

RISK MANAGEMENT FOR EMS

and the Ambulance Transportation Industry



This manual is separated into two distinct areas. The information in these sections should be used as guidelines for exploring, initiating and developing appropriate loss control measures in your department.

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OVERVIEW

PLEASE READ CAREFULLY

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Safety and loss control is an ongoing endeavor and therefore, the information contained in this manual is considered supplementary to, and not a substitute for, your implementation of loss control measures appropriate for your organization. Implementation of the information contained herein is not a guarantee that losses will not occur. Your continued efforts in controlling losses is the most effective way to assure that you are providing a safe environment for your employees, volunteers, and the public.

This manual is designed for large and small organizations. Although some of the rules, policies or procedures may not be applicable to specific organizations, the concept of loss control impacts everyone. The terminology is business focused for two reasons. First, Emergency Medical and Transportation Services EMS/MTS is a business of delivering healthcare. The operations and expectations of many organizations, such as, Health Care Financing Administration (HCFA), Occupational Safety Health Administration (OSHA), bankers and insurers, are no different than for hospitals or any other organization. Second, administrators, operation chiefs, and managers must learn the language of business to function effectively in this area. Some terms, such as employees or associates can be interchangeable with volunteers. Any reference to terms, such as employer, supervisor, manager or employee does not suggest that said individual receives compensation. Such terms apply to volunteers

and career personnel equally. Definitions are to provide the reader with a reference focused on Emergency Medical and Transportation Services (EMS/MTS).

The first section of the manual is designed to outline awareness of loss control, the impact of loss control on an organization, the effect of decision making on loss control outcomes and provide topics that decision makers can use daily.

The second section is a working loss control program. As EMS practices and regulations change, this section can be easily adapted to support new opinions and updates. You can use this information to develop your own policies and procedures that will guide your organization or reference the updated information for current rules and regulations.

Throughout each section we have included examples of specific policies and procedures as displayed in a standardized format. Organizations can alter the policy or procedure to accommodate individual preferences. The format allows for consistent development of the policy and/or procedure. Each policy is on its own page for ease of updating the information.

The purpose of this manual is to provide a broad perspective on areas that are often neither thought about nor emphasized during daily operations. Loss control can be the difference between organizational success and failure.



Section 1

EMS Safety Program Management

Introduction

Chapter 1

Philosophy about Safety

Philosophy about Safety

Risk management is one of the specialties within the general field of management. Risk management strives to minimize the adverse effects of accidental losses in an organization. The direction of the process is referred to as risk control. By utilizing techniques of identification, awareness, communication, motivation, and training, the EMS/MTS professional/administrator can control the risk of a potential hazard from becoming a reality. An analogy of Risk Management may be helpful.

Healthcare providers are aware of many consequences when teenagers illegally purchase alcohol from bars and liquor stores. Risk management techniques to prevent this would include: identifying stores that sell the alcohol and shutting them down, educating teenagers about the dangers of alcohol use, disseminating information to parents about the signs of alcohol abuse, and training legitimate store owners about the consequences of selling liquor to minors.

Loss control can be defined as a process to minimize the losses from an accident or injury. It is the protection of assets after an incident occurs. Programs established to minimize or control losses can increase the resources available to conduct business. Using the above analogy, methods of loss control require us first to understand that losses will occur. Society is aware that despite our best efforts to reduce the access of alcohol to teenagers, some will continue to obtain it. Installing automatic seatbelts in cars is an example of loss control.

Healthcare providers know that a percentage of teenagers who drink and drive will crash. Seatbelts do not reduce the crash possibility; they do, however, reduce/minimize the injury severity.

The basics of loss control and accident prevention can be looked upon the same way a doctor analyzes a disease. A patient seeks help because they know that a problem exists. The physician looks for signs and symptoms. They diagnose the causes and treat the obvious. Finally, they evaluate the treatment. But, just as a physician treats what he sees, he/she also attempts to prevent further problems. Safety is similar. The goal of a safety program is to identify real or potential trouble areas. After identifying the problems it is imperative that prevention is the priority.

Leadership, Management and Supervision

Leadership has been described as an art, science and a style. It is a third dimension. Leadership goes beyond doing “things the old way.” Leaders know the value of the bottom line, but a leader looks beyond the numbers and sets the direction of the organization. He/she not only values the financial survival of an organization, a leader integrates the significance of the bottom line with the how’s, why’s, and when’s of the business.

In regard to the loss control activities of an organization, the leader promotes, supports, and provides valuable guidance and resources to the loss control effort. Often the leader may not do the actual inspection, crunch the numbers or write the policies, though he/she could if the organization is small. The leader should know how a good risk control program provides the tools to achieve organizational success. He/she establishes the safety culture, sets the vision, guides the process through directing and empowering their people to translate the vision into reality. Leadership focuses on mainly behavioral issues regarding organizational

growth. Evidence of effective leadership is seen when:

- Leadership writes a policy statement regarding a risk control program.
- Leadership and management establish safety goals and standards.
- Management and supervision develop a loss control program
- Leadership, management, and supervision perform to standard and hold volunteers/employees accountable for standards.
- Leadership, management, and supervision demonstrate knowledge of the company safety program through monitoring, evaluation, and feedback.

Management - Management and leadership are unique. The manager concerns him or herself with maintaining a quick response time, adequate equipment levels, paying for incurred costs and billing for services. The manager focuses on what needs to be accomplished, how to accomplish it, when and by whom. Because of this “action oriented belief,” one theory for the cause of accidents suggests that management share in the responsibility for accidents. This is not to say that management is to blame for accidents. If management fails to effectively exercise its planning, organizing, directing, and controlling functions, then an environment is created that will eventually lead to accidents. Often, managers become so focused on “production” that they lose sight of the vision established by the leadership. As a result, loss control activities become secondary and the financial impact can be disastrous. Management focuses on behavioral as well as non-behavioral growth issues.

Supervision - Supervisors deal with people, ideas, and plans. They hear, see, and feel the activities of the associates. They balance the associate’s needs with corporate vision. The supervisor’s responsibility is to assure that assigned work is completed. They realize that the patient, hospital, and general public are all

integral players in the delivery of emergency care and continue to “put out fires” as they occur. The supervisor, in this capacity, must support the loss control efforts through development, education, training, reinforcing, and encouragement of the associates. The supervisor’s actions continue to show the continuity of vision from leadership to employee. Supervisors focus their energies on mostly non-behavioral issues.

Combined Efforts - While the overall results of a risk control program depend on the combined efforts of all levels, the key to controlling losses rests with the degree of control and integration exercised by the leadership. Managers must support the philosophical view of the safety program and incorporate safety into the policies and procedures of the organization. The supervisor must carry out the technical aspects of the program and safely plan, organize, direct, and control the work activities for which he/she has direct responsibility. The pressures being exerted on all businesses to improve the control of losses requires greater use of accepted management techniques. Healthcare and Emergency Medical Services (EMS) are no different. The practices described below can be helpful in managing risk and controlling losses:

Clearly define your organization’s policy on risk control. - Establish a written safety management philosophy. A well-written statement will articulate leadership’s vision toward loss control and demonstrate commitment to providing a safe work environment for employees. When management demonstrates concern for the safety of employees, morale is enhanced. Additionally, what management views as important, employees may also view as important.

Safety goals and standards. - The development of goals and standards clarifies the expectation of the leadership for all associates. Policies and procedures act to provide the framework from which to operate. Clearly established and realistic goals provide for measurable methods to analyze improvements or identify weaknesses.

Standards set the level of expected activity to reach the goals. Goals and standards must be clear, communicated and consistently applied to all levels of the organization.

Development of the Risk Control Program

- All levels of the organization should develop a program specifically designed to accomplish the goals. The Risk Control Program is not a person, but a system of planning, providing, and organizing the resources and activities needed throughout the organization to protect it against the effects of loss. The program should be a living plan of action supported by management and understood by everyone in the organization.

The foundation of a successful Risk Control Program is structured on the input from Human Resources, Production*, Accounting, Supervisory, and Insurance Departments. The program does not simply identify a person in charge of safety, but, incorporates a method for identifying ALL loss potentials and processes for reduction. Small organizations may not have specific departments that perform these tasks. In any event, the development of a Risk Control Program is imperative to reduce the exposure of community donations, the money for operations or earned assets whether the organization handles 10 calls or 55,000 calls per year.

* (production is any formal process for delivering the services for which the organization is in business to provide.)

The design of the program should foster the organization's overall objectives. These objectives can include:

Pre-loss accident objectives

economy of operations
tolerable uncertainty
legality
humanitarian conduct

Post-loss accident objectives

survival
continuity of operations
profitability
stability of earnings and growth

Clearly define standards for supervisors.

- Supervisors must not only understand their responsibilities, they must be held accountable for the safe performance of work activities under their direction. Clearly identify the management work required in support of your loss control program and the standards of performance required.

Evaluate individual performance.

- Whether manager, supervisor or line employee, the performance evaluation program should include an examination of each individual's loss control and/or safety performance. The leadership of the organization should expect nothing less than total commitment by managers. Manager evaluations should focus on how they have actively participated in loss reduction efforts, the support of the safety program, and overall success of the program. Supervisors should be responsible for the technical aspects of the program and their annual evaluation should include how safe their area is, as compared to overall company goals. Employees who safely perform their jobs and do not have accidents need to have their performance recognized and reinforced. This will also demonstrate to all employees the importance leadership places on safety and loss control.

Attitudes and Responsibilities toward Safety

- Before the 1970s the Federal government did not regulate safety, except on government contracts or on Federal property. The (Federal) William Steiger Occupational Safety and Health Act of 1970, commonly called by the acronym, "OSHA," sets a national minimum standard for safety, but allows jurisdictions to adopt standards that are "at least as stringent" and "do not burden interstate commerce." The OSHA statute is in Title 29 of the United States Code,

Sections 651 through 678. OSHA's standards are reported in Title 29 or the Code of Federal Regulations starting at part 1900.

OSHA standards are minimum standards. In many cases, state standards are higher. All of these standards are intended to regulate specific industries or parts of specific industries. In a sense they exist as pieces of a large jigsaw puzzle. There is currently no required framework within which an organization can consolidate and integrate all these individual standards and regulations. The prudent EMS/MTS organization creates its own framework through a formal safety program.

Much of the confusion and lack of standardization associated with OSHA has changed. Legislation introduced in both the House and Senate in 1993 has resulted in a Strategic Plan for the Occupational Safety and Health Administration. Among other things, OSHA must:

- require every employer to establish and maintain a written safety program to identify and correct workplace hazards
- provide for extensive employee training
- establish methods and procedures for investigating work-related fatalities, injuries, and illnesses and provide for emergency response and first aid
- designate an employer representative with the responsibility to identify safety and health hazards and the authority to initiate corrective action
- require employers with 11 or more employees to establish a joint labor management safety committee at each work site
- allow employees the right, following notification of the employer, to refuse work if they have a "reasonable apprehension" of a serious injury or imminent danger to themselves or their co-workers.

This is significant legislation that will have a profound effect on the EMS/MTS industry. Occupational safety and health issues at the corporate level must receive additional emphasis if management is going to assure compliance with the new law, when enacted.

The cornerstone for this new strategic plan is the development and implementation of programs that identify and correct hazards in the workplace. While the emphasis may be new, the concept behind this provision is not. The model that is being used to develop the requirements of OSHA is California Senate Bill 198. Implemented in 1991, this stringent legislation mandates that every California employer establishes and maintains an injury and illness prevention program. The concept behind this law is that each employer knows the risks and dangers associated with its own workplace. Therefore, each employer could prepare a meaningful employee education program and implement accident prevention rules better than relying on traditional OSHA regulations.

Organizations that utilize state safety programs have the same responsibility to ensure a safe work environment. Governmental agencies establish minimum standards. It is imperative of each organization to develop safety programs for the sake of the individuals who are performing the functions that make the organization grow.

It should be obvious that all emergency service personnel are more familiar with the hazard potentials inherent in their job duties than a governmental organization. Employers are better positioned to identify these hazards and establish a process and procedure to eliminate them and/or reduce their frequency or severity - in other words protect their personnel. The organizational leadership must proactively develop the methods to accomplish this task.

The current regulations are intended to cover a broad range of situations, but may not apply to

one particular business. The concept of forcing employers to make an individualized safety program, that includes certain required features, is now the law in two other states. Waiting for any state specific laws to be promulgated is reactive management. The monies lost during the implementation of state specific laws may be considerable. Developing a safety program positions the organization at a distinct advantage from a financial, public relations, and employer stance.

The purpose of any effective safety program is to create a process that enables the employer to identify and control losses in the workplace. In order to understand the hazard identification process, it is important to understand how accidents or mishaps happen. Too often we look only at the individual who had the mishap and ignore factors that created the conditions which enabled the accident to occur.

In the section Property/Human Risk Exposure, the accident process is covered. It is imperative for the decision-makers to understand what factors contribute to an accident and their role in that process.

Service to Customers

Inherent in the concept of emergency service is the ability to assure the delivery of quality medical care in a safe, effective, and efficient manner. Accidents have an effect on the ability to provide quality care. Acts of negligence or omission committed by out-of-hospital care providers can and do result in claims of medical malpractice. These unpleasant events embrace the public; our customers. Being intimately aware of the impact our actions have on public perceptions dictates public response to the organization during an unexpected event.

Public exposure occurs constantly. Each and every time an emergency vehicle responds to

an emergency call, a routine patient transfer or travels from the hospital to the station, the organization is projecting an image to the public. The leadership should be aware of the publicity that is generated, both positive and negative. Educating staff on how the perception of others will impact the organization is one method of reducing pre-loss exposures. Through education, not only do you conserve resources, but also ensure your ability to provide quality service and care.

How the patient perceives errors in the delivery of health care is illustrated in the following example. In 1999, VFIS liability claim statistics show that improper patient lifting and moving are the most frequent source of claims and improper patient treatment are the most costly claims. Of the patient transfer claims identified, stretchers and gurneys were most often implicated as a source of direct injury or involved in the actions resulting in injury. By virtue of our business, exposure to stretcher incidences is, and always will be, high. Reduce the probability that this exposure occurs by educating staff on the proper use of the equipment and ensuring that equipment is maintained in strict accordance with manufacturers' recommendations. Additionally, ensuring that your employees receive ongoing training in the proper inspection and operation of stretchers and gurneys will reinforce quality patient care.

Exposure to claims for improper treatment can be reduced through quality in-service training, continuing education, supervision, quality assurance programs, and individual attention to detail.

Another method of achieving safety is through an accident prevention program. An accident prevention program is an effective way of using one or more practices, means, methods or processes to provide a healthy place of employment. It is a systematic way of:

- identifying, controlling, and eliminating hazards

- planning for emergencies
- involving all levels of employees in maintaining a safe work place
- providing a forum for improvement to increase the success of an organization

Perhaps the most significant hidden cost of an incident is its effect on the public's perception of your ability to provide quality care. A single event can erode the confidence in your service that took years to build. The effects of that erosion are often demonstrated in the following ways:

Mission Accomplishment - The typical Emergency Medical and Transportation Service organization exists to provide quality out-of-hospital care. Whether ALS or BLS, the ability of the service to deliver quality care rests on its ability to arrive safely on scene and transport the patient safely to a facility for care. An incident, or anything that interferes with this goal, impacts the service's ability to perform its mission. Public confidence will suffer, negative press will result, and contracts with local agencies could be jeopardized. In short, the services entire reason for existence may be compromised.

Public Confidence - Emergency Medical and Transportation Services is a highly visible business. Emergency vehicles have the name of the organization emblazoned on them and frequently draw attention through the operation of lights and sirens. Public attention is constantly being drawn to ambulances and the services they represent. In a sense, an Emergency Services organization operates in a fishbowl. Vehicles that are dirty, dented, or in need of obvious repair cause people to wonder about the quality of care provided by the service. Likewise, an ambulance involved in an accident causes people to question the quality of care provided by the company. The success of an EMS company is directly linked to the confidence the public has in the delivery of quality care.

Negative Press - Negative press, including pictures of damaged vehicles and articles about malpractice or liability suits, portrays an ambulance service as less than professional. This in turn erodes public confidence and affects the public's perception of the quality of care it can expect.

Contracts - Many ambulance services operate on the basis of contracts with local municipalities, hospitals, etc. Any incident, especially ones that result in malpractice or liability litigation, can severely damage the relationship with those agencies that contract for your services. In some cases, contracts are terminated for failure to comply with standards established by the contracting agency. More often, however, they are simply not renewed. In either case, business declines and the organization suffers financially.

Organizational Financial Success

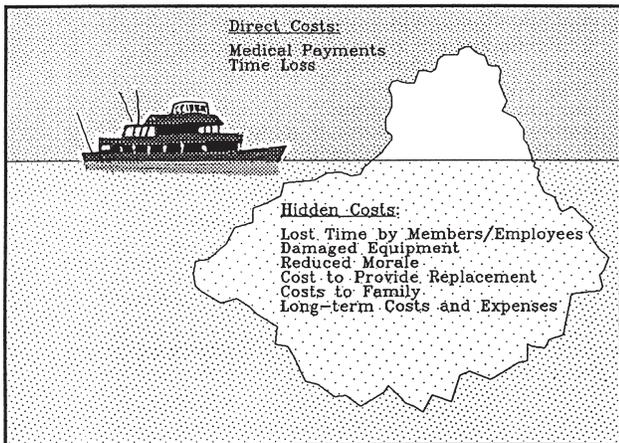
Understanding the Costs of Risk Management - Exposures to accidental loss, both actual and potential, impose costs on organizations and on the entire community. These costs fall into three broad categories: 1) property, income, lives, and other things of value, 2) the effects of potential accident losses [benefits gained from activities that were not performed because they were judged as too risky] and 3) resources devoted to managing accidental losses. Risk management aims to reduce and prevent hazards that add to the cost of doing business, thereby increasing the organization's profits or net revenues. It is the long term, overall costs of risk that good management strives to reduce without unduly interfering with the organization's normal activities.

