail results.

14.4 Additional records include periodic inspection records, maintenance records, periodic audit information, and documentation to support regular employee involvement in this policy.

15.0 Exceptions
15.1 Any exception(s) to this policy must be approved by the National Leader for Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.
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:
Violation of any element in this policy will result in corrective action, up to and including termination. Items flagged with a * symbol involve both a high likelihood of mishap / injury and require primarily a choice, not a skill, in order to comply. Violation of such * items will trigger accelerated corrective action, up to and including termination for the first infraction.

Employees are required to familiarize themselves with these expectations. To obtain further information about how to reduce the risk of 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 assist.

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.

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.

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 employee's 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 and Risk Management, in writing, and in advance of any such exception(s) being taken.
BACKGROUND
American Medical Response (AMR) recognizes that alcohol and substance abuse can create a hazard both for the user and for those persons who come in contact with the user. While each employee is ultimately responsible for his or her own safety and health, AMR recognizes its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable laws and regulations.

PURPOSE
The purpose of the AMR Substance Abuse Prevention Policy is to outline a comprehensive prevention and response system that will reduce the likelihood of substance abuse by employees, thereby supporting AMR’s Risk Management Program and creating a safer environment for employees, patients and the general public.

APPLIES TO
This policy applies to all AMR employees.

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

Employees are required to familiarize themselves with these expectations. To obtain further information about substance abuse prevention, please contact your supervisor or the Human Resources Department.
1.0 It is the policy of AMR to:

1.1 Expressly prohibit the unlawful use, possession, manufacture, distribution, dispensation, or sale of alcohol and controlled substances or illicit drug paraphernalia by its employees at all times. In addition to termination, AMR may report these activities to local law enforcement or other regulating agencies.

1.2 Require AMR employees to be fit for duty while performing services on behalf of the company and to perform all assigned duties without the presence of illegal drugs, alcohol or inappropriate legal drugs in their systems.

1.3 Test any employee for alcohol and controlled substances as outlined in this policy.

1.4 Whenever necessary, search AMR premises for evidence of potential substance abuse. “AMR premises” includes but is not limited to: all facilities and areas in which AMR operates, AMR owned / leased property, any property where services on behalf of AMR are being performed, AMR owned or leased equipment, privately owned vehicles while on AMR owned or leased property, parking lots, lockers, desks, equipment, work spaces, and storage facilities.

PROCEDURES

2.0 Standards of Employee Conduct

2.1 Employees should refrain from alcohol consumption for at least 8 hours prior to the start of any work shift.

2.2 AMR employees shall not consume alcohol if any of the following situational factors apply:
   (a) On-duty
   (b) On-call
   (c) In AMR uniform, even if “off-duty”

2.3 AMR employees may be exempt from the alcohol related provisions of this policy for a specific meeting or company function where alcohol consumption is permitted by AMR management.
   (a) Alcohol related exemptions shall not apply to any employee that:
      (1) Is expected to remain ready to respond to emergency calls, provide patient care, or provide clinical guidance to on-duty employees [e.g. field employees or field supervisors who are on-duty or on-call].
      (2) Drives an AMR vehicle to or from the meeting / company function
      (3) Is in AMR uniform, regardless of duty status

2.4 AMR employees are prohibited from unlawful use, possession, manufacture, distribution, dispensation, or sale of controlled substances or illicit drug paraphernalia.

2.5 If taking a prescribed or over-the-counter drug, employees must immediately report to their supervisor if the use of the drug may alter the employee’s behavioral alertness or mental ability and / or may interfere with the employee’s ability to perform their normal job duties in a safe and competent manner.
(a) The company may require the employee to provide a written letter of explanation from their physician that indicates knowledge of the employee’s work, sufficient awareness of the hazards associated with the work, and professionally reasoned confidence that the prescribed medication will not create unreasonable risk for the employee, coworkers, patients, or the community.

(b) Employees are not to take prescription drugs unless they are issued to them by a physician. Therefore, any prescribed drugs taken while on duty must be in the original container and be clearly marked with the employee’s name on the prescription label.

(c) Employees are not to knowingly misuse or abuse over-the-counter or prescription medications.

2.6 Employees must notify their supervisor immediately if they are arrested or convicted under any criminal statute associated with drugs or alcohol.

3.0 Drug and Alcohol Screening

3.1 AMR locations that do not have a saliva-based screening process available should proceed directly to drug and alcohol testing if indicated by Section 5.0 of this policy.

3.2 Where available, saliva-based drug and alcohol screening may be used to “rule-out” the presence of alcohol or controlled substances in an employee’s system. In such cases, an HR-approved procedure or checklist should be used to govern the key steps of the screening process, including but not limited to:

(a) Ensuring appropriate steps are taken to document the reason for administering the screen

(b) Providing for a witness while the screen is administered

(c) What to do if the saliva-based screen indicates “non-conclusive” or similar findings that suggest the need to utilize a drug and alcohol test.

3.3 No AMR location or department is obligated to make saliva-based screening available to employees.

3.4 Saliva-based screening is not to be used as the basis for taking corrective action. Rather, it may be used only to determine whether to proceed with a drug and alcohol test.

3.5 Screening results that indicate “non-conclusive” [or equivalent] shall trigger quantified drug and alcohol testing as described elsewhere in this policy.

3.6 Regardless of saliva-based screening results or an employee’s refusal to participate in a drug or alcohol screen, AMR reserves the right to require an employee to undergo a drug or alcohol test.

4.0 Pre-Employment Drug Testing

4.1 Individuals that receive a job offer from AMR must complete a post-offer / pre-placement drug test that is administered by an AMR-designated provider. AMR’s Human Resources Department should provide guidance to employment candidates regarding HR-designated test locations, documentation and process requirements.

4.2 Saliva-based screening is not permitted for use in lieu of the drug test required by this section.

4.3 Employment candidates that refuse to undergo a drug test, or who fail the test, are not eligible for hire.
5.0 Drug and Alcohol Screening / Testing—Current Employees

5.1 Reasonable suspicion criteria

(a) AMR management may initiate a reasonable suspicion drug and alcohol screen or test for any employee who exhibits physical, behavioral, or performance indicators of possible drug or alcohol use.

(b) Prior to initiating a reasonable suspicion drug and alcohol screen or test, Supervisors should consult with the AMR Human Resources Department and other appropriate resources as necessary.

(c) The investigating Supervisor should clearly document the physical, behavioral or performance indicators of possible drug or alcohol use that formed the basis of their reasonable suspicion. This information, along with any other investigation work products, should be forwarded to Human Resources for review.

5.2 For cause criteria

(a) Post-incident

(1) All collisions involving an AMR vehicle where one or more persons are transported by ambulance or any vehicle must be towed from the scene

(2) More than 2 workers' compensation claims that involve treatment in a 12 month period

(3) Discovery of an open container of alcohol, controlled substances or drug paraphernalia in an employee's possession while at work, in the employee's work area, or in any area the employee had access to

(4) Missing or altered controlled substances to which the employee had access

(5) More than one customer complaint of missing medications in a 36 month period

(6) Arrest or conviction for violation of a criminal drug statute

(7) Alleged felony activity while on duty

5.3 Return to duty testing criteria

(a) Employees that meet the condition of Section 9.2 of this policy are required to successfully pass a return to duty alcohol test before resuming duty.

(b) Employees that proactively self-disclose a drug or alcohol problem to the company are required to take a return to duty drug and alcohol test before returning to duty. See also Section 5.4 below.

5.4 Follow-up testing criteria

(a) Employees that proactively self-disclose a drug or alcohol problem to the Company or who meet the condition of Section 9.2 of this policy will be required to participate in a follow-up [unannounced / random] testing regimen that is designed or approved by the Company.

5.5 Random testing criteria

(a) Excepting those covered by a last-chance agreement, as outlined in Section 12.2 of this policy, random drug and alcohol testing may not be done unless a separate written program is established by the AMR Human Resources Department.
6.0 Drug and Alcohol Test Process

6.1 Given the inability to determine the presence or type of substance(s) that might be in an employee's system without conducting an appropriate test, alcohol testing must be done in conjunction with controlled substance testing and vice versa. Using only one or the other test is not permitted—both must be used.

6.2 If the employee refuses to submit to a drug and alcohol test or refuses to sign a chain of custody form or any other documentation associated with this policy or the drug or alcohol testing process, he/she will be terminated.

6.3 Employees shall not take any deliberate action to mask the signs of alcohol or controlled substance use or to elude detection of having alcohol or controlled substances in their system.

6.4 Employees shall not switch or adulterate a drug or alcohol test specimen. This action shall result in termination.

6.5 Upon being notified by the Company of the need to submit to a drug and alcohol test, employees must immediately report to the test collection site as directed by the investigating supervisor. Failure to do so may result in termination.

6.6 AMR management should provide or arrange safe transportation for the employee upon request, or upon management suspicion that an employee may be unable to safely operate a vehicle.

6.7 An employee required to undergo an alcohol and drug test based on "reasonable suspicion" should be placed on unpaid administrative leave until the test results are received. Employees required to undergo a drug and alcohol test based solely on the basis of meeting the "for cause" criteria specified in Section 5.2 of this policy [i.e. no reasonable suspicion factors evident] do not normally need to be placed on administrative leave. Consult the Human Resources Department as needed in this regard.