The cost of accidents continues to escalate. According to the National Safety Council, the cost for work-related accidents in 1992 was \$115.9 billion dollars. 1998 estimates were \$125.1 billion dollars. To put that into perspective, the cost is equivalent to 31 cents of every dollar of

1998 pre-tax corporate profits. These figures only consider the direct cost of accidents. Direct costs include medical and compensation costs and are usually paid by an insurance carrier. Clearly, accidents cost money. There are other hidden costs that many people fail to consider.

The Accident Iceberg

Consider What's Under the Surface



Hidden accident costs are those that are not paid by insurance carriers. Some examples of hidden (and uninsured) costs of an accident include:

- Time lost from work by injured employee
- Loss of earning power
- Lost time by fellow workers
- Loss of efficiency
- Lost time by supervisor
- Loss of public confidence
- Hiring costs
- Training costs
- Overtime costs
- Clerical time
- Overhead cost while work is disrupted
- Damage to tools and equipment.

There are several formulas that are used to calculate hidden costs. The most conservative rule of thumb is to figure that the hidden cost is at least equal to the total cost of the accident paid

by an insurance company. The money to pay for these hidden costs generally comes directly from the organization's checkbook. This money is no longer available for payroll, business expansion, new equipment, or retained earnings. In order to make up for the shortfall created by these additional expenditures, an organization must generate additional income.

The accompanying chart is used by the insurance industry to demonstrate the financial burden that the hidden costs of accidents can cause. The chart shows how much additional income is required to offset the hidden cost of an accident. The chart is based upon a business profit margin. (Profit is a term used to describe the money remaining after expenses have been deducted from revenue). If an EMS organization has a profit margin of 8%, or would like to put 8% more money in the bank, the increased income required to offset the hidden cost of \$25,000 would be \$312,500. In other words, if a percentage of every dollar that is received in revenue is used to pay for an accident loss then an organization would need to make a certain dollar amount above normal revenue to cover the cost of the accident and still maintain the pre-established profit margin. The graph depicts the excess revenue needed by the organization.

Using real life examples you can determine the hidden cost of an accident or series of accidents. Remember, this hidden cost is not covered by insurance. Insurance pays only medical and indemnity costs. The hidden cost can be four to fifty times the direct cost.

**Additional Company Income Required
To Recover the Cost of an Accident
Accident Company Profit Margin:**

Cost In \$	v	2%	3%	4%	5%	6%	7%	8%	9%	10%
\$	50	2,500	1,714	1,667	1,250	1,000	833	625	556	500
\$	100	5,000	3,333	2,500	2,000	1,667	1,429	1,250	1,111	1,000
\$	500	25,000	16,667	12,500	10,000	8,333	7,143	6,250	5,556	5,000
\$	1,000	50,000	33,333	25,000	20,000	16,667	14,258	12,500	11,111	10,000
\$	2,500	125,000	83,333	62,500	50,000	41,667	35,714	31,250	27,778	25,000
\$	5,000	250,000	166,667	125,000	100,000	83,333	71,429	62,500	55,556	50,000
\$	10,000	500,000	333,000	250,000	200,000	166,667	142,857	125,000	111,111	100,000
\$	25,000	1,250,000	833,333	625,000	500,000	416,667	357,143	312,500	277,778	250,000
\$	50,000	2,500,000	1,666,667	1,250,000	1,000,000	833,333	714,258	625,000	555,556	500,000
\$	100,000	5,000,000	3,333,333	2,500,000	2,000,000	1,666,667	1,428,571	1,250,000	1,111,111	1,000,000
\$	250,000	12,500,000	8,333,333	6,250,000	5,000,000	4,166,667	3,571,429	3,125,000	2,777,778	2,500,000
\$	500,000	25,000,000	16,666,667	12,500,000	10,000,000	8,333,333	7,142,857	6,250,000	5,555,556	5,000,000

Risk Control and Insurance Costs

Risk control encompasses all management activities directed at the prevention, reduction, or elimination of the pure risks of business. Risk control is important for human and economic reasons. Employers are required to provide employees with a safe place to work. As a business person, you must provide customers, vendors, and other people who visit your work area or use your service with safe passage. Administrators have been successfully sued for failing to provide a safe working environment. In addition, risk control makes good economic sense. By reducing the financial burden incurred through the hidden cost of accidents effective loss control can have a positive impact on insurance costs.

The rating of many casualty insurance plans, workers' compensation, general liability, and automobile liability, considers past loss experience in developing current premiums. This is best illustrated through the use of the experience rating formula for workers' compensation. The experience rating formula penalizes Emergency Service organizations that have adverse loss experience and may award credit to those with better-than-expected loss experience.

Injury frequency and severity have a significant effect on insurance premiums. Not only do they impact the premiums you pay today, but, they also affect the rates you will pay in the future. Insurance companies are required to establish reserve accounts to pay for projected accidents and accidents that have occurred, but, have not yet been reported. The reserve accounts also covers known claims that may eventually become more severe than originally anticipated. A claim thought to be valued at \$100,000 today, might eventually cost \$500,000 once the full extent of the damage is known. Other factors such as inflation, societal changes, legal climate, etc., will have an impact on what a claim could cost tomorrow. All this must be weighed against premiums that are paid today. As the number of claims increases, your insurance company must increase the size of its reserves. This eventually leads to higher insurance rates. To understand why insurance costs continue to escalate, you need look no further than the increase in the frequency and severity of insurance claims.

As insurance claims and their associated costs climb, the financial stability of insurance companies becomes threatened. The private ambulance industry has already seen the passing of insurance companies because they could not keep up with spiraling financial losses created by increased claims. Unless emergency organizations control their losses, insurance costs will continue to rise and insurance may only be available to select operators. This is a very real problem with very real consequences.

How Safety Impacts the Revenue of an Organization

A simple review of basic accounting provides enough information to see how losses, that are incurred through risky activities, affect the bottom line of an organization's financial statement. All businesses rely on income/revenue to further the goals of the organization. Any costs that reduce the revenue (an expense) are subtracted. The more or higher the expense, the less revenue available for organizational

operations. The difficulty with losses associated with poor risk management is the inability to calculate or preplan how much expense to apply to the budget. Why? It is unknown. **The best that any leader can do is “guess” at potential costs based on past experience.** As pointed out, the healthcare environment is changing and an incident that would have cost the company \$50,000 dollars a few years ago, may cost the company four times that amount today.

Through the educational process, the employees of an organization can understand this and “buy into” the safety culture. Many times managers hear, “everyone is concerned about the bottom line.” It is the bottom line that keeps the organization alive. All businesses live or die by the bottom line. By educating everyone on the impact that risky or unsafe activities can have on the survival of the organization, EMS organizations will continue to see a reduction of losses that ultimately improve the bottom line.

Developing Your Safety Management Program

The first step in a risk management program is to understand that accidental losses may occur. An analysis of this thinking requires one to estimate the likely significance of these possibilities. The control of these possibilities is the responsibility of the organization's risk/safety officer. A structured, logical program is the foundation on which the entire risk management function rests. An effective safety program seeks to control losses by reducing and/or eliminating hazards. This section analyzes the following aspects of a risk/safety management program development:

- Goals for the program
- Define the responsibility/reporting relationships
- Organize the program
- Controlling the program
- Formulating a written statement
- Program elements

Goal setting - As stated earlier, the goal of any safety program should foster the organization's overall mission. By focusing on the mission, policies and procedures can be developed that will be simple to understand, implement and easy to follow. The policies will reflect the corporate culture and beliefs. The goals should look at the pre and post-loss objectives and policies should include those areas of loss. Goals should also include administrative methods to determine if safety objectives are successful. Included is a Hazard Assessment and Control Form that can assist organizational leadership with monitoring the effects of the safety program.

Define responsibility - All organizations, whether multiple site corporations or 3 member volunteer clubs, require attention to risk avoidance and safety. The one difference between the community ambulance or for profit company may strictly be a matter of size. Each has an equal chance of exposure to the same risk of loss. Therefore, equal importance to risk identification and management must include a person or persons who are responsible for the organization's risk management program. In the large organization, this responsibility may rest on an executive whose title includes "risk management." In a small organization the chief or someone outside the organization such as an insurance broker or safety consultant performs the risk management function. In any event, someone must have the responsibility for managing the program.

The commitment to a Risk Control Program depends on senior management's concern for controlling losses and how well they believe risk management has performed in the past. If losses are minimal, designating a specific individual may not be necessary. However, loss control is not the only function of a Risk/Safety professional. When losses exceed the organization's goals an individual should be appointed to develop or manage a Risk Control Program. The Risk Manager should report to or have direct access to the leadership of the

organization and be provided with the resources necessary to effectively accomplish his/her duties and responsibilities. In a smaller organization the outside consultant may report losses to the organization's Board of Directors. In large governmental organizations the municipality may have a risk manager that reports to the municipal supervisors. In a very large corporate organization the risk manager may report to a vice president of operations or even the president and CEO. Another factor that will influence the reporting structure is the loss exposure considered most important by the organization. For example: if fleet safety and accident prevention is the primary concern, the risk manager may report to the Director of Education/Training Officer or the Chief Engineer. The risk manager may have multiple responsibilities and therefore may report to numerous persons. Establishing a reporting structure will aid in the understanding of the loss prevention activities and reduce uncertainty by the risk specialist.

The following forms are examples of how an organization can evaluate their level of risk assessment on an administrative level. By implementing a structured, objective method of looking at the current status of risk commitment, an organization can develop a strategic plan that minimizes losses due to safety issues. These forms should be completed each year and used as an assessment tool for continued improvement.

HAZARD ASSESSMENT and CONTROL

Item Inspected	Yes	No	N/A
1. Accident prevention surveys/inspections/audits			
Do you conduct an accident prevention survey/inspection/audit at least semiannually?			
Have these surveys resulted in the identification of system defects?			
Have countermeasures been established to correct these system defects and eliminate the identified root causes?			
Are inspection/audit results reviewed by management?			
Are corrections made as a result of the audit findings?			
Are findings, beyond the scope of the safety/risk manager, sent to management for review and action?			
Are follow-up inspections made to ensure the deficiencies have been corrected?			
2. Do you conduct periodic unscheduled inspections/audits?			
3. Do managers/supervisors inspect/audit their own areas on a regular basis?			
4. Do you have a security program in place to restrict the access of unauthorized personnel to specific areas?			
5. Is there a system in place for employees to report hazards?			
Does anyone use it?			
How many reports have been submitted within the previous 12 months? _____			
Are the reports reviewed, and acted upon?			
Is feedback given to the submitter or the organization?			
Are the forms readily available?			
Are they used to identify system inadequacies and develop countermeasures?			
Are maintenance personnel encouraged to submit hazard reports?			
Are ambulance crews encouraged to submit hazard reports?			
6. Do you conduct regular safety meetings?			
Do management and supervisory personnel attend on a regular basis?			
Do maintenance personnel participate in the safety meetings?			
7. Do you use a safety committee to address special problems?			

Item Inspected	Yes	No	N/A
8. Do you investigate all accidents and injuries, including “near misses” or incidents that could have a negative impact upon the organization?			
Are the findings reviewed by management?			
Are investigations used for accident prevention rather than fault finding?			
Are recommendations resulting from accident, injuries, and incidents being followed?			
9. Do you have a Pre-Accident Plan?			
Do you test the plan at least annually?			
Is it current? (Phone numbers, names, etc.)			
Do major sections of the organization maintain copies?			
Should an accident occur, do you have adequate space reserved to coordinate the required actions?			
10. Do you have General Safety Guidelines for everyone to follow?			
11. Have you developed Specific Safety guidelines for specific jobs?			

MANAGEMENT'S COMMITMENT TO SAFETY

Item Inspected	Yes	No	N/A
1. Has the President/CEO, Director or Chief published a safety philosophy?			
2. Do you have a formal written safety plan/program?			
3. Do you have written goals and objectives for your safety program?			
4. Do you have management/supervisory support for the safety program?			
Do you have a safety/risk manager?			
Do your supervisors support the safety program?			
Do your employees support the safety program?			
Do supervisors and employees attend safety meetings?			
Are supervisors and employees represented at safety committee meetings?			
Do supervisors and employees review safety inspection reports?			
Do supervisors and employees act as role models?			
Do supervisors and employees correct problems brought to their attention?			
Does management involve the safety/risk manager in key decisions the company makes?			
Does the safety/risk manager attend key company meetings?			
Does management provide adequate resources to the safety program?			
5. Does the organization structure allow for even distribution of the workload among all personnel?			
6. Have you designated a Safety/Risk Manager?			
Do they have authority to implement the Safety program?			
7. Do you have written roles and responsibilities for:			
Safety/risk manager?			
Supervisors?			
Employees?			
8. Does the safety/risk manager have direct access to the president?			
9. Does the safety/risk manager have sufficient time to run the safety program?			
10. Does the safety/risk manager have sufficient office space to manage the safety program?			
11. Are individuals working in safety positions qualified?			

Safety/Risk Manager

Selection of an organization's Safety/Risk Manager should be done with a great deal of thought and care. The effectiveness of the safety program is directly related to the effectiveness of the individual selected as Safety/Risk Manager. Because the Safety/Risk Manager has been delegated a great deal of responsibility and authority, it is critical that this individual:

- Be mature and thoroughly familiar with the operations of the organization.
- Has the respect of his or her peers.
- Has the support of management at all levels.

The risk/safety manager is the professional that knows everything about the organization's program. He/she must promote the overall objectives of the program, direct the program, and monitor its effectiveness. Some of the other requirements include:

- guide administration (Board of Directors, Chief, etc.) in setting goals
- plan, organize, and direct the resources
- assist with the implementation of the channels of communication and establishment of responsibilities
- work with supervisors to educate all personnel on the benefits of the program
- develop a budget for the program
- adapt the program for changing industry conditions
- analyze the risks of providing emergency services
- inform managers/supervisors on the best methods to reduce hazards
- measure the effects of the program through statistical analysis of trends in order to develop the most cost-effective program
- implement and oversee safety meetings and training

- serve as a liaison between the organization's medical provider, legal, and insurance teams
- ensure compliance to all applicable directives (OSHA, NFPA)
- maintain the OSHA 200 log
- oversee all investigations of accidents or losses

As the statement implies; "**Safety is Everybody's Business,**" the risk/safety manager focuses much of his/her duties on securing cooperation from all individuals within the organization. He/she is responsible for the evaluation of hazards and potential loss situations, assumes the responsibility for developing and implementing the safety program and acts as a liaison between the administrative and employee staff. The Safety/Risk manager must develop and sustain trust on all levels of the organization. This can cause uncomfortable situations between many different individuals. In safety, egos can not enter into any decision that involves the organization. The Safety/Risk manager must remain objective when making decisions by balancing the goals of the organization with the activities required to reach those goals.

When administration establishes a "corporate culture" that prioritizes safety, the safety professional must work diligently to ensure success. It is clear that the risk/safety manager cannot possibly handle all of the tasks associated with this position. Therefore, constant communication and education must occur in order to reach organizational goals. Due to the positive nature of the position, management should refrain from saying that safety is first and expect employees to act differently. When this occurs, the safety professional is often asked to "reprimand" the employee for not following protocol. Eventually, this approach changes the safety professional into a "police agent." Often, trust is lost between the employee group and the safety professional.

The safety professional should avoid any direct confrontation with employees, unless a major infraction occurs and an imminent danger exists that serious injury could occur. All follow-up discussions should include the supervisor. In smaller organizations the Operations Chief may also be the Safety Officer. In these situations the Operations Chief must temper his/her approach to correcting staff when unsafe acts occur. He/she should educate the associate on the correct methods to accomplish the task.

By understanding the interactions of the safety professional and the employees, the organizational leader can set the stage for a positive experience. The leader, manager or supervisor should not expect the safety/risk professional to be the “bulldog” of the organization and “bark, bite” or otherwise tear people apart for safety infractions. All successful safety programs are positive and the risk manager should be viewed as the cheerleader of the program.

Often, organizations have delegated certain portions of risk management to various members of the department. These supervisors may be reluctant to relinquish the authority that they have in their areas. The risk manager should direct and guide supervisors throughout the development of a formal program or the continuous improvement efforts of an existing program. The person chosen for this position should communicate, motivate and often persuade peers about the program benefits.

The right candidate, whether hired, appointed or voted into the position should be familiar with the whole organization. This knowledge should include; the history of the organization, any past efforts made to develop a safety program, and current opinions about safety. The individual should also be comfortable reading profit and loss statements, establishing trend analysis, and estimating losses incurred. He/she should also understand legal and insurance terminology, be familiar with personnel issues, understand the intricacies of “production”, and the benefits and

uses of sales and marketing techniques. All of these requirements can, and will, be used many times during the daily activities of a risk/safety manager. Other requirements should include the technical aspects of understanding safety evaluation, hazard recognition and abatement techniques, safety engineering, the medical implications of unsafe acts, safety education and training. By virtue of this position, the safety/risk officer must receive the support from management and the training necessary for him/her to serve in the position, successfully.

Organizing the program - There is no one way of organizing a risk management program that will accommodate all situations. The size of the organization, the number of responsibilities for the risk manager, the number of staff supervised, and the goals of the administration will impact on how the program is organized. Some organizations expect a “lean and mean” effort. Others may have the freedom to have a risk manager, a safety professional, and/or a claims staff employed continuously. As the responsibilities grow, often the risk manager becomes less involved in the technical aspect of safety and devotes more time to planning, budgeting and communicating with other departments.