6.8 All documentation associated with the administration of this policy will be maintained by the AMR Human Resources Department and will be treated as confidential.

7.0 Drug and Alcohol Test Methods

7.1 As established in Section 3.0 of this policy, AMR may elect to utilize a saliva-based drug and alcohol screening to help determine whether administering a quantified drug and alcohol test is indicated.

7.2 AMR controlled substance testing detects opiates, marijuana, phencyclidine (PCP), amphetamines, cocaine, cocaine & marijuana metabolites, 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 > 0.02 and ≤ 0.039: Removal from duty, mandatory EAP referral, mandatory final written warning, at least a one (1) shift unpaid suspension, mandatory return to work test, mandatory / signed last chance agreement that includes [but is not limited to] mandatory participation in a follow-up testing program designed or approved by AMR. This option may be used only once during an employee's work experience(s) with AMR.

9.3 > 0.04: Termination.

10.0 Drug Test Failure Criteria and Consequences

10.1 Any detectable presence of controlled substances, controlled substance metabolites, or controlled substance test adulterants will result in termination.
11.0 Employee Assistance Program

11.1 AMR supports early intervention and treatment for employees faced with alcohol or controlled substance related problems by providing an Employee Assistance Program (EAP). Employees with alcohol and/or substance abuse problems are strongly encouraged to voluntarily and proactively utilize the EAP service. For current information about this service, employees should contact their supervisor or the AMR Human Resources Department.

12.0 Self-Disclosure of a Drug or Alcohol Problem

12.1 Employees are strongly encouraged to proactively inform their supervisor or a Human Resources Department staff member if they have an alcohol or a controlled substance abuse problem. If notified, the Company should carry out an investigation into the matter. The investigation may include requiring the employee to take an alcohol and/or controlled substances test.

12.2 If the investigation shows the employee’s disclosure was made proactively [i.e. before being requested by the Company to submit to drug or alcohol testing and before an incident occurs that could reasonably lead to such request], the employee may be permitted, in lieu of termination, to enter into a written “Last-chance agreement” between the employee and the Company.

(a) As part of the last-chance agreement, the employee may be required to take an unpaid leave of absence in order to complete appropriate treatment for alcohol and/or controlled substance abuse.

(b) Before becoming eligible to return to duty, employees participating in a last-chance agreement must agree to and fully comply with all requirements established by the Company, the local EMS Agency, and the EMS Agency Medical Director.

(c) Failure to sign the last-chance agreement or failure to fully comply with the terms therein shall be grounds for termination.

12.3 Self-disclosure of an alcohol or substance abuse problem that is deemed to be reactive in nature [i.e. after being requested by the Company to submit to drug or alcohol testing or after an incident occurs that could reasonably lead to such request] will have no effect. If a drug or alcohol test reveals a failed result, the employee will be subject to the corrective actions specified in Sections 9.0 and 10.0 of this policy.

13.0 Education and Training

13.1 AMR has implemented a Drug Free Awareness Program to educate employees and their families on alcohol and substance abuse issues. The Program includes information about:

(a) The AMR Substance Abuse Prevention Policy.

(b) The dangers of alcohol and drug abuse.

(c) The availability of confidential treatment and counseling through AMR’s EAP.

(d) The consequences of violating this policy.

14.0 Exceptions

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

American Medical Response (AMR) recognizes that employees who experience a significant injury or illness that results in a restricted work status may be more able to return to full duty if they have an opportunity to participate in a transitional work process on a temporary basis. Transitional work provides a means for employees on a restricted duty status to continue making a meaningful contribution in the workplace, within their ability, and can help to temporarily reduce employee hardship caused by disability-related wage loss.

PURPOSE

The purpose of the AMR Transitional Work Policy is to help facilitate the provision of temporary work assignments to eligible AMR employees that have temporary work restrictions.

APPLIES TO

This policy applies to all AMR employees.

ENFORCEABILITY

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

Employees are required to familiarize themselves with these expectations. To obtain further information about AMR's transitional work process, please contact your supervisor.
1.0 It is the policy of AMR to:

1.1 Provide transitional work assignments (modified duty), when feasible, to employees who experience a significant injury or illness and, based on the treating physician's work status report, are temporarily unable to perform their regular duties.

1.2 Utilize transitional work assignments as a mutually-beneficial tool that can help an employee return to their regular duties.

1.3 Provide eligible employees an opportunity to carry out transitional work assignments in a consistent and constructive manner.

1.4 Hold employees accountable for their performance and adherence to all applicable company policies while carrying out transitional work assignments in the same way as would occur if the employee was working their normal duties.

1.5 Modify or withdraw the offer of transitional work assignments, at the Company's sole discretion, based on employee performance, productivity, operational / department needs or other factors.

1.6 Require employees to present an unrestricted release to full duty, signed by the treating physician, before being allowed to return to their usual job.

**PROCEDURES**

2.0 Eligibility Criteria

2.1 Only individuals that remain "eligible", as defined in Section 2.2 below, may be offered transitional work assignments. AMR may revoke an employee's eligibility at any time.

2.2 To be classified as eligible, all the following criteria must be met:

(a) AMR employee;
(b) With an injury or illness that occurred within the last 120 days;
(c) Who has provided AMR with a current doctor's note that indicates [due to the employee's injury or illness] he/she is temporarily unable to work his/her usual duties but can work modified duty;
(d) With work restrictions that AMR is able and willing to temporarily accommodate; and
(e) An AMR Transitional Work Offer and Agreement Form is completed and signed by the employee.

2.3 Except in certain legal jurisdictions, transitional work assignments are limited to AMR employees who experienced an occupational injury or illness that is accepted by AMR's workers' compensation insurance carrier. Contact the Human Resources Department to determine whether local laws or regulations require the AMR to offer transitional work hours to employees with other health conditions.
3.0 Transitional Work Hours & Scheduling

3.1 The provision of transitional work hours is always at AMR’s discretion. Therefore, AMR reserves the right to modify transitional work hours and assignments at any time and to withdraw a transitional work offer based on employee performance, productivity, operational / departmental needs or other factors.

3.2 If an employee is offered transitional work hours, the following guidelines should be considered:
   (a) Full-time employees should be offered 40 hours per week of transitional work assignments
   (b) Part-time employees should be offered up to their 6-month average number of weekly hours in the form of transitional work assignments.

3.3 Eligible employees may decline some or all of the transitional work hours offered by the Company but are cautioned that doing so may result in partial or total loss of workers’ compensation indemnity payments for wage loss [if applicable]. However, workers’ compensation coverage for medical treatment is not affected by refusing transitional work.

3.4 It is the option of the company to change regular hours and workdays of employees participating in the transitional work assignments. Transitional work schedules will be primarily based on operational / departmental needs with secondary consideration given to employee preferences.

3.5 To assure adequate supervision, transitional work assignments should normally be scheduled at an AMR facility between the hours of 8:00 AM and 5:00 PM, Monday through Friday.

3.6 Providing transitional work assignments to be done at an employee’s home or in similarly unsupervised environments should be avoided.

3.7 While completing transitional work assignments, overtime is not allowed unless the employee’s supervisor provides approval in advance of the hours being worked.

3.8 If the employee is unable to report on time for a transitional work shift, s/he must notify their supervisor not later than 2 hours before the scheduled start time [or as otherwise specified by local policy].

4.0 Duration of Transitional Work

4.1 Eligible employees may be offered transitional work assignments during a 120 calendar day period, which begins on the date of injury / illness. After 120 calendar days have elapsed from the date of injury / illness, the employee will not be eligible to receive transitional work assignments unless the following sole exception can be satisfied:
   (a) If the primary treater associated with managing the injury / illness indicates [in writing] that there is a high probability the employee will be able to return to full duty and without restrictions within 30 days, the company may elect to offer the employee a one-time, 30-day extension of transitional work assignments. AMR reserves the right to determine whether a one-time 30-day extension will be offered on a case-by-case basis.
   (b) If the employee is not released back to full duty without restrictions within the additional 30 days, he / she will no longer be eligible for transitional work assignments. Additional extensions of time are not permitted.
5.0 Type / Nature of Transitional Work Assignments

5.1 The employee’s supervisor or designee should meet with the employee to determine the type of transitional work assignments that will best match Company needs and the employee’s abilities.

5.2 AMR may assign an employee any type of transitional work so long as the assignments fall within the employee’s most current work restrictions as documented by the primary treater involved in managing the injury/illness.

5.3 If a change in the employee’s health status impacts his/her ability to perform a transitional work assignment, the employee must immediately notify his/her supervisor.
   (a) If the work assignment falls within the most current work restrictions, the employee is expected to complete the work.
   (b) If the work restrictions need to be changed, the employee must return to the treater for a work status evaluation.

5.4 Transitional work assignments should be reevaluated on a periodic basis, and be adjusted as necessary to match the employee’s abilities with Company needs. Employees should expect to move from one temporary work assignment to another as their health status and operational / departmental needs change.

6.0 Location of Transitional Work Assignments

6.1 When feasible, an effort will be made to allow employees to work in their usual department or operation. However, the availability of work or other factors may make it necessary to arrange a temporary reassignment to another department or operation.