Success of the program requires cooperation on all levels of the organization. This cooperation should initially focus on the shared goals of the organization. Then the Risk Control professional should focus on specific characteristics of each department as they interrelate to each other. Communication is essential to organization-wide cooperation. Attention should be paid to the activities both inside the organization and on outside changes that affect the delivery of services to clients.

Controlling the Program - The focus of controlling a risk prevention program comes from the evaluation of performance standards by comparing actual performance with the expected standard and improving any weaknesses. There are two methods to analyze standards, results oriented or action oriented.

Results oriented standards are measured in dollars, percentages, ratios or number of losses. Historical evaluation and trending data must be compiled and analyzed.

Realistic standards can be determined based on “normal expectations”. This method is the most frequent evaluative tool used, however, it may not be the best method. For example; management establishes a policy that states for every \$10,000 dollars of injury reduction over an average of the previous three years, the organization will contribute \$1000 dollars toward employee recognition. The following example shows past cost experience:

<u>Year</u>	<u>Cost</u>
1	\$12,500
2	\$21,300
3	\$17,500

A results oriented standard would show failure if the cost of 1999 injuries exceeded the average expense of \$17,100 dollars. But in reality 1999 could have been successful if the graph also displayed the rate/severity of injury.

Year	Cost	Number of Reported Claims	Severity (0-10)
1	\$12,500	18	7
2	\$21,300	21	6
3	\$17,500	15	7
4	\$17,600	3	9

As indicated, 4 was actually a better year for the number of claims reported. Unfortunately, the claims that were reported were severe enough to incur more than the average cost. The error in this measurement can also impact the success of the safety/risk manager. If administration is not

provided with, or does not look at, the entire safety picture, they may make decisions that are reactive and counterproductive. In the above example, administration could blame the safety manager/ insurance agent or safety consultant for poor performance and lack of goal achievement, due to one factor, higher costs. Yet, the seriousness of the claim may be completely out of the safety manager’s control. Communicating accurate information and understanding the information presented is essential in the success of any risk control program.

Action oriented standards measure the activity or the efforts exerted to achieve desired goals. Experts believe when actions are focused on risk control they will ultimately lead to a reduction of losses. For example; holding tool box safety meetings during monthly departmental staff meetings may increase the awareness of safety. A tool box meeting would be an impromptu gathering of employees and the supervisor for the purpose of discussing an immediate issue. Another example would include documented supervisory safety inspections in addition to routine safety inspections.

Both results oriented and action oriented standards should be stated in measurable terms so that actual performance can be compared with pre-established standards. The comparison may yield three results the standards were 1) exceeded, 2) fell below or, 3) were maintained. Any of these three may call for changes in the safety program. These changes should be communicated back through the established chain of reporting.

Formulating a written statement - A written risk statement is an effective tool for communicating the purpose of the risk management program. The statement may differ in wording from the senior leadership’s philosophy of safety, may mirror their statement or vary in the intent of what the statement covers. It should begin with a mission statement, followed by a description of the risk management function and its importance to the organization. A well-written statement has specific advantages.

- Similar to the corporate statement, it demonstrates commitment to safety and sets the tone for safety throughout the organization.
- Establishes the general goals and objectives of the risk management function.

Program elements - An organization's risk management program is the total effort directed toward utilizing available resources to control or finance losses so that an organization can achieve its basic objective. A successful program enlists the efforts of all of the organizational personnel and effectively spreads the responsibility for its success to all levels of the organization. In addition to a qualified risk/safety manager, an effective safety and loss control program should include the following:

- General rules designed to meet all administrative/legal guidelines.
- Define the duties and the authority of all team members.
- Provide a foundation for safety inspections, training, and education.
- Recruit, hire, and retain high caliber personnel.
- Safety motivation and morale program.
- Safety committees.
- Accident and loss investigations.

Develop general safety rules - Standard Operating Procedures should be developed to meet OSHA, state, local standards and regulations, and organizational policy. EMS industry specific information such as working with infectious agents, disposal of medical waste, bloodborne pathogens, and ergonomics should be included in the SOPs or SOGs. Once standards have been established, employees must be held accountable for complying with those standards.

As an employer, you are obligated to provide the employees with a safe place to work. As a business person, you must provide customers,

vendors, and other people who visit with safe passage. As an owner or occupant of any property, you must maintain it in a condition safe for others who come onto your property.

Regulations provide benefits to the organization that go beyond satisfying governmental agencies. These include:

- Providing guidelines for mandatory compliance
- Establish acceptable methods, processes or procedures for all staff
- Serve as a basis for corrective actions

Authority of team members - Risk control is the responsibility of all personnel. Team members should be granted authority to mitigate risks relating to situations and carry out corrective measures in the absence of a risk/safety manager. The decisions relating to risk abatement should be based on pre-established SOPs or SOGs.

Education and training - Some employees/volunteers work safely in hazardous conditions, while others have accidents performing jobs that are quite safe. Educating and training is therefore necessary for a safety program to be effective.

There are three major reasons why training is needed:

- **Required By Law** - Some training is required by OSHA and other government agencies.
- **Hazards in the Work-place** - Hazards must be identified in the facilities. This may include hazardous chemicals, fire hazards, etc.
- **Dangerous work practices on the job** Observations may reveal actions and practices in the workplace that pose danger to some individuals.

Employees should receive education and training on:

Hazard Identification (1910.101)
Hazards Specific to their Jobs (i.e. Bloodborne pathogens/infectious disease (1910.103), office safety)
Use of Personal Protective Equipment (1910.132)
Accident Causes and Control
Driver Training
Patient Care
Patient Transfer Procedures
Vehicle Safety
Material Safety Data Sheets (1910. 101)
Ergonomics
Documentation
Engineering Controls
Scene Safety
Patient Documentation
Patient Refusals

Safety training should not be limited to specifically regulated portions of the EMS community. The success of the Risk and Loss control program is dependent on all employees or members understanding the entire program including the future costs, current status of losses, and future requirements of the industry. In smaller organizations safety discussions can be included in the monthly Board meetings. As organizations increase in size, safety meetings can take place during semi-formal “tool box” discussions held by supervisors on a monthly basis. Formal safety meetings should be included in “State of the Union” meetings, which are held quarterly or semi-annually.

Qualified personnel - The selection process promotes safety by identifying personnel who may or may not have the physical or mental ability, attitude or values that are important to continued success. Emergency Medical Services is not suited for everyone. Individuals who lack

certain skills may be suited for other areas within the department. The selection process can help in determining the placement of persons into jobs more suited to their qualifications

The benefits of a good selection process include:

- Recruitment of highly motivated personnel dedicated to achieving organizational goals
- Placement of individuals according to their abilities
- Reduction of injuries and property damage

Motivation program - Motivation is not a trait that an individual possesses. Motivation is an interaction between individuals. It is the willingness to exert high levels of effort to reach organizational goals, while simultaneously satisfying some individual need. Most often this effort is focused on work-related behavior.

Many theorists have developed reasons why some employees are motivated while others are not. The leader, manager, and supervisor should understand the motivational process. A person can be motivated by specific needs, such as the need to achieve, the need for power, or the need for affiliation. Developing specific goals and encouraging the person to fulfill them is important to the development of an individual.

The job design may be the motivating factor. An example could include alternating routine transports with emergency calls. Another motivator, but certainly not the most important, is the equity factor. Some individuals operate based on the expectation of certain outcomes as a result of a given act. Simply stated the equity theory promotes the belief that people want some sort of recognition for specific tasks performed. For example; an employee may expect a higher raise for sitting on multiple committees. The manager may be tempted to view these theories independently, but this may not achieve the expected results. Many of the ideas are complementary.

Almost every contemporary motivational theory recognizes that employees are not homogeneous. They have different needs, attitudes, personalities, and other important variables. The important things for a supervisor to remember are:

- recognize individual differences
- match people to jobs
- set goals together (resist establishing goals and “enlightening” the employee)
- ensure that the goals are obtainable
- individualize rewards
- check inequity

Identifying that people respond to different factors is important. The manager must achieve the goals of the organization. Supervisors must instill the idea that safety and loss control are important to each individual and their health is at risk. Development of programs that increase awareness and enhance employees should be motivational. Management must “sell safety” to employees by creating programs that will keep employees interested in safety. Some methods of motivating individual employees that are consistent with motivational theory are:

- Recognize people for doing a job safely.
- Educate everyone about preventive measures to reduce job-related injuries/illnesses. Education can include a discussion of the severity of injuries, costs associated, and consequences of incurring an injury.
- Reduce the perceived benefit of taking a risk by adding incentives which may include a form of definite and immediate disciplinary action.
- Add benefits for avoiding risk in the form of a safety incentive program.
- Establishing goals and communicate successes.

Morale - Morale may be intangible, but, research proves it plays an important role in organizational effectiveness. Organizations with high morale

tend to possess a higher sense of teamwork and cohesion and are generally perceived by employees to be “professional” organizations. Because of this, employees demonstrate higher levels of performance. In short, they tend to be high performing organizations. Employees in these organizations know the dangers inherent in their jobs, the safe procedures required, and believe that safe performance is in their own best interest.

When accidents occur, the morale of every employee is affected. Along with diminished morale there is a corresponding reduction in employee productivity. Employees with low morale also tend to be distracted easily and do not pay close attention to details. While an organization with high morale will not guarantee financial success, companies with low morale will have poorer safety records and an increased incidence of liability claims.

Safety committee - The purpose of the Safety Committee is to improve workplace safety and create and maintain employee interest in safety. Through peer involvement, decisions can be made that will make safety second nature. The committee should be responsible for promoting employee safety activities and lead the organization by example. Ideally, the Safety Committee should have a minimum of two to three members and represent management, supervisors, and employees. The committee should meet monthly.

Safety meetings - General safety meetings should be planned regularly so that all employees will be educated and trained in safe working procedures. There should be a pre-established itinerary and continuous follow-up.

Chapter 2

Property/Human Risk Exposure

Property loss exposure includes real property and personal property. Real property includes unimproved land and buildings and other structures attached to the land. Personal property includes all property that is classified as either tangible or intangible.

Tangible property can include money and securities, accounts receivable, inventory, furniture, equipment and supplies, vehicles, data processing hardware, software, documents and valuable papers. Intangible properties have no physical substance. These include the organization's name, goodwill, leases, and prepaid expenses.

While it is not the intention of this manual to discuss every single possible peril, an attempt is made to review a few situations to which every organization is exposed. An example of a peril that could be detrimental to an organization is claims resulting from equipment malfunction.

As discussed earlier, the majority of claims against providers occur during patient lifts and moving. If these claims are resulting from equipment failure due to poor maintenance, then the safety manager should be capable of identifying this as a cause and develop a method for reducing the potential. To manage the loss control of an organization, the risk/safety manager should be familiar with the potential losses that could occur from the use of EMS equipment, the methods to prevent malfunction/misuse and program development to reduce or eliminate the potential risks.

One such program is a preventive maintenance program. The effectiveness of a maintenance program has a direct effect on the length and serviceability of equipment. Equipment serviceability, in turn, affects the quality of service and company exposure to liability claims.

To reduce exposure to potential liability claims, ensure that all equipment is inspected and maintained in accordance with manufacturer's recommendations. Further, develop and implement a system that ensures that defective equipment is taken out of service until properly disposed of or repaired. This system should also include control measures that document when a piece of equipment is removed from service and provides a means of tracking the piece of equipment through repair or disposal.

Programs that ensure equipment serviceability should also include individual Personal Protective Equipment (PPE). Equipment issued to EMS personnel should be routinely inspected for serviceability. Personnel should be permitted to use individually purchased equipment only if the equipment meets or exceeds company specifications and only if it is inspected on a regular basis.

Reducing the human risk to loss exposure involves establishing high standards and following the standards consistently. Because managers are working with human emotions and attitudes, any decisions will impact the lives of the personnel. Careful pre-planning is necessary to reduce loss exposure. Programs such as: pre-placement physicals, psychological testing and thorough reference checking will reduce the chances of bad hiring decisions. As with all programs, errors will occur, but a formal hiring program will reduce the likelihood of a potential error.

Hiring Decisions - Recruitment of qualified personnel has proven to be an effective method for reducing losses. Personnel who are able to perform the essential functions of the job, possess the correct mental attitude, and show commitment to the vision of the department are less likely to incur unnecessary costs. The investment in

personnel selection is best accomplished in the pre-placement phase of hiring.

Pre-placement Physicals - A comprehensive medical evaluation by physicians who are familiar with the operation will help reduce risk by identifying pre-existing physical conditions that may contribute to future problems. The physician reviews a completed medical questionnaire, performs a physical exam to clear the prospective associate for further testing, including an orthopedic evaluation. The pre-placement physical can only be performed after a job offer has been made to a candidate. (check labor standards or an attorney for specific information)

Psychological Testing - Psychological testing has been used successfully to screen potential personnel. Generally, the courts have ruled that any pre-placement screening must be job related. Any psychological test that is used must have been tested to ensure it is free of bias toward any particular group. Companies should be certain that any tests used have been validated in accordance with the requirements of Title VII Civil Rights Act of 1964, as amended. *The result of psychological testing in the trucking industry demonstrates the ability to identify safe drivers who have had fewer accidents than those drivers who are hired without the benefit of psychological screening do.*

The pre-placement screening does not identify or eliminate all the factors that may contribute to losses that result from adverse employee selection. Pre-placement screening can reduce the possibility of hiring an individual who has potential for increased losses. Another factor to consider is the human factors associated with attitude. An understanding of the human factors that contribute to incidents that involve losses is important. As there are many theories to hazard avoidance, human error is the foundation of many practices that result in loss. Understanding the attitudes that may foster non-compliance is important.

In recent years, companies in many industries have focused their loss control programs on the human factors of the job. Human factors, or human error, have been documented by the National Transportation Safety Board, as the primary cause of 95% of all motor vehicle collisions. Errors in judgment and decision making, coupled with the effects of stress and complacency is typical in human factor caused mishaps.

Attitudes - Attitudes, even poor attitudes, can be changed. They can be changed through training, management pressure, and/or peer pressure. Maintaining clear, uniformly applied standards are one way management can ensure that individual attitudes will be consistent with those valued by the company.

How an individual will perform in routine as well as emergency situations is to a large extent determined by attitudes. Attitudes are characterized by ways of thinking, feeling, or behaving toward an event, person, or group. The attitudes that an individual has about life can be used to predict their performance in specific job functions, such as driving.

Five hazardous attitudes have been identified that contribute directly to unsafe actions.

ANTI-AUTHORITY This is an attitude of, “Don’t tell me”. Individuals who demonstrate this attitude often disregard organizational, as well as legal, rules and procedures. A countermeasure for this attitude is for management to consistently enforce all standards. Individuals must recognize that they are accountable for their actions and it’s their responsibility to follow the rules.

IMPULSIVENESS Demonstrated by an attitude of, “Do something quickly”. Individuals who demonstrate this attitude many times fail to consider the consequences of their actions. Rather than considering all information and making an informed decision, they generally act

before thinking. Countermeasures for this attitude include training crew members to slow down and think first. Management can assist in this process by not rewarding impulsive acts despite how well they end.

INVULNERABILITY “It won’t happen to me”. This attitude is frequently found in younger crew members and is all too often the cause of accidents. Management should educate crew members on the possibility that it could happen to them. Periodically discussing actual EMS mishaps will show younger staff that they are not invincible.

MACHO “I can do it”. Individuals who demonstrate this attitude typically try to prove that they’re better than everyone else. They take unnecessary chances, putting themselves and others at risk. Management must enforce standards and identify those staff members whose macho attitudes put themselves and others at risk.

RESIGNATION Members who demonstrate this attitude see themselves as not able to make a difference. When things go wrong, they blame it on bad luck or someone else. People must understand that they are responsible and accountable for their actions and in-actions. Incidents don’t happen by accident. Members must take proactive action to prevent themselves and those around them from unnecessary exposure to situations that may cause an accident. They must understand that they are not helpless.

Changing attitudes - Management must take the lead in establishing policies that define acceptable performance. Without consistent standards, individuals are free to develop their own standards. The problem is that employee standards may not reflect the desires or standards of management. Management and peer pressure can go a long way in shaping the attitudes of employees. However, the pressure must be a reflection of written, clearly communicated policies.

Peer pressure is an acceptable and effective way to change individual attitudes.

Current Personnel - The nature of emergency services exposes all providers to the potential for an injury. When personnel experience a work-related injury, they need to feel that the organization cares about their recovery. Managers should realize that when an associate is injured, the injury and resultant effects, become the most important things in the person’s life. Through coordination of doctors and other medical providers who are familiar with the organization, the employee can move seamlessly through the injury/recovery process with confidence. A physician referral program is essential to this process. The other benefit to establishing a panel of physicians is the control of the financial exposure to an organization. The components of this program include:

- guidelines for reporting the injury or illness
- proper completion of an injury or illness form
- supervisor investigation of the cause
- prompt medical referral
- constant communication with the physician, injured associate, and the insurance claims expert.

Accident Sequence - In nearly every field of human endeavor, the overwhelming number of accidents and mishaps are caused by human error. Because of that, we are going to look at accidents, mishaps, and safety management from the perspective of the people involved and not material failure or design deficiencies in equipment. As this is not the only theory to explain the cause of an accident, this explanation allows for an understanding of the complexity of risk control.

The goal behind an effective safety program is to prevent accidents before they occur. Accident prevention programs are often based on the

principle of cause and effect. The concept suggests that all mishaps have a cause and do not occur by chance.