6.2 Employees who are covered by a negotiated labor agreement may be subject to a restriction on the travel distance to the location of transitional work assignments.

7.0 Employee Conduct & Performance

7.1 All AMR policies apply during the period of transitional work and should be reinforced accordingly.

7.2 Use of transitional work assignments does not change in the employee-employer relationship. Therefore, as when working regulator duties, employees who fail to complete transitional assignments with quality and timeliness, or who exhibit attendance, punctuality, appearance or other performance problems while working in a transitional duty capacity may be removed from the transitional work process and may receive corrective action, up to and including termination.

8.0 Transitional Work Pay Rate

8.1 Employees will be paid their regular hourly rate while completing transitional work assignments.

8.2 Time spent at doctor, physical therapy, or other treatment appointments is not paid time. Similarly, time spent traveling to and from work or treatment appointments is not paid time.

8.3 To avoid loss of earning power, participating employees are encouraged to schedule treatment appointments outside of their assigned transitional work hours. If this cannot be arranged, appointments should be scheduled at the beginning or end of the transitional work shift.
9.0 Transitional Work Documentation

**NOTE:** The following provisions apply for use of transitional work assignments secondary to an occupational injury or illness.

9.1 Upon notification of an occupational injury, the employee and his/her supervisor should jointly complete a workers' compensation packet, as supplied by the Safety and Risk Management Department. Among other items, the packet should include the following tools:

(a) The AMR Work Status Report Form
(b) The AMR Transitional Work Offer and Agreement Form [See Attachment A]

9.2 The employee’s supervisor should complete the top portion of the Work Status Report Form to indicate his/her authorization for initial evaluation and treatment. The employee is responsible for having the treater complete the remainder of the form during the appointment.

9.3 Based on the residual abilities and work restriction information provided by the treater, if any, the supervisor and employee should jointly complete the Transitional Work Offer and Agreement Form. If the employee is taken totally off work [disabled, TTD, or “off work”] by the treater, the form is not relevant until the employee is released to modified duty at a later date.

9.4 Transitional work should be scheduled to begin immediately or as soon as possible thereafter. The employee's "normal schedule" is not relevant until the employee is released to full duty without restrictions. Start transitional work right away.

9.5 Refusal to complete any portion of the AMR Transitional Work Offer and Agreement form shall be treated the same as a refusal of modified duty. This finding can directly affect the employee's eligibility for wage replacement through the workers' compensation system.

9.6 The AMR Transitional Work Assignment Tracking Log should be used as a tool to record the type / nature of transitional work assigned to the employee over time.

9.7 The local operation or department associated with the injured employee must insure all work statuses, Transitional Work Offer forms, and other documentation related to the employee's injury / illness or treatment must be sent to the Safety and Risk Management Department.

10.0 Exceptions

10.1 Any exception(s) to this policy must be approved by the National Vice President of Safety and Risk Management, in writing, and in advance of any such exception(s) being taken.
TRANSITIONAL WORK ASSIGNMENT POLICY: ATTACHMENT A

Name: ____________________________________________ (print employee’s name)
Date: ____________________________________________ (insert today’s date)

Offer of transitional work, notice of your responsibilities, and agreement

The following terms apply to employees performing transitional duty. Failure to comply with these terms as well as all company policies may result in corrective action.

AMR Supervisor / Manager to Complete this Section

Transitional duty may be made available to you for the first 120 calendar days from your date of injury. Offering transitional duty is at the sole discretion of AMR and can be rescinded at any time.

Transitional duty will start on (date) __________________. Your rate of pay will be $ __________ / hour.

Your workdays will be ____________________________, starting at __________ and ending at __________.

Given the proposed schedule above, the total number of hours offered to you each week is __________.

Your reporting location for transitional duty will be: ____________________________________________.

The task assignments will vary during this time period based on company needs and the work restrictions listed on your most current work status report. Please note that a field uniform or appropriate business attire must be worn while you are working transitional duty.

Employee Response to Transitional Duty Offer and Terms

Acceptance:

(______) (initial) I agree to the above number of transitional duty hours, schedule, and reporting location as outlined above.

(______) (initial) I understand that the workers’ compensation system [if applicable] WILL NOT provide wage replacement when transitional duty is available and I fail to work the full number of hours offered by the company.

(______) (initial) I understand that all company policies remain in effect and apply to me even though I am not working at my normal job, schedule, or location.

(______) (initial) I understand that it is my responsibility to provide a WRITTEN work status update to my supervisor immediately after each and every visit to the treatment provider.

(______) (initial) I understand that my eligibility to work transitional duty will expire after 120 calendar days have elapsed from my date of injury / illness. I also understand and agree the Company may modify or cancel my transitional work at any time based on my performance, productivity, operational / departmental needs, or other factors.