- Inactivity, hazards or oversight causes mishaps.
- Mishaps may be prevented by proactive actions, elimination of hazards or better planning.

The Domino Theory - Much has been written about the causes of accidents and the accident sequence itself. What is clear about the accident sequence, however, is that combinations of factors or causes come together under just the right circumstances to bring about the undesired event. Seldom, if ever, is there a single cause for a mishap.

The premise of the Domino Theory first proposed in the 1920s by H.W. Heinrich states accidents are the result of a chain of five factors:

- Ineffective pre-plan. Factors may be traced to inadequate leadership controls.
- Sub-standard practices that allow the opportunity for an incident to occur.
- Ancestry and social environment (personal) which lead to substandard practices while performing a particular job. Examples would be stubbornness, recklessness or undesirable traits that interfere with education and training. The person exhibits anti-social behavior as a result of his/her past experiences and any losses that occur may be a result of substandard practices. Examples would include violent temper, excitability, lack of concern for safe practices, or complacency.
- An unsafe act or mechanical hazard. This would include: engaging in horseplay, removing guards, not wearing safety equipment.
- The resulting injury. These are the injuries that result directly from accidents.

The Domino Theory is a valuable tool for use in identifying hazards so that effective countermeasures, or actions designed to counter the effect of the hazards, can be developed and implemented. An overview of the Domino Theory can be found in Appendix A.

The Five-Step Tiered Accident Action Process

The Five-Step Tiered Accident Action Process provides a structured framework for Safety Program Management. It should be used by the Safety/Risk Manager and the Operations Manager to identify and eliminate hazards in the workplace. The steps include:

- Information Collection
- Analysis of the Data
- Development of Counter-measures
- Implementing the Plan
- Evaluating the Results

Information Collection - The purpose of this step is to identify hazards in the workplace. Information on hazards can come from:

- An analysis of the tasks being performed
- Hazard reports submitted by personnel
- Safety audits conducted by the Safety Manager
- Reviews of Job Hazard Analysis

The Job Hazard Analysis (JHA) is a procedure used by safety professionals and supervisors to review job methods and uncover hazards that:

- May have been overlooked in the layout of the facility and in the design of machinery, equipment, and work processes.
- May have developed after the unit became operational.
- May have resulted from changes in work force.

Once the safety and health hazards are known, proper solutions can be developed. Some solutions may be physical changes that control the hazard, such as providing needle boxes in medical kits, or placing a safety hook on the floor for litter safety. Others may be job procedures that eliminate or minimize the hazard, for example, safe stacking of materials. In short, Job Hazard Analysis is a procedure to make a task safe by:

- Identifying the hazards or potential injuries or illness associated with each step of a job.
- Developing a solution for each hazard that will either eliminate or control risk.

The Job Hazard Analysis is an excellent starting point for questioning the established way of doing a job. New personnel must be trained in the basic job steps. They must be taught to recognize the safety and health hazards associated with each job and must learn the necessary steps to prevent losses. All supervisors are concerned with improving job methods to increase safety, reduce costs, and increase mission effectiveness. There is no better guide for this training than a well prepared Job Hazard Analysis.

Analysis of Data - Formal analysis of the data collected in Action Process One is necessary in order to develop plans that will effectively address hazards in a cost-effective way. Methods of analyzing the collected data include:

- Pulling data
- Conducting a risk assessment of the pulled data

When conducting an analysis of the data start by pooling historical data. Begin the process by sorting the information or hazards into categories. Depending on what is being tracked, you may wish to sort the data into either specific or general categories. Specific categories may include:

- Lights and Siren Operations
- Crew Quarters

- Hearing Conservation
- Machine Shop
- Vehicle Operations
- Maintenance Shop
- Patient Handling
- Delivery of Medical Care

General categories may include:

- Shops
- Supply
- Storage
- Administration
- EMS Operations
- General Hazards
- Equipment
- Maintenance
- Safety Survey Results
- Inspection Results

Risk Management approach to safety

Risk Management is the identification and control of risk, according to a set of pre-established parameters. Risk is an expression of potential loss in terms of:

Severity (S)

Probability (P)

Exposure (E)

To determine total risk for a given hazard, use the following formula:

$$\text{Total Risk} = S \times P \times E$$

Prioritizing Risk

Severity - What is the likely result or the severity of the accident or incident that could occur. Severity can be measured in terms of death, injury, lost time, equipment loss, and threat to the organization, political implications, adverse publicity, and management concern. Severity and

the accompanying numerical values are included in Tables 1 and 2, in the following section. Protective devices, engineering controls, and personal protective equipment usually control severity.

To keep things in perspective, when you are estimating severity, ask the following question:

“If 100 people were exposed to the hazard and all 100 experienced the anticipated mishap, what percentage would fall into each category listed in Tables 1 and 2?”

To illustrate the point we will use a patient care example. A patient is carried down the steps via a stair chair. While performing this patient transfer, the health care providers can or will drop the patient a certain amount of times and the patient will or could experience a certain level of injury.

On the “stair chair” hazard, out of 100 patients who fall, what percent would die, have permanent injuries, require medical care, have just scrapes and bruises, or have no injury at all?

Probability - What is the probability that an exposure to a given hazard will result in an accident? Probability and the accompanying numerical values are included in Table 1. Training, awareness, attitude change, etc usually control probability.

When estimating probability, ask the following question: “If 100 people are exposed to the hazard, what is the chance that the anticipated accident will occur?”

On the “stair chair” situation, out of 100 people who are carried down the steps, what is the chance that a person will actually fall? Is the event very likely, greater than 50%, 50-50, unlikely, remote, or impossible?

Exposure - What is the exposure to the hazard?

Exposure may be defined as the amount of time, number of events, number of people involved, how much equipment involved, the amount of activity during which the mishap exposure exists, etc. The job you perform is the basis for measuring exposure. It identifies generally how many people will be exposed to certain hazards and for how long. Exposure and the accompanying numerical values are included in Table 1. Reducing the number of events, cycles, calls, etc usually controls exposure.

To keep things in perspective, when estimating exposure, ask the following: “What is the exposure to the hazard?”

On the “stair chair” hazard, how many people are carried, or if one person is carried, how often is he/she carried (down four steps or three flights)? Is the exposure great, above average, average, below average, or of no consequence?

Naming the identified hazards - The key to successfully analyzing risk is the careful definition of the hazard. When you identify the hazard, state what the hazard is and what the result could be. As an example, “worn tires on an ambulance that may increase stopping distance” is a hazard expressed in a meaningful way.

Computing risk - In computing the total risk for a hazard follow these steps:

Step 1 Identify the hazard.

Step 2 Use the risk analysis values from Table I and 2, if appropriate, for severity, probability, and exposure.

Step 3 Compute the total risk.

$$\text{Risk} = S \times P \times E$$

Step 4 Determine the corrective actions you should take in accordance with Table 1

Table I
Risk Analysis Values

When analyzing risk, quantifiable values need to be utilized for consistent measurements. The following is one method to analyze and quantify identified risks. Each hazard is assigned a number under each category. The values are multiplied together to determine the action required. Table 2 provides objective standards to assist in decision making.

Mishap Severity (S)

- 0 No potential for damage or injury
- 1 Slight: <5%, no lost time
- 2 Minimal: 5%-24%, lost time, no hospital
- 3 Significant: 25%-50%, requires care
- 4 Major: 50%-74%, permanent injury
- 5 Catastrophic: >75 %, fatalities

Mishap Probabilities (P)

- 0 Mishap impossible
- 1 Remote or unlikely under any conditions
- 2 Unlikely under normal conditions
- 3 P=.50 (probability 50%) under normal conditions
- 4 P>.50 (probability greater than 50%) for occurrence
- 5 Very likely to happen

Mishap Exposure (E)

- 0 No exposure
- 1 Below average amount of exposure
- 2 Average exposure
- 3 Above average exposure
- 4 Great exposure

Table 2

Risk = S x P x E

Values	Risk Level	Action
80-100	Very High	Discontinue, Stop
60- 79	High	Immediate Correction
40- 59	Substantial	Correction Required
20- 39	Possible	Attention Needed
1- 19	Slight	Possibly Acceptable
0	None	None

Developing the Countermeasures - A countermeasure is a measure (a program of one or more actions) intended to eliminate or “counter” the effect of an accident at any point in the cause sequence. An effective safety program targets each of the five dominos with potential countermeasures. A single countermeasure can target more than one single domino. The extent of a countermeasure program includes cost, speed of application, overall benefit, and organization policy. These factors will determine what countermeasures will be applied and at what point or combination of points in the cause sequence we apply our countermeasures. Let’s look closely at the countermeasures appropriate for each of the dominos. The following examples demonstrate how effective countermeasures can be developed and applied to reduce or eliminate hazards.

Domino 5: Objective of Domino 5 countermeasures is to control damages and limit the extent of injuries.

<u>Accident Cause</u>	<u>Factor Countermeasure</u>
Damage due to rear end collision.	Install energy absorbing bumpers.

Domino 4: Objective of Domino 4 countermeasures is to prevent the mishap from causing injury by restricting or limiting the transfer of energy.

<u>Accident Cause</u>	<u>Factor Countermeasure</u>
Personal injury sustained in a vehicle accident.	Ambulance crews use seat belts.

Domino 3: The objectives for Domino 3 countermeasures are to change the substandard practices used by individuals so they are less likely to make errors. Additionally, countermeasures for Domino 3 include eliminating hazardous conditions or circumstances that could directly permit the occurrence of an accident.

Accident Cause	Factor Countermeasure
Exceeding permissible speed during an emergency response.	Hold individuals accountable. Attendance at an Emergency Vehicle Operator's Course
Oily rags in maintenance facility causing a fire or explosion hazard.	Maintain rags in approved container.

Domino 2: The objectives for Domino 2 countermeasures are to correct defects in the organization's operating system.

<u>Accident Cause</u>	<u>Factor Countermeasure</u>
Potential for patient transfer mishap involving a collapsed cot.	Training on safe and proper use of the stretcher.
Perception on the part of crews that responding fast to calls saves lives.	Attendance at an Emergency Vehicle Operator's Course.

Domino 1: The objective for this countermeasure is to correct the lack or inconsistency in management controls. Common areas of loss control for supervisors at all levels are:

- Making inspections
- Conducting group meetings
- Orienting new employees
- Making investigations
- Conducting job analysis
- Making job observations
- Reviewing rules and procedures
- Giving proper job instruction

<u>Accident Cause</u>	<u>Factor Countermeasure</u>
EMS crews failing to use proper personal protective equipment.	Increase frequency of inspection in the field.
Hazards associated with introduction of a new piece of equipment.	Prepare a Job Hazard Analysis on the task where the equipment is used.

Implementing the Plan - Implementation puts into action the countermeasures developed by the Safety/Risk Manager or senior management. When implementing an effective countermeasure program plan development should explain what is to be done, how it is going to be done, who is going to do it, when it will be done, and what resources will be required. Keep the following points in mind to ensure a successful implementation:

- Build management support for recommended countermeasures.
- Use staff experts with considerable influence and credibility.
- Rely on the Safety/Risk Manager's prestige and influence.

Control measures - Control measures are used to check and ensure that countermeasures are effective and have the desired outcomes. A control measure should:

- establish a standard to measure effectiveness
- fix accountability so that the people responsible provide adequate supervision and guidance
- provide the Safety/Risk Manager with feedback on the effectiveness of the safety program

The following examples of possible control measures should be helpful in measuring the success of individual company programs. In order to assure a valid measure of the safety program you need to have more than one control measure of effectiveness.

Dollars
Inspection Results
Property Damage
Lost Time
Accident Numbers
Suggestions
Number of Hazards
Hazard Reports
Customer Complaints
Workers' Compensation Claim

Evaluation of the results - An effective safety and loss control program seeks to reduce losses by reducing and/or eliminating hazards. Hazard identification and reduction are important for many reasons. Clearly, most managers truly want to provide a safe and healthy work environment for their employees. Recently, several states have sought to hold management directly responsible for the unsafe conditions they create by using the criminal justice system as a deterrent. In California and Virginia there are now programs that hold managers criminally liable for allowing unsafe conditions to exist when they later an employee. Possible criminal prosecution is but another reason for management to identify and correct hazards in the workplace in a timely manner. Therefore, it is imperative to establish methods to evaluate the processes used to reduce the risk of losses.

Hazard Identification

The key to effective hazard reduction lies in the initial identification of the hazard. The most effective way to identify hazards is through the implementation of an identification system. This system should include the following:

Safety inspection program
Employee hazard reporting policy
Safety Standard Operating Procedure (SOP)
Company safety committee
Accident injury reporting system
Periodic review of company policies and procedures to determine the presence of hazards

The following text outlines the key points for establishing a comprehensive hazard identification and control program. For maximum effectiveness, each method should be used as part of a systematic approach to hazard identification. The program will require the full support of management and the cooperation of employees. Once implemented, it will aid in reducing risk and its associated losses. Additionally, it will begin to focus

efforts on creating an effective safety program, a requirement in the proposed changes established by OSHA.

Safety inspections - Periodic safety inspections or audits are an excellent way of identifying hazards in the workplace. There are two types of inspections that should be included in a safety program. Every supervisor and employee in the organization should carry out the first type, the informal inspection. This is the inspection that individuals make constantly as they go about their daily routine. When hazards are identified they should immediately be brought to the attention of a supervisor or corrected on the spot. Much of the responsibility for this type of an inspection falls on the shoulders of the supervisor. They must understand that a major part of their job is identifying and correcting hazards.

Manager and/or safety team. During this inspection a formal checklist is used to identify hazards that require attention. Additionally, it provides an excellent opportunity to determine how effective previously identified hazards have been corrected.

Hazard reporting - Hazard reporting is a tool utilized to identify risks that are present, but have not surfaced to cause a loss to the organization. One of the best sources of information regarding hazards in the workplace is employee feedback. They work with the equipment and do the jobs required by the company on a daily basis. They know what the hazards are and will tell if they are asked. An aggressive employee hazard identification program should be a cornerstone of any effective safety program.

When employee hazard reporting programs fail, they do so for a variety of reasons:

The employees see the program as another administrative burden.

There is no support or commitment demonstrated by management.

Employees receive little or no feedback from management when they identify potential or actual hazards.

Management takes little or no action on hazards that are reported.

Employees fear reprisal from supervisors for providing information to management.

It should be obvious that an effective program:

Be simple.

Guarantee feedback to employees.

Is supported by management as evidenced by management's active role in eliminating hazards.

Provides an anonymous, non threatening way for employees to provide feedback to management.

Incident reporting - Incident reporting is performed when a known hazard or event has occurred and requires documentation for insurance, legal or patient care issues that may arise. The insurance industry has identified numerous common risks that are prevalent throughout the EMS industry. These include:

- Airway management - providers not recognizing the need to manage an airway or mismanaging the airway causing an increase in morbidity and mortality.
- Patient drops - providers not using the proper equipment to transfer patients, misjudging physical limitations or hurrying through patient handling situations.
- Medication errors - providers administering the wrong dose, the wrong medication, the wrong route or not identifying the medication that should be delivered.
- Equipment - organizations and providers using, maintaining and

altering equipment to satisfy individual preferences thus resulting in patient or provider injury.

Incident reporting should occur as soon the error is identified in order to determine the cause and ensure that the error will not be repeated.

Safety Standard Operating Procedures (SOPs)

- The Standard Operating Procedures (SOPs) describes and prescribes how procedures are to be performed within an organization. The SOP is an organizational tool that standardizes routine and non-routine tasks. It is a written guide indicating who (by job title) performs the various steps in the procedure and in what sequence the steps are carried out. It becomes the foundation for training new personnel, for refreshing the memories of management and experienced personnel, and for ensuring that important procedures are carried out in a standard, specified way. Too often, SOPs are written carelessly and in haste. The result is of little help to the organization.

The principal function of a SOP is to provide detailed, step-by-step guidance to employees required to carry out a certain procedure. It serves not only as a training aid, but also as a means of helping to ensure that the procedure is carried out in a standardized, approved manner. An important function of a SOP is to keep management informed about the way jobs are performed in areas under their supervision.

Standard Operating Guidelines (SOGs) are a flexible set of expectations to help in decision making. A SOG is not as rigid as a SOP and allows for discretion in implementation. The SOG is intended to cover many daily activities that do not require a formal process.

A complete manual of well written, up-to-date SOPs and SOGs is an indication of good management and provides instant access to information on functional details within the organization. Other functions of SOPs are less clear-cut, but just as important. For example, a SOP can be used as an administrative tool to

decide where in an organization a function should be carried out, what material and personnel resources are required, and how much employee time is expended in carrying out the procedure once it is in operation.

A SOP may be called for if you identify the following conditions:

1. Whenever a procedure or an action within the organization is repetitive and is to be carried out in the same way each time.
2. Whenever it is critically important that a procedure, no matter how seldom performed, be carried out exactly according to detailed, stepwise instructions.
3. Whenever there is a need to standardize the way a procedure is carried out to ensure quality control or system compatibility.

Safety committees and supervisory level meetings

- The basic purpose of any council, committee or supervisory level meeting is to bring group action to bear on a problem. Safety Committee meetings are excellent forums to identify hazards that may benefit from group action. The committee should include senior management, supervisors, and employees from each functional area in the organization. It is recommended that the committee meet monthly. Minutes of the meeting should include:

- Date of meeting
- Attendees
- Synopsis of items discussed
- Status of identified problems
- Actions taken and the individual responsible for corrective actions
- Completion dates for corrective actions

Copies of the Safety Committee meeting should be provided to all personnel and posted on the bulletin board.

Accident/Injury reporting system - A reporting system should de-emphasize that it is wrong to report an injury and/or accident. Reporting should not be punitive. Although the action causing the incident may require retraining or a formal discussion, the process should not be demeaning. Withhold reporting an injury or accident increases the potential cost of that incident.

The reporting system should encourage open communication between the employee and the immediate supervisor. The incident must be documented and an investigation completed. Any incident must be reported to the Safety/Risk Manager. He/she in turn, must notify the insurance company (if applicable) or any other person who will need to be involved. All paper work should be submitted to the Safety/Risk Manager within 24 - 48 hours. This permits rapid communication with the legal, insurance, and administrative professionals.

Policy review procedures - Policies and procedures are often established to standardize both routine and non-routine tasks. Frequently, companies will establish policies to reduce the hazards involved in high risk jobs. While policies may be successful in reducing some identified risk, they often create risk and hazards in other area. For this reason, any effective loss control program should include procedures for periodically reviewing policies that are no longer current. Additionally, the review process should focus on identifying hazards that may have been overlooked during development of the original policy. Minimally, policies should be reviewed annually. An effective review process should include:

- determine the need for current or future policies
- analysis of the policy to determine the presence of overlooked hazards
- determine if the policy has been effectively implemented
- determine if management and employees know how to comply with the policy
- determine if the policy is enforced.

Motivating Employees

Motivating employees to work safely begins with management commitment. Often management replaces performance and improvement with conformity and maintenance of status quo. In order to avoid motivating employees, many supervisors or managers act as if everything is okay. In every industry improvements can be made. There is no easy formula for creating and maintaining a safe work environment. Leadership must create an effective safety culture, one that makes safety and loss control a priority in the conduct of every facet of business. Management must not only believe in it, but must reinforce it in all activities.

The accomplishment of goals is best accomplished through constant communication. Employees want to be kept informed. It is leadership's responsibility to provide information to all operational personnel. It is the manager's responsibility to convey information. Another tool for successful motivation is to deliver messages with high levels of enthusiasm. Excitement is contagious and can create a positive work environment. The more excitement and enthusiasm the manager displays, the more goals are accomplished. A positive organizational culture develops.

There has been a lot of discussion in recent years regarding organizational cultures. While definitions may vary, all definitions can be boiled down to the following:

"Culture is the way we do things around here."

If you apply that definition to safety, a safety culture is nothing more than how safely work is accomplished on a day-to-day basis. An effective safety culture must be developed, nurtured, and promoted every day, not only by management, but also by employees. Shared values define the character of an organization. They encourage employees to work together and control losses for both themselves and the company's good. The

ineffective manager ignores values because they aren't "hard." The smart manager knows that values strongly influence behavior. Values define success for employees. Safety must be a value that is known and shared by employees at all levels of the organization.

Safety Culture

How work is accomplished says more about your safety culture than what is accomplished. It's not too difficult to read your safety culture when you know what to look for. Consider the following indicators when evaluating a company's safety culture:

1. Study the physical setting. The physical setting of an organization can tell you what the company deems important, or what is valued. Look for some of the following indicators:
 - a. Facilities: Facilities should be well organized and clean. Waste material should be properly discarded. Anything less suggests the presence of low standards. In addition to the obvious hazards, poorly maintained facilities often reflects the quality of work that is performed.
 - b. Vehicles: Vehicles should be clean and well maintained. Physical damages indicate that individuals are not operating the vehicles in accordance with company procedures. If crews are using spotters during backing maneuvers, there should be little or no evidence of rear-end damage to the vehicles.
2. Look for inconsistency. Inconsistency among building sites, offices, or for various levels of employees may indicate a fragmented safety culture.
3. Read what the company says about itself. Strong cultured companies speak frequently about their people and how they value safety. Tabulate how often

certain phrases and beliefs are used in the corporate literature. If "Safety First" is a corporate value, how often do you see references to it.

4. Interview company employees. Management can learn a lot about a company by asking the "average" employee what kind of company he/she works for, or how high a priority they feel the company places on safety.
5. Observe how employees spend their time. What people do reflects what they value. The discrepancy between what they say and what they do indicates cultural cohesion or the lack of it. This is especially true of safety. Companies that have an effective safety culture spend their time doing things safely; not simply talking about it.

Knowing whether the culture is weak assists in the implementation of concrete steps toward strengthening it.

How management influences the safety culture

- Management sets the expectations for employees in the way they dress, act, and perform. These expectations are communicated to employees both directly and indirectly. Operations manuals explain such things as dress codes, performance requirements, etc. More subtly, management communicates its expectations by what it will and will not tolerate. Employee performance that is rewarded is reinforced and will likely be seen again. The implications for safety are obvious. If you are going to control losses, you must:

- Make it clear what type of performance you expect from employees
- Communicate expectations to employees
- Hold employees accountable
- Reward desired performance

Managing your safety culture - Listed are several ways successful managers have found to manage

the safety culture within their organizations. Managers need to act the part. None of the “do as I say, not as I do”, philosophies.

- Speak and write about the safety culture often and credit it for the company’s success. If you value **Safety First**, make it a “front burner” issue and refer to it. Talk about ways in which the company has operationalized the concept of Safety First.
- Make sure that each and every manager and employee in the company knows their safety responsibilities and how to achieve them and then, **HOLD THEM ACCOUNTABLE**.
- Make safety a part of every job description and evaluate each employee’s performance, in part, on his or her safety performance.

Changing your safety culture - Changing the safety culture of an organization is difficult and time consuming. It involves a process of changing the norms or the way things are done. A norm is any uniform attitude, opinion, feeling, or action shared by two or more people. Some of the obvious norms that exist at work are related to how people at various levels dress, when coffee breaks are taken and for how long. Norms may or may not be consistent with policy. Norms are reflected in the behavior or performance of the individuals in the workplace. Without proper management, changing a safety culture can end in anger, resentment, and no change. Here are a few tips for effectively managing change:

- build peer-group consensus among employees for the need for change in order to ease acceptance
- give people enough time to get accustomed to the change
- include training in the change effort if applicable
- two-way trust and openness on all matters between those implementing

change and members of the organization facilitates the change process

- hold individuals accountable. Progressive counseling should be used
- if you expect it, inspect it. Management at all levels must ensure that hazards are identified and corrected. This will only occur if management is routinely out observing individuals and crews in the performance of their jobs. Management by Walking Around (MBWA) is effective for developing a strong safety culture.

Reward Performance

Performance tends to be a function of its consequences. In other words, if an individual receives a positive reward for specific performance, it is probable that he or she will continue to perform in the same manner. That concept is at the root of most contemporary motivation programs. Consider integrating the following ideas into your safety program.

As management, demonstrate an attitude of support and commitment to the company’s safety program. The following ways can demonstrate support for the safety program:

Commit resources to professional education. Whether it’s training the Safety/Risk Manager or providing specialized safety training to individuals exposed to a hazard, people need new skills to handle new demands.

Respond to feedback and take action. The employer is obligated to maintain a safe work environment. When hazards are identified, reduce or eliminate them as soon as possible. Even if you can’t solve the problem let people know that it is being addressed. The fact that someone is interested in another person’s problem is a motivator.

Share future plans. Let people know where the organization's safety program has been, where it is going, and what is coming in the future. People enjoy being consulted and informed about things that affect their future.

Ask for ideas. Use employees as a resource. Actively solicit their ideas on how things can be done safer and more effectively. Most people like their jobs, like to explain their job to others, and like to be asked for assistance.

Become a good listener. Many issues that arise could be resolved if people would just listen to one another.

Be a participant. Whether it's becoming involved in a training session or conducting your own walk-around inspections. Go to the accident scene or medical emergency and catch people doing things right.

Set the tone for safety in your organization by demonstrating that you are a person of action who will not accept the status quo.

Act as a role model. Lead by example!

Reinforce exemplary safety performance at every possible opportunity. A simple, "well done," is all it takes.

Consider providing a monetary award or some other type of incentive for individuals who are able to sustain a good safety record.

Safety Award Program - An active safety award program can assist in sustaining the safety effort. The purpose of a program is:

- To recognize and reward safe behavior.
- To motivate others to act in the same manner.

Here are a few tips that can make a program more effective.

- **Timeliness:** The award should follow the act as soon as possible. Over time, the value of the award becomes lost.
- **Recipient:** In general, it is more positive to reward individuals rather than groups of the organization.
- **Presentation:** Public presentation of an award can act as a means of motivating other personnel.
- **Personalize:** Place the individual's name on the award. Impersonal awards are less meaningful.
- **Possession:** Ideally, the award should be something the individual can keep and display.
- **Value:** The monetary value of the award is not always important. The true value of the award is in the eye of the recipient. What is it worth to him? Some of the best awards are not expensive.
- **Canvass your employees** to determine what their motivators will be, e.g., money, time off, trips or gifts.

Safety Training Guidelines

All of the rules, guidelines and incentives established in a safety program have a limited benefit without training. Without positive reinforcement, the best written safety program will not be effective. Training is one form used to reinforce an effective safety program.

The first step in the training process is a basic one: determine whether training can solve a problem. Whenever employees are not performing their jobs properly, it is often assumed that training will bring them up to standard. Training can not solve all problems. Problems that can not be solved include lack of motivation, pressure for production, design problems, and lack of attention.

Ideally, safety and health training should be provided before problems or accidents occur. Problems that can be addressed effectively by training include those that arise from lack of knowledge of a work process, unfamiliarity with equipment, or incorrect execution of a task.

There are three major reasons why training is needed:

- Required by law - Some training is required by OSHA and other government agencies. This training must occur even if it is not or does not seem applicable to EMS. For example, everyone must be trained on the organization's MSDS plan. This is different from the Haz Mat classes for responders. One training does not replace the other.
- Hazards in our workplace - Hazards in the facilities must be identified. These may include hazardous chemicals, fire hazards, etc. Training employees what, where, and when to look for hazards will lead to reduction of the hazard.
- Dangerous work practices on the job - Observations may reveal actions and practices in our workplace that pose danger to some individuals. Training employees on how to perform the job correctly contributes to the reduction of losses associated with doing the job.

Required training topics - The following topics should be included in each safety training program when they are applicable:

- Hazard Communication (1910.101)- Any employee that has the potential to be exposed to hazardous chemicals must receive training which covers the Hazardous Materials Program of the organization.
- Emergency Plan (1910.155) - Each company location must have an emergency evacuation plan. Each individual in the facility should be

trained on their assignment during an emergency. Each employee should be trained to activate the alarm system. This procedure should be reinforced with a minimum of two drills per year.

- Lock Out and Tag Out (1910.211) - Everyone who is authorized to work on equipment which is energized and could cause injury, is required to receive training upon initial assignment and annually on this procedure.
- Respiratory Protection (1019.134) - Everyone who is in the Respiratory Protection Program is fit tested on an annual basis.
- Portable Fire Extinguishers (1910.155) Training on fire extinguishers is required on an annual basis.
- Access To Medical Records (1910.1020) - Upon initial employment, and annually thereafter, employees should be informed of their right to access their medical records, and how they can be obtained.
- Hearing Conservation (1910.151) - All employees who are included in a hearing conservation program shall receive training upon initial assignment and annually thereafter.
- Ergonomics (1910.1) - Each employee should receive annual training on ergonomically sound activities and postures necessary to perform their job.
- Equipment (1910.1) - Each location should provide initial training to employees before equipment is used. This training should also include specific training on each vehicle that may be operated in an emergent or non emergent situation.
- Hazardous Waste/Spills (1910.101)- All applicable personnel should be trained upon initial assignment, and annually thereafter, on the proper disposal of hazardous materials and medical waste per company guidelines and local

requirements. Education on the hazards of each chemical, including proper protective equipment, is also required, but this is also included in the Hazard Communication Program training. Proper cleanup procedures for any possible spills should be part of the program.

- Other Requirements - Personnel at each facility operated by the company should attempt to identify their own workplace hazards by examining the facility and work practices. If solutions cannot be found to reduce the hazards, then training programs should be developed to educate employees so that they can be aware of the identified hazards.
- Additional training is required whenever procedures are modified or changed, additional equipment is acquired, new hazardous materials are introduced into the workplace, or previously unidentified hazards are identified. Training should be based on the potential hazard, identified through inspection, analysis or industry trends. For EMS, one of the most costly litigated patient care issues is the management of an airway. How often people train on the recognition of an airway problem will directly impact the potential risk incurred by an organization.

Conducting the training - Training should be presented so that its objectives, meaning, and purpose are clear to the employees. Well prepared, enthusiastic presentations, supplemented with visual aids, videos, and other materials, will enhance program retention by the participants.



An effective program allows employees to participate in the training process. Participation from all employees in the form of discussions, questions, and relating personal experiences should be encouraged. Opportunities for employees to conduct training should be available to volunteers.

Participation of management lends credibility to the process. Outside trainers can also be beneficial if the subject requires special expertise.

All persons who will benefit from the training should be encouraged to attend the sessions. Training should be considered a priority, not something that is okay to attend if nothing else is going on.

Administration of training records - Training records should be maintained in a central file so that evidence of the training can be produced for verification. The training records should include the following information for each training session:

- Training topic
- Date of the training
- Goals and objectives of the training and the major points covered
- Signatures of the attendees
- Name of the instructor and qualifications
- Copies of pretest and post-test answer sheets if applicable

Evaluation of the training - Evaluation of safety training is critical. The objective of training is not only to have an effective training session, but also, to ensure that safe work practices are used on the job. Training is not successful just because people sit through it. It is successful if people learn from it, think and act safely on the job.

Training should have, as one of its critical components, a method of measuring the effectiveness. A method of evaluating the training should be developed during the training program and content development stage. Following are some evaluation possibilities:

- **Questionnaires** are usually used at the end of a training session. These feedback surveys generally will ask questions concerning whether the objectives and presentations were clear, if the trainer and materials used were well prepared, and what items were most and least effective.
- **Reviews** may be used which can take the form of a short true/false quiz. The objective is to determine whether the main points were understood.
- **Interviews** with a few of the employees who received training can be conducted to obtain a very in depth evaluation.
- **Observation/Inspection** of trainees back on the job can determine whether the training concepts were understood and retained.

Whatever the method used, evaluation documentation should be kept for training sessions. This evaluation process is to be used for required training in the company Safety Program and additional local requirements. This process may not be required on supplemental awareness training.

Employee Orientation - New employees should receive a proper indoctrination and orientation to the company safety program prior to beginning work. New employees should also receive any required training on procedures and equipment prior to any work in those specific activities.

Required Postings

Emergency Medical Service organizations are required to post certain employment related information. The required information is maintained on the company bulletin boards accessible to employees:

Various state and federal orders regulate the Wages, Hours and Working Conditions in certain industries.

- Pay Day Notice
- Anti-Discrimination Poster
- Equal Employment Opportunity is the Law (EEOC form)
- OSHA Safety and Health Protection on the Job
- Notice of Workers Compensation Carrier
- Notice to Employees: Unemployment Insurance and Disability Insurance
- Notice: Employee Polygraph Protection Act (form WH 1462)
- Access to Medical and Exposure Records
- Notice to Employees: Time Off to Vote
- OSHA Accident/Illness Survey Summary (OSHA Log 200)

In addition to the listed notices, a copy of the Injury Prevention Program, a copy of the Safe Work Practices and a Fire Prevention and Evacuation Plan and emergency numbers also need to be posted.

In addition to other postings required by law, Emergency Medical Service Companies must maintain a copy of all necessary business licenses, permits, and notices required by the National Labor Relations Board or other governmental bodies. Notices of citations during abatement periods, and other required information must be posted during the appropriate times on the company bulletin board.

Preface

One of the primary functions of managers and supervisors at all levels is to establish standards that will guide the organization during its day-to-day activities. Failure to establish standards that provide for the safety and welfare of the associates can be very costly as well as foolish. In addition to the impact it may have on your ability to provide quality service, it increases your exposure to Workers' Compensation claims, potential litigation, and government fines. On the following pages you will find guidance that will assist you in developing, implementing, and managing a comprehensive safety program.

Every attempt has been made to provide you with the latest and most accurate information. Changes will and do occur, however. Prior to implementing any program, consult with proper legal counsel to ensure that your program conforms to local, state, and federal requirements.

The Injury and Illness Prevention Program has been prepared to assist members of the ambulance industry develop comprehensive safety and accident prevention programs and comply with the provisions of the pending Comprehensive Occupational Safety and Health Reform Act (COSHRA). In preparing this document, careful attempts have been made to ensure that it conforms to current guidelines and projected requirements. However, a word of caution is in order. It is impossible to prepare a single document that covers every company and is applicable to every situation encountered in the industry. Therefore, use this document as a starting point. Add such material that is applicable to your particular situation and have competent legal counsel review the final document prior to implementation.

This section is divided into chapters geared to specific areas of safety, employee health, and loss prevention. After the chapter discussion examples of forms and sample policies are inserted that relate to the topics covered in the chapter. This information can be used in the development of your company specific Loss Control Program. Included within the chapters or immediately following the discussion sample forms, policies and/or applicable papers are available for use. These can be altered to suit your organization's needs.

Section 2

Model Injury and Illness Prevention Program

Introduction

(Insert Your Company Name) maintains a safety and health program conforming to the best practices of the EMS industry. To be successful, such a program must embody proper attitudes towards risk reduction, injury and illness prevention on the part of supervisors and employees. It requires the cooperation in all safety and health matters, not only of the employer and employee, but, between the employee and all co-workers. Only through such a cooperative effort can an effective safety program be established and preserved. Safety is no accident; act safely and the job will be safer.