Declination:

(______) (initial) I decline to work transitional duty even though my decision to do so may render me ineligible for lost wage replacement from the workers’ compensation system [if applicable]. I understand that coverage for my medical treatment expenses will not be affected by my decision to decline transitional duty.

>>>> I affirm my choice to accept or decline transitional duty as indicated by my initials above.

Employee Signature ____________________________ Date ____________________________

Supervisor Signature ____________________________ Date ____________________________
# AMR Physical Agility Testing Policy

**INTRODUCTION**

American Medical Response (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 agility 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 AMR Physical Agility Testing Policy is to provide a structured approach to effectively utilize the AMR Physical Agility Test (PAT) as a tool to reduce the risk of employee lifting-related injury and patient mishaps in the field.

**APPLIES TO:**

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

**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 AMR Physical Agility Test or how to reduce the risk of lifting-related injury, please contact your supervisor.

---

## Section 3.0 PHYSICAL AGILITY TESTING - GENERAL PROVISIONS

<table>
<thead>
<tr>
<th>Section</th>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>POLICY STATEMENT</td>
<td>2</td>
</tr>
<tr>
<td>2.0</td>
<td>PHYSICAL AGILITY TESTING - GENERAL PROVISIONS</td>
<td>2</td>
</tr>
<tr>
<td>3.0</td>
<td>PHYSICAL AGILITY TESTING - APPLICANTS</td>
<td>2</td>
</tr>
<tr>
<td>4.0</td>
<td>PHYSICAL AGILITY TESTING - CURRENT EMPLOYEES</td>
<td>2</td>
</tr>
<tr>
<td>5.0</td>
<td>EXCEPTIONS</td>
<td>3</td>
</tr>
<tr>
<td>Attachment A</td>
<td>LETTER TO APPLICANTS</td>
<td>4</td>
</tr>
</tbody>
</table>
1.0 It is the policy of AMR to:

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

1.4 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 Physical Agility Testing – General Provisions

2.1 Only AMR certified PAT providers may be used to administer the test.

2.2 PAT tests may not be administered unless either a conditional job offer is made to an applicant in advance or the individual is already an AMR employee.

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

2.4 The PAT administrator will determine the appropriate length of time for retest based on the progress of the individual at the time of failure.

2.5 Applicants and employees who are not eligible to take the test due to justifiable safety or health concerns, or who are unable to pass the PAT after three consecutive attempts, are deemed ineligible to be employed in a field position.

2.6 Certifying new PAT administrators should be coordinated with AMR’s safety and risk personnel. AMR’s managerial staff may obtain the procedures for certifying new PAT administrators from the Safety and Risk on-line knowledgebase.

   http://cor1denshr2.cor1.root01.org/sites/proserv/safetyrisk/Collaboration

2.7 AMR’s managerial staff may obtain PAT posters and videos for their certified PAT administrators from Avatar through Procure-It.

2.8 Ergo-Lift devices specifically designed for the PAT and needed to perform the PAT may be purchased through the National Director of Safety and Risk.

3.0 Physical Agility Testing – Applicants

3.1 To objectively measure an individual’s readiness to safely lift and move the majority of patients in the field setting, all field position applicants must successfully pass AMR’s Physical Agility Test as a condition of initial employment.
3.2 Provide a copy of the PAT Preparation Document to EMS applicants at the earliest opportunity; including job fairs. At a minimum they should be included in the application package. The PAT preparation document is attached.

3.3 Encourage all applicants to engage in the strength and endurance program described in the PAT preparation document; to improve their ability to pass the PAT.

4.0 Physical Agility Testing – Current Employees

4.1 All AMR field employees must continuously maintain the strength and ability to pass the PAT.

4.2 All AMR employees are encouraged to participate in a health and fitness program similar to those described in the attached letter to applicants. (A list of fitness centers that offer discounts to AMR employees can be found on portal.emsc.net)

4.3 Current AMR employees may be required to retake the PAT to establish readiness to safely continue or safely return to their field duties if:

(a) The employee has been out of the field, for any reason, for a period greater than 30 contiguous days.

(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 requests a permanent transfer from one AMR operation to another and has not previously completed the PAT.

(d) The employee is: involved in a lifting-related mishap or a near miss in the field, or the subject of a documented complaint; resulting in an investigation that reasonably indicates a need for re-evaluation of readiness to safely continue lifting related field duties.

4.4 Safety & Risk is the lead in the decision to retake the PAT. Considerations include: the safety of the employee and their partner, and risk to the company. Additional input may be obtained from other departments such as Operations and Human Resources.

4.5 Any employee who falls within the categories as outlined in (a-e) and cannot pass the PAT after the first attempt will be placed on unpaid administrative leave. The employee will be subject to 2.5 of the General Provisions.