Chapter 1

Overview of Safety and Loss Control

Corporation Policy

The safety and health of our employees is the first consideration in operating our organization. Safety and health must be a part of every operation. It is every employee's responsibility, at all levels, to understand their role in maintaining a safe work environment. It is the intent of (Insert Your Company Name) to comply with all laws concerning the operation of the organization and the health and safety of our staff and the public. To do this, we must constantly be aware of conditions, in all work areas, that can produce or lead to injuries. No employee is required to work at a job known to be unsafe or dangerous to his or her health. Your cooperation in detecting hazards, reporting dangerous conditions and controlling workplace hazards is a condition of employment. Inform your supervisor immediately of any situation beyond your ability or authority to correct. Employees will not be disciplined or suffer any retaliation for reporting a safety violation in good faith.

Company Priority - The personal safety and health of each employee of (Insert Your Company Name) is of primary importance. Risk avoidance, loss reduction, and prevention of occupationally induced injuries and illnesses is of such consequence that it will be given precedence over operations, whenever necessary. Management displays commitment when it provides appropriate engineering controls, mechanical assists, and personnel required to perform physical activities safely.

Responsible Safety Person - This written plan identifies the person who is responsible for the safety program. This individual has the authority to implement the program. In addition to other titles, this person is called the Safety/Risk Manager.

The Safety/Risk Manager's telephone number is _____. The Safety/Risk Manager is responsible for the overall implementation and maintenance of the organization's Safety Program. The Safety/Risk Manager's duties include, but are not limited to the following:

1. Ensure that managers and supervisors are trained in workplace safety and are familiar with the safety and health hazards to which employees under their immediate direction or control may be exposed, as well as applicable laws, regulations, and Company safety rules and policies.
2. Advise management on all matters pertaining to safety and health in the work place.
3. Train supervisors and employees in general safe work and good house keeping practices.
4. Train employees in hazards specific to each employees job assignment.
5. Regularly inspect the company area for hazards.
6. Prepare and file all forms necessary for safety operations.
7. Take positive steps to avoid unsafe work conditions for employees.
8. Periodically observe workers and supervisors to ensure they follow safe work practices.
9. Correct unsafe work conditions promptly.
10. Maintain good housekeeping policies in the company.
11. Conduct a thorough investigation of each accident, whether or not it results in an injury, to determine the cause of the accident and to prevent recurrence. Legal council may be contacted if discrepancies exist or procedural questions arise.

12. Keep a record of all accidents, injuries, illnesses, or near misses using the Occupational Accident, Injury, or Illness Investigation Report
13. Encourage the submission of Hazard Report Forms when unsafe practices or conditions are observed (sample form in Appendix).
14. Provide a monthly report to the President or CEO outlining the result of safety surveys, review of accidents, financial resources needed to cover costs, and loss control efforts conducted during the previous month.
15. Other responsibilities deemed appropriate.
16. The Safety/Risk Manager will review and be familiar with the provisions of the OSHA safety orders relevant to the Company's work place. Copies of these regulations will be kept in the Safety/Risk Manager's office. All managers must review, be familiar with, and train their employees with regard to those portions of the safety orders that apply to their particular operations.

Individual Responsibilities -While (Insert Your Company Name) cannot anticipate every workplace hazard, the following general principles should guide your conduct. To be safe, you must never stop being safety conscious. All employees have 5 hazard choices:

1. Eliminate it
2. Guard against it
3. Reduce it
4. Avoid it
5. Ignore it

Our goal is to always work toward #1!

Study the guidelines contained in this manual. Discuss the workplace situation with the Safety/Risk Manager. Attend all company sponsored

training and safety meetings. Read all posters and warnings. Listen to instructions carefully. Follow the Safe Workplace Standards contained herein. Participate in accident investigations as requested. Accept responsibility for the safety of others. Maintain all required documentation.

Each employee has a personal responsibility to prevent accidents. You have a responsibility to yourself, your family, your fellow workers, and to (Insert Your Company Name). You are expected to observe safe practice rules and instructions relating to the efficient handling of your work.

Your responsibilities include the following:

- Incorporate safety into every job procedure. No job is done efficiently unless it has been done safely.
- Know and obey safe practice rules.
- Know that disciplinary action may result from a violation of the safety rules.
- Report all injuries immediately, no matter how slight the injury may be.
- Caution fellow workers when they perform unsafe acts.
- Don't take chances.
- Ask questions when there is any doubt concerning safety.
- Don't tamper with anything you do not understand.
- Report all unsafe conditions or equipment to your supervisor immediately.

Hazard Reporting

1. Employees are required to immediately report any unsafe condition or hazard that they discover in the work place to their supervisor or the Safety/Risk Manager. An Unsafe Condition or Hazard Report Form is provided for this purpose. The Unsafe Condition or Hazard Report Form is recommended because it provides

documentation that the hazard was identified and assists in tracking its elimination. No employee will be disciplined or discharged for reporting any work place hazard or unsafe condition.

2. Employees who wish to remain anonymous may report unsafe conditions or hazards by submitting an Unsafe Condition or Hazard Report Form to the Safety/Risk Manager without identifying themselves.
3. (Insert Your Company Name) takes all reports of unsafe conditions seriously. Prompt attention will be given to all actual and potential hazards that have been reported to the safety specialist. Feedback will be provided to the employee, if known, who reported the hazard of the action that was taken to correct the hazard or the reasons why the condition was determined not to be hazardous. There will be no discrimination against any employee who reports unsafe working conditions or workplace hazards. Indeed, employees are encouraged and required to do so.

Program Goals - The objective of (Insert Your Company Name) is a safety and health program that will reduce the risks of conducting business, reduce the number of injuries and illnesses, and prevent losses associated with the activities of daily operations. Our goal is zero accidents and injuries, higher return on invested capital, and an increase in overall revenue.

Accident prevention losses that
go hand in hand

Employer loses

a trained EMS provider
productivity
money due to increased costs

Employee loses

financially and career potential
physical or mental ability
family cohesion

Policy Statement - It is the policy of (Insert Your Company Name) that accident prevention and risk control shall be considered of primary importance in all phases of operation and administration. It is the intention of (Insert Your Company Name) management to provide a safe and healthy working conditions and to establish and insist upon safe practices at all times by all employees.

The prevention of accidents is an objective affecting all levels of our company and its operations. It is, therefore, a basic requirement that each administrator, manager, supervisor, and associate believe that safety is an integral part of his or her regular daily activity. It is also the duty of each employee to accept and follow established safety regulations and procedures.

Every injury that occurs on the job, even a slight cut or strain, must be reported to a supervisor and/or the Safety/Risk Manager as soon as possible. Under no circumstances, except emergency trips to the hospital, should an employee leave the work site without reporting an injury. When you have an accident, everyone is hurt. Please work safely. Safety is everyone's business.

Safety is the responsibility of each and every individual within the organization. It is management, however, that shoulders much of the day-to-day responsibility for safety. Managers at all levels must:

- Understand their individual responsibilities toward safety.
- Correct identified hazards.
- Be held accountable for enforcing safety rules and procedures.
- Train employees to conduct job tasks in the safest possible manner.

- Motivate employees to work safely and report identified hazards to management.

The Requirements for a Safety Program

As an employer, we are obligated to provide the associates of (Insert Your Company Name) with a safe place to work. As a legal business, we must provide our customers, vendors, and others who visit with safe passage. As a property owner, we must maintain the condition of our property in a safe, clean manner.

This belief is not only a large part of our organizational culture, but, the Occupational Safety and Health Administration regulates this philosophy. OSHA standards are minimum standards. In many cases state standards are much higher.

Among other things, OSHA requires:

- every employer to establish and maintain a written safety program to identify and correct workplace hazards
- provide extensive employee safety training.
- establish methods and procedures for investigating work-related fatalities, injuries, and illnesses and provide for emergency response and first aid
- designate an employer representative with the responsibility to identify safety and health hazards and the authority to initiate corrective action
- employers with 11 or more employees to establish a joint labor-management safety committee at each work site
- employees have the right, following notification of the employer, to refuse work if they have a “reasonable apprehension” of a serious injury or imminent danger to themselves or their co-workers.

OSHA’s goals are to:

1. improve workplace safety and health for all workers, as evidenced by fewer hazards, reduced exposures, and fewer injuries, illnesses and fatalities.
2. change workplace culture to increase employer and worker awareness of, commitment to, and involvement in safety and health.
3. secure public confidence through excellence in the development and delivery of OSHA’s program and services.

There are hundreds of thousands of businesses, large and small, that are inspected by OSHA every year. It is easy to determine the frequency of the violations for which companies are cited. A checklist of the most common violations follows.

ADMINISTRATIVE RECORD KEEPING

Item Inspected	YES	NO	N/A
1. Do you maintain files in the following areas?			
Safety Inspection Report forms to record Accident Prevention Surveys/Inspections/Audits			
Safety action Report forms to record actions on safety deficiencies to ensure appropriate corrective actions are taken			
A copy of the current Safety Program			
Unsafe Condition or Hazard Report Forms to record hazards reported by all personnel			
Safe Practice Guidelines used by the organization			
Policies, procedures, SOP's etc., used by the organization			
Occupational Accident/Injury report forms to record occupational accidents or injuries			
Vehicle Accident Reports			
Safety Meeting Reports forms			
Employee Training Verification forms to document Training			
Supervisory Training Verification forms to document training			
Job Hazard Analysis forms			
Current JHA checklists			
Current Goals and Objectives for the Safety Program			
President/CEO's Safety Philosophy			
Roles and responsibilities for the Safety/Risk Manager, Supervisors, and Employees			
Current Safety Plan Letter outlining the Safety Program to everyone			
Current Pre-Accident Plan			
Written Hazard Communication Plan			
Other written plans as appropriate			

GENERAL OSHA VIOLATION

Item Inspected			
OSHA inspections have found certain violations to be prevalent. The most-noted violations are covered in this checklist. A member of the organization should periodically inspect all facilities to ensure that all the requirements of OSHA are being met. This checklist has been designed to assist you in conducting a rapid check of those area most often cited.			
Electrical: Have you checked to ensure that:			
All equipment is grounded? (shop tools, portable power tools, fans and lighting systems)	YES	NO	N/A
There are not broken ground leads on electrical leads? (open switch and junction boxes; frayed and spliced cords)			
Are there dead man switches on hand and portable power tools and other hand-held equipment?			
Fire Protection: Have you checked to ensure that:			
Fire extinguishers are of proper type, tagged and properly marked?			
There is sufficient number of fire extinguishers per square foot of space?			
There are automatic sprinklers in storage areas?			
General Environmental Controls: Have you checked to ensure that:			
Toilet facilities are properly vented?			
Hazardous Materials: Have you checked to ensure that:			
There is a HAZCOM Program in place?			
Material Safety Data Sheets (MSDS) are available?			
Housekeeping: Have you checked to ensure that:			
Floors are painted to identify aisles and exits?			
Work areas and aisles are not cluttered?			
Material Handling and Storage: Have you checked to ensure that:			
Fork trucks are equipped with overhead guard roll over bars?			
Stored material is secured from falling?			
Means of Egress: Have you checked to ensure that:			
Exits are clearly marked?			
The number of exits is adequate?			

Item Inspected	YES	NO	N/A
General Duty Violations: Have you checked to ensure that:			
Employee owned equipment is not defective?			
Personal Protective Equipment: Have you checked to ensure that:			
There are mandatory requirements for wearing safety glasses, hard hats, and hearing protection ?			
A Hearing Protection Program has been implemented?			
Has a program been implemented that protects high risk employees (ambulance crews) from the spread of infectious disease?			
Signs and Written Records: Have you checked to ensure that the required OSHA signs/information are posted in each single facility location where business is conducted:			
Panel of physicians			
OSHA, U.S. Department of Labor Poster? "Safety Health Protection On The Job"			
Emergency Phone Numbers for medical assistance, hospital, ambulance, fire department and police?			
Summary of Occupational Injuries - OSHA Form 200? Posted no later than February 1, as a summary for the preceding year, remain posted for 30 days, and kept on file for five years.			
Walking and Working Surfaces: Have you check to ensure that:			
Access to overhead storage is available by fixed ladder or stairs with proper handrails?			
There are sufficient railings and toe boards?			
There is color coding and warning signs for low overhead storage?			
There are no missing rungs and feet on ladders?			
That oil rags are stored in metal containers with lids?			

Safety Rules for All Employees (1910.1) - It is the policy of (Insert Your Company Name) that everything possible will be done to protect you from accidents, injuries, and/or occupational disease while on the job. Safety is a cooperative undertaking requiring an ever-present safety consciousness on the part of every employee. If an employee is injured, positive action must be taken to see that the employee receives prompt medical care promptly.

Remember, the following general safety rules apply in all situations:

1. All employees are expected to assist in accident prevention activities.
2. Unsafe Conditions must be reported immediately.
3. Fellow employees that need help should be assisted.
4. Everyone is responsible for the housekeeping duties that pertain to their jobs.
5. Perform all EMS activities with attention to protecting yourself, the health of your patient, and the safety of the crew and the public.

Other general safety rules include:

- No employee should undertake a job that appears to be unsafe.
- No employee is expected to undertake a job until he/she has received adequate safety instructions, and is authorized to perform the task.
- No employee should use chemicals without fully understanding their toxic properties and without the knowledge required to work with these chemicals safely.
- Mechanical safeguards must be kept in place.
- Employees must report any unsafe conditions to the Safety/Risk Manager.
- Any work-related injury or illness must

be reported to management at once.

- Personal protective equipment must be used when and where required. All such equipment must be properly maintained.
- When performing medical procedures, patient transfers, and vehicle operations ensure that all activities are done skillfully, professionally, and safely.

Additional Information

Specific Safety Rules

1. Running and horseplay are prohibited.
2. Approved safety glasses with side shields meeting ANSI Standard Z87.1 should be worn when in designated eye protection areas and performing tasks where machines or operations present the hazards of flying objects, dust, or liquids that could cause eye damage. (i.e. vehicle accidents)
3. Wearing suitable safety shoes is required when performing tasks that present exposure to possible foot injury.
4. When exposed to similar hazards, observers will wear the same protective equipment as those performing the work.
5. Guards must be in place before any powered equipment can be operated, unless a supervisor specifically approves exception.
6. When installed, the drivers, passenger, and patients in all company vehicles, and personal vehicles on company business will wear seat belts and shoulder harnesses. This includes all manufacturers restraint systems for patients and providers.
7. Possession of firearms or ammunition within the workplace is prohibited.
8. Rings will not be worn by any mechanics while working.

General Safe Practices

1. Only employees with proper knowledge and training will operate or adjust equipment.
2. Before use, new or altered equipment and/or buildings must have a safety inspection.
3. Fire and safety equipment, and emergency exits shall not be blocked.
4. All electrical breakers, switches or push buttons shall be properly identified when their functions are not obvious.
5. Climbing or standing on anything not designated for that purpose will be avoided.
6. Handrails should be used when going up or down steps whenever practical.
7. Nothing shall be left on an unattended ladder.
8. Material should be placed so that it is not likely to fall.
9. Air used for cleaning purposes will be limited to 30 psi by OSHA approved nozzle.
10. Test safety showers and eyewash stations each week. Record test results in log.
11. An individual's clothes, hairstyle, and jewelry should not present a hazard by:
 - Impairing vision or safe movement
 - Exposing skin to potential burns or cuts
 - Entanglement in equipment
12. Emergency Care Providers, while administering care to any patient, will follow the specific procedures as outlined in the Bloodborne Pathogen Standard, especially where human blood or other bodily fluids are present. This will reduce the spread of infectious disease through contact with bodily fluids. This includes latex or other type of barrier glove and eye and face protection.

13. All confined spaces or permitted confined spaces shall be properly identified. Any employee that may be required to enter a confined space, whether in an emergency situation or in a routine maintenance scenario, must be properly trained in accordance with (Insert Your Company Name) Confined Space Program.

The following situations may exist at any time during the course of employment. Every employee will become familiar with the procedures dealing with these specific hazards.

General Fire Safety Practices

Fire is one of the worst enemies of any organization. Employees will be familiar with the location of the fire exits and fire extinguishers and know how to use them. The following rules will govern the policy on smoking in and around (Insert Your Company Name) facilities and equipment:

- Smoking is not allowed on the site, except in designated areas. Ashtrays will be emptied into approved containers
- Smoking is not permitted in rest rooms
- Smoking is not permitted in any company owned vehicle
- Smoking is not permitted in, or around, any company vehicle

If you are not sure about where you may smoke, ask the supervisor:

- All fire doors and shutters must be maintained in good operating condition
- Fire doors and shutters should be unobstructed and protected against obstructions, including their counterweights
- Fire doors may not be propped or wedged in the open position
- Sprinkler heads must be clear of materials
- All automatic sprinkler water control

valves should be checked routinely. The maintenance of automatic sprinkler systems is assigned to the Safety/Risk Manager

- Sprinkler heads should be protected by metal guards if they could possibly be exposed to damage
- Notify the Safety/Risk Manager of any damage that is found on any fire protection equipment

Portable fire extinguishers are provided in adequate number and type and are located throughout the facility and in each emergency vehicle. Fire extinguishers are mounted in readily accessible locations. Fire extinguishers are recharged regularly and the date of last inspection noted on their tags. All employees will be instructed, annually, in the use of extinguishers and fire protection procedures.

Hazardous Communication Program (1910.101)

When hazardous substances are used in the workplace, a hazard communication program dealing with Material Safety Data Sheets (MSDS), labeling and employee training will be in operation. MSDS materials will be readily available for each hazardous substance used. A training program plus regular question and answer sessions on dealing with hazardous materials will be given to keep employees informed. This is separate from any Hazards Awareness Courses that may be required to function as an EMS provider.