5.0 Exceptions

5.1 Exception(s) to this policy must be approved by National Senior Vice President of Professional Services, in writing, and in advance of any such exception(s) being taken.
Dear Applicant:

We appreciate your interest in joining the AMR team of professionals. Issuance of this letter does not imply an offer of employment or an opportunity for testing and re-testing. Questions regarding the employment status should be directed to AMR’s Human Resources Department. This letter details AMR’s Physical Agility Test (PAT) and Strength and Endurance Goals to prepare you for the physical rigors of the job. The exercises are specific to the job function and may assist you in passing the PAT. Also included is a Six Day per Week and Three Day per Week Physical Training Programs designed to assist you in attaining your Strength and Endurance Goals. The physical training program is voluntary and compliments of AMR. You should consult with your physician before you begin these programs.

The treatment and transport of patients at AMR presents significant physical demands. Two person crews are regularly required to lift and carry patients weighing more than 200 pounds on an 80-pound gurney. Routine obstacles such as curbs, stairs and narrow hallways frequently prevent the gurney from being rolled, thus requiring the crewmembers to bear the entire weight of the patient and equipment. Further, normal patient weight distribution on a gurney results in the crewmember at the patient head of the cot bearing 65-70% of the combined patient/stretcher weight.

In order to reduce the likelihood of injury to either crewmember or the patient, American Medical Response has worked with specialists to design our pre-employment physical agility test (PAT). The test is based upon five essential job functions that AMR workers must perform when lifting and moving a 200-pound patient. A certified test administrator administers this proprietary test, using specialized equipment to replicate the five essential job functions. The test represents an accurate simulation of the flexibility, strength and endurance required to work on an AMR ambulance.

Few individuals possess the natural strength to pass the PAT without preparation. Those considering full or part-time employment at AMR are encouraged to initiate and maintain a serious physical-conditioning program at least 90 days prior to attempting this test. All components of the test must be completed to pass the Physical Agility Test. During the test you will be required to:

- Warm-up with a three-minute stepping exercise to determine your aerobic fitness.
- Lift a 120 lb. lifting platform from the ground to 22-inches, with a 24-inch side carry. This simulates lifting a patient on a scoop from the ground to a stretcher.
- Lower a 110-lb. lifting platform from 36-inches to 22-inches. This simulates a sit-pick transfer of a patient from a chair to a stretcher.
- Lift a 140 lb. lifting platform from a 22-inch height to 40-inch height then return to 22 inches. This simulates lifting the patient on a stretcher from the mid-rolling to high-rolling position.
- While holding a 120 lb. lifting platform, climb and descend 3 steps three times. This simulates carrying a patient on a scoop up or down a flight of stairs.
Strength and Endurance Goals for AMR Physical Agility Test

NOTICE: Consult your physician before beginning this program. The exercise regimen below represents a realistic approximation of the strength and endurance required to pass the AMR test and should prepare you for the physical rigors of the job. The recommendations have a high correlation to the test tasks. The ability to meet these recommendations will greatly increase your ability to pass the test but do not guarantee a passing score. Beginning your training program early will help you to determine whether this is the right career path for you as an individual.

**AEROBIC CAPACITY:** A recovery heart rate following a three-minute step workout and one minute rest (12 inch step at 96 steps per minute cadence)
- 88 to 124 beats per minute for females
- 82 to 114 beat per minute for males.

**STRENGTH AND ENDURANCE GOALS:** After thorough warm-up, complete all the following within 90 minutes:

<table>
<thead>
<tr>
<th>Exercise</th>
<th>No. of Sets</th>
<th>Pounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bench Press</td>
<td>3 sets of 15</td>
<td>@ 60 lbs</td>
</tr>
<tr>
<td>Upright Row</td>
<td>3 sets of 15</td>
<td>@ 65 lbs</td>
</tr>
<tr>
<td>Shoulder Shrug</td>
<td>3 sets of 15</td>
<td>@ 60 lbs</td>
</tr>
<tr>
<td>Bicep Curls</td>
<td>3 sets of 15</td>
<td>@ 15 lbs</td>
</tr>
<tr>
<td>Triceps Curls</td>
<td>3 sets of 15</td>
<td>@ 15 lbs</td>
</tr>
<tr>
<td>Wrist Curls</td>
<td>3 sets of 15</td>
<td>@ 15 lbs</td>
</tr>
<tr>
<td>Front/Back Squats <em>(Implied is that person is in a squat rack with spotter)</em></td>
<td>3 sets of 15</td>
<td>@ 140 lbs</td>
</tr>
<tr>
<td>or instead of squats, do leg press</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leg Press</td>
<td>3 sets of 15</td>
<td>@ 180 lbs</td>
</tr>
<tr>
<td>Front Lunge</td>
<td>3 sets of 15</td>
<td>@ 80 lbs</td>
</tr>
<tr>
<td>Side Lunge</td>
<td>3 sets of 15</td>
<td>@ 60 lbs</td>
</tr>
<tr>
<td>Step-Up with Barbell</td>
<td>3 sets of 15</td>
<td>@ 60 lbs</td>
</tr>
<tr>
<td>Hamstring Curl</td>
<td>3 sets of 15</td>
<td>@ 60 lbs</td>
</tr>
<tr>
<td>Heel Lift on Leg Press</td>
<td>3 sets of 15</td>
<td>@ 200 lbs</td>
</tr>
<tr>
<td>Barbell Lift Floor to 36&quot;</td>
<td>3 sets of 15</td>
<td>@ 100 lbs</td>
</tr>
<tr>
<td>Barbell Lift Floor to 36&quot; w/side step</td>
<td>3 sets of 15</td>
<td>@ 100 lbs</td>
</tr>
</tbody>
</table>

The targets listed above should be attained by the end of the 90-day training period. Candidates should build strength gradually with a personal training program over a reasonable period of time. Candidates should undergo a thorough medical examination by a doctor before beginning any physical conditioning program to identify any medical condition, which would preclude this training.
SIX DAYS PER WEEK STRENGTH TRAINING PROGRAM

**Monday, Wednesday, Friday**

Warm-up 5 to 10 minutes (stair-climber, bike, etc...)

- **Bench Press**: Start with 3x10, work up to 3x15, then increase weights
- **Standing Row**: Start with 3x10, work up to 3x15, then increase weights
- **Upright Row**: Start with 3x10, work up to 3x15, then increase weights
- **Shoulder (trap) shrugs**: Start with 3x10, work up to 3x15, then increase weights
- **Biceps Curl**: Start with 3x10, work up to 3x15, then increase weights
- **Triceps Press**: Start with 3x10, work up to 3x15, then increase weights
- **Wrist Curl**: Start with 3x10, work up to 3x15, then increase weights
- **Lower Abdominal Crunch**: Start with sets of 25 each and work up to 50 each
- **Upper Abdominal Crunch**: Start with sets of 25 each and work up to 50 each
- **Right and Left Oblique Crunches**: Start with sets of 25 each and work up to 50 each

**Tuesday, Thursday, Saturday**

Warm-up 5 to 10 minutes (stair-climber, bike, etc...)

- **Front/Back Squat (1x15 ea.)**: Start with 3x10, work up to 3x15, and then increase weights
  - Or **Leg Press**
- **Forward Lunge**: Start with 3x10, work up to 3x15, then increase weights
- **Side Lunge**: Start with 3x10, work up to 3x15, then increase weights
- **Step-ups with barbell**: Start with 3x10, work up to 3x15, then increase weights
- **Back Hyperextensions**: Start with 3x10, work up to 3x15, then increase weights
- **Hamstring Curls**: Start with 3x10, work up to 3x15, then increase weights
- **Heel Lift on Leg Press**: Start with 3x10, work up to 3x15, then increase weights
- **Barbell Lift Floor to 36th With Side Step**: Start with 3x10, work up to 3x15, then increase weights

Lower, Upper, Oblique, Abdominal: Start with sets of 25 each, work up to 50 each

**NOTICE**: Consult your physician before beginning this program.
THREE DAY A WEEK OPTION

Warm-up 5 to 10 minutes (stair-climber, bike, etc...)

- Bench Press: Start with 3x10, work up to 3x15, then increase weight
- Upright Row: Start with 3x10, work up to 3x15, then increase weight
- Shoulder (trap) shrugs: Start with 3x10, work up to 3x15, then increase weight
- Biceps Curl: Start with 3x10, work up to 3x15, then increase weight
- Triceps Press: Start with 3x10, work up to 3x15, then increase weight
- Wrist Curl: Start with 3x10, work up to 3x15, then increase weight
- Front/Back Squat (1x15 ea.): Start with 3x10, work up to 3x15, then increase weight
  Or Leg Press
- Forward Lunge
- Side Lunge
- Step-up
- Step-ups with barbell
- Back Hyperextensions
- Hamstring Curls
- Heel Lift on Leg Press
- Barbell Lift Floor to 36th With Side Step
- Lower Abdominal Crunch: Start with sets of 25 each and work up to 50 each
- Upper Abdominal Crunch: Start with sets of 25 each and work up to 50 each
- Right and Left Oblique Crunches: Start with sets of 25 each and work up to 50 each

NOTICE: Consult your physician before beginning this program.