The program will include an explanation of what an MSDS is and how to use and obtain one. It will also include MSDS contents for each hazardous substance or class of substances and an explanation of the “Right to Know”. The employer must identify where employees can see the employer’s written hazard communication program and where hazardous substances are present in their work area. The health hazards of substances in the work area, how to detect their

presence, and specific protective measures to be used; as well as informing them of hazards of non-routine tasks must be covered.

The company orientation program will train new employees on the proper handling, hazards, storage, exposure risks, symptoms of chemical exposure, and first aid treatment for exposure to hazardous chemicals found in the workplace. Additional training sessions will be conducted whenever any new chemical or chemical process is introduced into the workplace. Follow-up training sessions will be conducted annually to re-familiarize employees with the hazardous materials found in the workplace.

Material Data Safety Sheets for (Insert Your Company Name) are available in each area where hazardous materials are maintained and handled.

Electrical (1910.301)

Employees will be aware of the OSHA Electrical Safety Orders and will comply with the same. Employees will be required to report any hazard to life or property that is observed in connection with a job, electrical equipment or lines. Employees will be expected to make preliminary inspections or appropriate tests to determine conditions before starting work. When equipment or lines are to be serviced, maintained or adjusted, employees must be aware of open switches.

Equipment such as electrical tools or appliance must be grounded or of the double insulated type. Extension cords being used must have a grounding conductor. Extension cords may not be used as a permanent adaptation for appliances. The workplace supervisor must be aware if multiple plug adapters are prohibited.

Ground Fault Circuit Interrupters (GFCI) are required in all bathrooms, kitchen areas near sinks or water supplies, wet or potentially wet locations, such as ambulance bays and all outdoor locations.

Noise (1910.151)

Noise levels will be measured using a sound level meter or an octave band analyzer and records will be kept. Engineering controls will be used to reduce excessive noise levels. When engineering controls are not feasible, administrative controls (i.e., worker rotation) will be used to minimize individual employee exposure to noise. An ongoing preventive health program will be utilized to educate employees in safe levels of noise, exposure, effects of noise on their health, and use of personal protection. Approved hearing protective equipment (noise attenuating devices) will be available to every employee working in areas where continuous noise levels exceed 85 dB. To be effective, ear protectors must be properly fitted and employees will be instructed in their use and care annually.

Fueling

Where flammable liquids are used, employees will be trained to deal with spillage during fueling operations and how it is to be cleaned. Employees will also be familiar with the types and designs of fueling hoses and the specific types of fuel it can handle, whether fueling is being done with a nozzle that is a gravity flow system or self-closing system. If the fueling occurs on company property, an emergency stop switch should be at or in proximity of the pump. An attendant shall monitor all fueling operations. This is to prevent the vehicle operator from relying on the automatic shut off nozzle.

Employees must be aware that an open flame or light near any fuel is prohibited when fueling or the transfer of fuel is occurring. "NO SMOKING" signs will be posted conspicuously.

Transporting Employees and Materials (1910.176)

When employees are transporting patients, employees or materials, they must have an operator's license for that classification of vehicle and be certified or trained in the operation of that vehicle. Personnel operating an ambulance must

be properly licensed and trained in the operation of that type vehicle. Operators and passengers riding in ambulances or other company vehicles will use seatbelts at all times.

Infection Control (1910.151) and (1910.1030)

Personnel who engage in handling material that may be contaminated by some form of infectious diseases or other biotechnological material will be trained in the handling of such materials. Technicians must have training in the handling of these materials and must be observed on a constant basis.

Company facilities will be designed to comply with the needed and standardized practices that are used by the ambulance industry and recognized by state licensing agencies. The standards used and developed by the facility must also take into consideration environmental hazards and laws that are applicable.

Employee training will include BSI (Body Substance Isolation), how to manage a needle stick exposure, HIV and Hepatitis B precautions, and disposal of hazardous waste.

The workplace must be equipped with the proper equipment to meet the safety precautions universally recognized by the state-licensing agency. A general practice of cleaning and disinfecting the equipment and environment must be observed.

Required Postings (1910.1)

(Insert Your Company Name) is required to post certain employment-related information. The required information is maintained on the company bulletin board where employees can find the following posters:

- Various state and federal orders regulating the Wages, Hours and Working Conditions in certain industries

- Pay Day Notice
- Anti-Discrimination Poster
- Equal Employment Opportunity is the Law (EEOC form)
- OSHA Safety and Health Protection on the Job
- Notice of Workers' Compensation Carrier
- Notice to Employees: Unemployment Insurance and Disability Insurance
- Notice: Employee Polygraph Protection Act (form WH 1462)
- Access to Medical and Exposure Records
- Notice to Employees: Time Off to Vote
- Summary of Occupational Injuries and Illnesses (OSHA 200 Log)

Also, a copy of the Injury Prevention Program, a copy of (Insert Your Company Name) code of Safe Work Practices and a Fire Prevention and Evacuation Plan will be posted.

Supervisors must maintain an accurate list of emergency numbers.

In addition to other postings required by law, (Insert Your Company Name) maintains a copy of all necessary business licenses, permits, and notices required by the National Labor Relations Board or other governmental bodies. All notices of citations during abatement periods, and other required information are posted during the appropriate times on the company bulletin board.

Sample Policy

Policy Name:

Policy Number:

Adopted Date:

Effective Date:

Review Date:

Due for Revision:

Revision Date:

Page __ of __

Safety Rules

1.0 Purpose: Safety is a cooperative undertaking requiring an ever-present safety consciousness on the part of every employee. The employees/volunteers of (insert your company name) believes that attention to the rules of safety will ensure our organization's success.

2.0 Scope: All (insert your company name) employees/volunteers.

3.0 Requirements: The following general safety requirements apply in all situations

3.01 All employees are expected to assist in accident prevention activities.

3.02 Unsafe conditions must be reported immediately.

3.03 Fellow employees that need help should be assisted.

3.04 Everyone is responsible for the housekeeping duties that pertain to their jobs.

3.05 Perform all EMS activities with attention to protecting yourself, the health of your patient, and the safety of the crew and the public.

4.0 Policy: It is imperative that ALL employees read, understand and adhere to the company safety rules as outlined in the employee handbook, or posted.

Chapter 2

Employee Hiring and Training

The human aspect is important to consider when developing and implementing a safety program. Organizations have a wider array of tools and techniques available for managing safety and loss control. Systematic and planned thinking can go a long way in identifying candidates that will deliver the patient care that the organization requires. The opposite is also true. An organization that will accept any warm body and does not promote training and education will ultimately crumble under the changes in healthcare. Some of the techniques for success are discussed.

Programs necessary for EMS Organizations

The training that is necessary for all organizations must be based on a comprehensive program that is already in place. A checklist is included to help develop programs that, ultimately, will ensure that the training is comprehensive and informative.

Employee Selection

Employee selection enhances the goals of (Insert Your Company Name). This process attempts to assign people to the jobs for which they are most qualified. Since the demands of Emergency Medical Service work are extreme, candidates must be properly suited for the job. The placement of qualified candidates reduces the frequency and severity of injuries, minimizes absenteeism, reduces damage to property, and increases the overall productivity of the department. The selection process should be stringent and address the following areas:

- The candidate's work history
- Driving history (emergency and private)
- Prior memberships/employment in other organizations
- Training and education

- References
- Medical physical - The physical must evaluate the potential candidates ability to perform the essential functions of the job. All persons who apply for a job must be evaluated using the same guidelines. If physical testing is performed the tests must not distinguish between applicants and must be applied consistently to everyone. (Insert Your Company Name) will provide a working JHA to the medical provider for assistance in determining medical qualifications.
- Psychological testing

(employee selection is covered in greater depth under the Emergency Drivers Section of this program)

Employee Orientation

New employees will receive a proper indoctrination and orientation in the company safety program prior to beginning work. New employees will also receive any required training on procedures and equipment prior to any work in those specific activities.

Safety Training

Training is one of the most important elements of any injury and illness prevention program. Such training is designed to enable employees to learn their jobs properly, bring new ideas to the workplace, reinforce existing safety policies, and put the injury and illness prevention programs into action. All of the rules and guidelines established in a safety program have a limited benefit without training. Without positive reinforcement, the best written safety program

will not be effective. Training is one method used to reinforce an effective safety program.

Every effort will be made to provide adequate training. However, if an employee is ever in doubt about how to perform a job or task safely, it is his or her duty to ask a qualified person for assistance.

(Insert your company name) is committed to identifying areas where training is required. Whenever employees are not performing their jobs properly, it is believed that training will improve the performance. Training is required for both supervision and employees alike. The content of each training session will vary, however, each session should review:

1. the success of the injury and illness prevention program, emphasizing the actions of individual employees as well as the commitment by the Company.
2. the safe work procedures unique to that employee's job, and how these safe work procedures protect against risk and danger.
3. the current work-related losses and the impact they have on the company, employees and the customer.
4. the training topic scheduled and the reasons for the training.

The Safety/Risk Manager will ensure that appropriate training occurs throughout the organization. This is not limited to clinical applications. Proper training includes an understanding of the corporate policies, how to report accidents, and other safety issues. A checklist is included to assist with an understanding of what topics should be discussed during training sessions.

To ensure that all employees receive the proper training, records are kept in each employee file. The records will be reviewed annually for completion. All training will be completed prior to

the employee's anniversary date. All employees who attend training sessions will be recorded on the General Safety Training Form. All employees will complete the Training Verification Form to be included in their employee file.

OCCUPATIONAL SAFETY AND HEALTH

Item Inspected	YES	NO	N/A
Hazardous Materials Communication Program:			
Have you designated a Hazard Communication Coordinator?			
Have you made a list of all Hazardous Chemicals that employees in your workplace may be exposed to?			
Is there clear communication between the purchasing and receiving departments and the HazCom Coordinator?			
Are all containers of hazardous substances labeled properly?			
Do you have up-to-date Material Safety Data Sheets for every hazardous chemical in your workplace?			
Have you contacted the appropriate supplier for missing or incomplete Material Safety Data Sheets?			
Have you established a comprehensive training program?			
Have you identified and trained all employees who need training?			
Have you established a procedure to keep track of those who received training?			
Are MSDS accessible to all employees on all shifts?			
Hearing Conservation Program			
Has a program for the control of hazardous noise exposure been established in writing?			
Have recent surveys been conducted to establish the noise level in critical or exposed areas?			
Have high level areas been designated for special controls?			
Are hearing protection devices readily available to all exposed personnel?			
Are exposed personnel wearing hearing protection?			
Is the use of hearing protection enforced by management, supervisors, and peers?			
Is an education program conducted concerning the effects of hazardous noise?			
Do you have a Respiratory Program in place?			
Do you have an electrical Lock Out/Tag Out Program in place?			

TRAINING

Item Inspected	YES	NO	N/A
Do you conduct training for supervisors in the following areas?			
Company safety program			
Company safety policies and rules			
Controlling hazards			
Accident investigation			
Enforcement of rules/discipline procedures			
Employee training requirements			
Accident reporting procedures			
Record keeping requirements			
Supervisory responsibilities			
Hazardous materials handling (HAZCOM)			
Management/Supervisory training			
All areas that employees are trained in.			
First aid training to address the hazards typically encountered.			
Do you conduct training for employees in the following areas?			
Company safety program			
Company safety policies and rules			
Controlling hazards			
Emergency procedures			
General housekeeping			
Use of personal protective equipment			
Lifting techniques			
Reporting unsafe conditions			
Smoking policy			
Discipline policy for safety violations			
New employee safety orientation			
Hazards specific to the employee's job			
Hazardous Materials Handling (HAZCOM)			
First Aid training to address the hazards typically encountered			
Does the Safety/Risk Manager receive periodic training?			
Are qualified people being used to conduct training in the organization?			

Required Training Topics

The following topics are included in (Insert Your Company Name) safety training program:

- Hazard Communication (1910.101) - Any employee that has the potential to be exposed to hazardous chemicals must receive training that covers the Hazardous Materials Program of the organization. This training is required upon assignment and whenever a new chemical is introduced into the workplace. Annual training is required for chemicals on the carcinogen list. This training is in addition to state or local HAZ MAT requirements. Though sounding similar, these programs are not interchangeable.
- Personal Protective Equipment (PPE) (1910.132) - Training shall be provided for those employees who require protective equipment for eyes, face, head and extremities. Other sections included in training will be: foot protection, respiratory protection and respirator usage.
- Emergency Plan (1910.155) - Each company location must have an emergency evacuation plan. Each individual in the facility should be trained on their assignment should an emergency occur. Each employee should be trained to activate the alarm system. Training is required upon initial assignment, and whenever assignments change or the plan is altered. This procedure should be reinforced with a minimum of two drills per year.
- Lock Out and Tag Out (1910.211) - Everyone who is authorized to work on equipment, which when energized could cause injury, is required to receive training upon initial assignment and annually on this procedure. A Safety Coordinator should conduct training at each location. The training should review procedures, and is best conducted where the process can be demonstrated in the actual facility.
- Respiratory Protection (1910.134) - Everyone who is in the Respiratory Protection Program is fit tested on an annual basis. The fit test should be accompanied by training on the proper use of respiratory protection equipment. Most certified vendors will provide this training.
- Portable Fire Extinguishers (1910.155) Training on fire extinguishers should be conducted by a properly trained individual, such as, a representative from the local fire department. All personnel will attend annual fire extinguisher training.
- Access To Medical Records (1910.1020) - Upon initial employment, and annually thereafter, employees should be informed of their right to access their medical records, and how they can be obtained.
- Hearing Conservation (1910.151) - All employees who are included in a hearing conservation program shall receive training upon initial assignment and annually thereafter. The training should include the following elements:
 1. The effect of noise on hearing.
 2. The purpose of hearing protectors, information on various types, and instructions on selection, fitting, use, and care.
 3. The purpose of audiometric testing, and explanation of the test procedures.

- Ergonomics - Each employee shall receive annual training on the ergonomically sound motion and postures necessary to perform their job. Examples should include proper lifting and turning or computer workstation position and use.
- Equipment - Each location should provide initial training to employees before equipment is used. Training on equipment should include the following when applicable:
 1. instruction in the safe operation and use of the equipment
 2. a description of the safety features of the equipment
 3. emergency features, if any
 4. care and use of any restraint systems
 5. recognition of, and preventive measures for safety hazards.
- Hazardous Waste/Spills (1910.101) - All applicable personnel should be trained upon initial assignment, and annually thereafter on the proper disposal of hazardous materials and medical waste per company guidelines and local requirements. Education on the hazards of each chemical, including proper protective equipment, is also required. This is also included in the Hazard Communication Program training. Proper cleanup procedures for any possible spills should be part of the program.
- Other Requirements - Personnel at each facility operated by the company should attempt to identify their own workplace hazards by examination of the facility and work practices. If solutions cannot be found to reduce the hazards, then training programs should be developed to educate employees so that they can

be aware of the identified hazards. Examples could include eye protection from batteries at an accident scene or areas where certain conditions require protective equipment.

- Additional training is required whenever procedures are modified or changed, additional equipment is acquired, new hazardous materials are introduced into the workplace, or previously unidentified hazards are identified.

Periodic Company Safety Training Meetings

(Insert your Company Name) conducts quarterly management safety meetings. The purpose of the meeting is to provide safety information and answer employee questions. The format of most meetings is to review elements of the safety prevention program that may include: injury prevention, special work site hazards, serious concealed dangers, and material safety data sheets. Whenever a new practice or procedure is introduced into the workplace, it will be thoroughly reviewed for safety. A sign-up sheet will be passed around each meeting, and notes of the meeting will be distributed afterwards. A copy of the notes will also be posted on the company bulletin board. Employee attendance is mandatory. A copy of the Safety Meeting Report form will be included with the safety report to The Board of Directors, President or Chief. The original shall be kept with the Safety and Risk Officer.

Informal safety discussions should be included in monthly employee meetings. These “tool box” meetings should review current safety practices, accidents, and risk control topics specific to the group of employees involved.

Employee Responsibility for Training Received

Teaching safety is a two-way street. (Insert Your Company Name) can provide safety information, but only employees can practice safety. Safety education requires employee participation.

Conducting the Training

(Insert Your Company Name) will present training so that company educational objectives and purposes are clear to attendees. Participation from all employees in the form of discussions, questions, and relating personal experiences is encouraged. Opportunities for employees to conduct training are available to volunteers.

Training is considered a priority, not something that is okay to attend if nothing else is going on.

Administration of Training Records

Training records are maintained in a central file so that evidence of the training can be produced for verification. The training records will include the following information for each training session:

- Training topic
- Date of the training
- Goals and objectives of the training and the major points covered
- Signatures of the attendees
- Name of the instructor and qualifications
- Copies of pretest and post-test answer sheets if applicable

Also, each employee/member will have an active personal training record. Employees are responsible for ensuring that their record is updated after each training session. Individual records are kept in the personnel file. The Training Verification Form will be used to document training.

Evaluation of the Training

Evaluation of safety training is critical. The objective of training is not only to have an effective training session, but also to ensure safe work practices are used on the job. It is successful if people learn from it and act safely and think safety on the job.

A method of evaluating the training will be developed whenever the training program and content is developed. Some evaluation tools are:

- Questionnaires
- Reviews
- Interviews
- Observation/Inspection

Whatever method is used, evaluation documentation should be kept for training sessions. This process may not be required on supplemental awareness training.

Supervisors have special duties and responsibilities regarding the safety of employees. Supervisors are responsible for being familiar with safety and health hazards to which employees are exposed, how to recognize them, the potential effects of these hazards, and rules and procedures for maintaining a safe workplace. A Supervisory Training Verification Form will be used to document training.

Supervisors are expected to train new employees to perform their jobs safely. Experienced employees should also receive training on their jobs to keep them current on changes and eliminate unsafe habits and short cuts. These training sessions should be included in monthly meetings or “tool box” sessions.

Sample Policy

Policy Name:

Policy Number:

Adopted Date:

Effective Date:

Review Date:

Due for Revision:

Revision Date:

Page ___ of ___

Employee Safety Training

1.0 Purpose: Training is one of the most important elements of any injury and illness prevention program. Such training is designed to enable employees to learn their jobs properly, bring new ideas to the workplace, reinforce existing safety policies and put the injury and illness prevention programs into action. All of the rules and guidelines established in a safety program have a limited benefit without training.

2.0 Scope: All (insert your company name) employees and volunteers.

3.0 Requirements:

4.0 Policy:

4.01 Training is required for both supervision and employees alike.

4.02 To ensure that all employees receive the proper training, records are kept in each employee file.

4.03 Employee records will be reviewed annually for completion.

4.04 All training will be completed prior to the employee's anniversary date.

4.041 Required Training Topics:

Hazard Communication

Personal Protective Equipment

Emergency Plan

Lock Out and Tag Out

Respiratory Protection

Portable Fire Extinguishers

Access To Medical Records

Hearing Conservation

Ergonomics

Equipment

Hazardous Waste/Spills

4.05 Evaluation documentation will be kept for all training sessions

Sample

SUPERVISORY TRAINING VERIFICATION FORM

Name of Supervisor: _____

Date Employed: _____ Position Held: _____

I, _____, have been trained and instructed in the following and agree to follow all safety and health rules, policies and procedures and have received the following written materials.

	Supervisor Initials	Trainer Initials
A. General Safety and Health Issues	_____	_____
Accident Prevention Program	_____	_____
Company Safety Policies and Rules	_____	_____
Controlling Hazards	_____	_____
Accident Investigation	_____	_____
Enforcement of Rules	_____	_____
Discipline Procedures	_____	_____
Employee Training Requirements	_____	_____
Reporting Procedures	_____	_____
Supervisory Responsibilities	_____	_____

B. Information Specific to Supervisor's Job

- 1.
- 2.
- 3.

Supervisor Signature

Date

I, _____, have trained or instructed _____ in all the checked items above.

Signature of Training Supervisor

Date

TRAINING VERIFICATION FORM

Name of Employee: _____

Date Employed: _____ Position Held: _____

Name of Training Supervisor: _____

I, _____, have been trained and instructed in the following and agree to follow all safety and health rules, policies and procedures and have received the following written materials.

	Employee Initials	Trainer Initials
A. General Safety and Health Issues		
Accident Prevention Program	_____	_____
Company Safety Policies and Rules	_____	_____
Controlling Hazards	_____	_____
Accident Investigation	_____	_____
Enforcement of Rules	_____	_____
Discipline Procedures	_____	_____
Employee Training Requirements	_____	_____
Reporting Procedures	_____	_____
Supervisory Responsibilities	_____	_____
Smoking Policy	_____	_____
New Employee Safety Orientation	_____	_____

B. Hazards Specific to Employee's Job

1.

Employee's Signature

Date

I, _____, have trained or instructed _____ in all the checked items above.

Signature of Training Supervisor

Date

Chapter 3

Risk Identification and Prevention

The Five-Step Tiered Accident Action Process

(Insert Your Company Name) utilizes The Five-Step Tiered Accident Action Process. This process provides a structured framework for our safety program management. It will be used by the Safety/Risk Manager and the Operations Manager in identifying and eliminating hazards in the workplace. The steps to this process include:

- Information Collection
- Analysis of the Data
- Development of Countermeasures
- Implementing the Plan
- Evaluation the Results

Information Collection

Information Collection is a vital tool used to identify hazards in the workplace. Information on hazards can come from Job Hazard Analysis (JHA), Hazard reports submitted by personnel, and Safety Audits conducted by the Safety Manager.

The Job Hazard Analysis (JHA) is a procedure used by safety professionals and supervisors to review job methods and uncover hazards. Once the safety and health hazards are known, proper solutions can be developed. In short, Job Hazard Analysis is a procedure to make a task safe by:

- Identifying the hazards or potential injuries or illness associated with each step of a job.
- Developing a solution for each hazard that will either eliminate or control risk.

Benefits of a Job Hazard Analysis - New personnel must be trained in the basic job steps.

They must be taught to recognize the safety and health hazards associated with each job step and must learn the necessary precautions. The Job Hazard Analysis is an excellent starting point for questioning the established way of doing a job.

Step One: Sequence of Basic Job Steps -Break the task down into steps. Each of the steps of a job should accomplish some major part of the overall task. The task will consist of a set of movements. Look at the first set of movements used to perform a task and then determine the next logical set of movements.

Be sure to list all the steps in a job. Some steps might be done each time; checking serviceability of the stretcher, for example. If the task is part of the job it should be listed and analyzed.

Step Two: Identify Potential Hazards - Examine each step to find and identify hazards, actions, conditions, and possibilities that could lead to an accident. It is not enough to look for obvious hazards. It is also important to look at the entire environment and discover every conceivable hazard that might exist. Be sure to list health hazards as well, even though a harmful effect may not be immediate.

In order to do part three of a JHA effectively, you must identify potential and existing hazards. That is why it's important to distinguish between a hazard, an accident, and an injury. Each of these terms has a different meaning:

Hazard: A potential danger, e.g. worn tires on an ambulance.

Accident: An unintended happening that may result in injury, loss or damage, e.g. slipping on a wet floor is an accident.

Injury: The result of an accident, e.g. a sprained wrist from the fall would be an injury.

Step Three: Reduce Hazards - The final step in the Job Hazard Analysis process is to develop and implement those actions necessary to reduce or eliminate the identified hazards. Focus on the hazard when developing recommended countermeasures and safe work procedures.

Hazard Reports - The identification of hazards by employees enables the Safety/Risk Manager to rapidly identify problems that lead to mishaps. It is important that employees report all hazards, so that corrective action can be taken. The Unsafe Condition or Hazard Report Form, will be used for this purpose. A Safety Action Report Form is provided to record corrective actions.

Safety Audits - Safety Audits are inspections conducted on a regular basis. They are designed to identify hazards in the work area. The Safety Audit Report Sheet should be utilized.

Interviews - Interviews are an excellent method for gathering information. One of the best sources of information about workplace hazards come from those people who are most aware of the hazards, employees. The answers obtained should be viewed as “indicators.” Use the information from interviews to focus the audit.

Additional areas that can provide information on hazards include:

- Accident reports
- Direct observation
- Safety meetings
- Site plans
- Management guidance
- Accident trends
- Supervisory reports
- Hazard reports
- Other organizations
- Insurance company data

Analysis of Data - Formal analysis of the data collected is necessary in order to develop plans that will effectively address hazards in a cost-effective way. Methods of analyzing the collected data include:

- Pooling data
- Conducting a risk assessment of the data

In conducting an analysis of the data the Safety/Risk Manager will start by pooling historical data. The Safety/Risk Manager will sort the data into either specific or general categories, depending on the information needed.

Specific categories may include:

- Lights and Siren operations
- Crew quarters
- Hearing Conservation
- Machine shop
- Vehicle operations
- Maintenance shop
- Patient Handling
- Delivery of medical care

General categories may include:

- Shops
- Supply
- Storage
- Administration
- EMS Operations
- General hazards
- Equipment
- Maintenance
- Safety survey results
- Inspection results

Developing the Countermeasures

A countermeasure is a measure (a program of one or more actions) intended to eliminate or “counter” the effect of an accident. The extent of a countermeasure program includes cost, speed of application, overall benefit, and organization policy. These factors will determine what countermeasures will be applied and at what point or combination of points in the cause sequence we apply our countermeasures.

Implementing the Plan

Implementation puts into action the countermeasures developed by the Safety/Risk Manager or senior management. In implementing an effective countermeasure program, the Safety/Risk Manager will develop a plan which spells out what is to be done, how it will be done, who is going to do it, when it will be done, and what resources will be required.

Keep the following points in mind to ensure successful implementation:

- Management support is recommended for countermeasures.
- Use staff experts with considerable influence and credibility.

Control Measures - Control measures are used to check and ensure that countermeasures are effective and have the desired results. A control measure should:

- establish a standard to measure effectiveness
- fix accountability so that the people responsible provide adequate supervision and guidance
- provide the Safety/Risk manager with feedback on the effectiveness of the safety program

Loss Analysis and Preventive Solutions

An effective safety and loss control program seeks to reduce losses by reducing and/or eliminating hazards. Hazard identification and reduction is important for many reasons. Clearly, most managers truly want to provide a safe and healthy work environment for their employees. For this reason (Insert Your Company Name) has developed a method to reduce losses attributed to company operations.

Hazard Identification - The key to effective hazard reduction lies in the initial identification of the hazard. The most effective way to identify hazards is through the implementation of an effective hazard identification system. This system will include the following:

- Safety inspection program
- Employee hazard reporting policy
- Safety Standard Operating Procedures (SOP)
- Company safety committee
- Accident Injury reporting system
- Periodic review of company policies and procedures to determine the presence of hazards

Following is an outline of the key points required in establishing a comprehensive hazard identification and control program. For maximum effectiveness, each method should be used as part of a systematic approach to hazard identification.

Safety Inspections - Periodic safety inspections or audits are an excellent way of identifying hazards in the workplace. When hazards are identified they will be brought to the attention of a supervisor or corrected on the spot. A good inspection program should include:

- what is to be inspected
- a determination of what regulations or standards apply
- standardized checklists used for consistency and record keeping

(Safety Inspection Form included at the end of this section)

Hazard Reporting - Hazard reporting is a tool utilized to identify risks that are present, but have not surfaced to cause a loss to the organization. For example, a crewmember reports a defective wheel on a patient stretcher, maintenance immediately removes it from service and repairs the wheel following the manufacturer's guidelines.

(Insert Your Company Name) utilizes an aggressive employee hazard identification program as a cornerstone of our safety program. The effectiveness of this program is due to:

- it's simplicity
- guaranteed feedback to employees
- support by management as evidenced by management's active role.
- provision of an anonymous, non threatening way for employees to provide
- feedback to management.

When a hazard is identified, the employee/volunteer will complete and submit a Hazard Report Form to the supervisor or the Safety Manager.

Incident Reporting - is performed when a known hazard or event has occurred and requires documentation for insurance, legal or patient care issues that may arise. Supervisors are notified about all incidents as soon as possible. The following issues occur in EMS operations that require special consideration.

Airway management - providers not recognizing the need to manage an airway or mismanaging the airway causing an increase in morbidity and mortality.

Patient drops - providers not using the proper equipment to transfer patients, misjudging physical limitations or hurrying through patient handling situations.

Medication errors - providers administering the wrong dose, the wrong medication or not identifying the medication that should be delivered.

Equipment - organizations and providers not using or maintaining equipment

properly, or altering equipment to satisfy individual preferences, resulting in patient or provider injury.

Incident reporting is used to measure the frequency and severity of occurrences to (Insert Your Company Name), an Incident Reporting System is utilized. An incident report form will be completed for ANY situations that deviate from State or Regional protocol, accepted medical practice or (Insert Your Company Name)'s Standard Operating Procedures. This form will be submitted to the Safety/Risk Manager for evaluation and follow-up.

Safety Standard Operating Procedures (SOP)

- The Standard Operating Procedures (SOP) describes and prescribes how procedures are to be performed within an organization. The SOP is an organizational tool that standardizes routine tasks.

The principal function of a SOP is to provide detailed, step-by-step actions to employees required to carry out a certain procedure. It serves not only as a training aid, but also as a means of helping to ensure that the procedure is carried out in a standardized, approved manner.

An SOP will be used to identify the following conditions:

1. Whenever a procedure or an action within the organization is repetitive and is to be carried out in the same way each time.
2. Whenever it is critically important that a procedure, no matter how seldom performed, be carried out exactly according to detailed, stepwise instructions.
3. Whenever there is a need to standardize the way a procedure is carried out for ensuring quality control or system compatibility.

Safety Standard Operating Guideline (SOG)

- The Standard Operating Guideline (SOG)

describes guidance that may be utilized during certain applications. Unlike SOPs, Standard Operating Guidelines allow for flexibility in decision making. SOGs are utilized when processes can vary from situation to situation.

Safety Committees - The basic purpose of any council, committee or supervisory level meeting is to bring group action to bear on a problem. Safety Committee meetings are excellent forums to identify hazards that may benefit from group action. The committee will include senior management, supervisors, and employees from each functional area in the organization. The committee will meet monthly. Minutes of the meeting will include:

- Date of meeting
- Attendees
- Synopsis of items discussed
- Status of identified problems
- Actions taken and the individual responsible for corrective actions
- Completion dates for corrective actions

Any conditions found unsafe by the Safety Committee shall be corrected or repaired immediately.

In the event problems or questions do arise or in the event an employee feels unsure of his or her job requirements or performance, the following steps are to be followed:

- First, discuss the problem with your supervisor. The Safety/Risk Manager should be included. If, after discussion with your supervisor and the Safety/Risk Manager the problem remains unresolved, discuss the situation with the Director of Operations. Specialists from outside the company maybe requested to assist with the resolution.
- All decisions arrived at by the specialist and the individuals involved will be subject to review by the President/CEO of

(Insert Your Company Name). The review will ensure that the rules, regulations, and procedures are followed. Any question, complaint or grievance will be examined, considered, and answered after a full investigation has been conducted.

Injury Reporting System - All injuries will be reported to the immediate supervisor. An Accident/Incident Investigative Report will be generated. A decision will be made regarding medical treatment and the employee will be referred to the company physician if necessary. At no time will the health of the employee be compromised to complete paper work. The Injury/Illness Report Form will be completed as soon as medically possible by the supervisor. At no time should the employee complete the Investigation or Illness forms by him/herself. All forms will be returned to the safety manager or his/her designee. A thorough investigation will be completed and all paper work retained. The final report will be submitted to administration describing the accident, injury or illness utilizing the appropriate summary form.

Accident Reporting System

All accidents will be investigated. Accidents that do not result in injury or lost time may be informally investigated. The purpose of the accident investigation is to prevent recurrence not to place blame or fault! The following guidelines describe the types of accidents that should be formally investigated:

- An accident/mishap resulting in personal injury or death to any party.
- Any accident/mishap possibly involving violation of a company policy, procedure, or regulation.
- Any accident or mishap involving the care or handling of a patient.
- Any accident or mishap involving a vehicle not owned by the company.
- An incident resulting in damage to

(Insert Your Company Name) property.

Accident Reports

If a formal police report or other official investigation is conducted by any government agency, get the name and badge number of the official, or a business card. Ascertain when a copy of the official report will be available. If you are requested to make a statement, you have the right to have the company lawyer attend when you make your statement.

A satisfactory accident report will answer the following questions:

1. What happened? The investigation report should begin by describing the accident, the injury sustained, the eyewitnesses, the date, time, and location of the incident and the date and time of the report. Remember: who, what, when, where and how are the questions that the report must answer.
2. Why did the accident occur? The ultimate cause of the accident may not be known for several days until all the data is analyzed. However, if the cause is obvious, include your conclusions as a hypothesis at the time you give your information to the person in charge of the investigation.
3. What should be done? Once a report determines the cause of the accident, it should suggest a method for avoiding future accidents of a similar character. This is a decision by the Safety/Risk Manager and the supervisor investigating the accident, as well as top management. Once a solution has been adopted and the staff educated, then it is everyone's responsibility to implement it.
4. What has been done? A follow-up report will be issued after a reasonable amount of time to determine if the suggested solution was implemented, and if so, whether the likelihood of recurrence has been reduced.

Policy Review

Policies and procedures are often established to standardize both routine and non-routine tasks. Frequently, companies will establish policies to reduce the hazards involved in high risk jobs. While policies may be successful in reducing some identified risk, they often create risks and hazards in other areas. For this reason, (Insert Your Company Name)'s Loss Control Program will periodically review policies that are no longer current. Additionally, the review process will focus on identifying hazards that may have been overlooked during development of the original policy.

A review of plans, policies, procedures, SOPS, and instructions are methods of identifying hazards. In many cases, company policies may create hazards. Review these hazards in the following way: Assume that the plan, policy, procedure is outdated due to legislative changes, a change in service or eliminated. After a review decide to keep as is, modify or eliminate it from the organization. The review process will:

- determine the need for current or future policies
- an analysis of the policy to determine the presence of overlooked hazards
- determine if the policy has been effectively implemented
- determine if management and employees know how to comply with the policy
- determine if the policy is being enforced

Records

(Insert Your Company Name) maintains records of employee training, hazard identification, and abatement, and accident investigation. Records will be maintained for seven years from the date of preparation.

OSHA Records Required

The Safety/Risk Manager shall maintain copies of accident investigations and certifications of employee safety training. A written report will be maintained on each accident, injury or on-the-job illness requiring medical treatment. A record of each such injury or illness is recorded on OSHA Log and Summary of Occupational Injuries Form 200 according to its instructions. Supplemental records of each injury are maintained on OSHA Form 101, or Employers Report of Injury or Illness Form 5020. Every year, a summary of all reported injuries or illnesses is posted no later than February 1, for one month, until March 1, on OSHA Form 200. These records are maintained for seven years from the date of preparation.

Evaluating the results of safety should initially show an increase in hazards identified and a corresponding number of incidents or accidents. With the implementation of a well structured program the number of hazards will decrease as well as the frequency and severity of the incidents.

Evaluation of the Results

A summary of the any findings will be submitted to the governing body of the organization. Evaluation of this information can include an explanation of the hazard, the underlying cause of the hazard, the frequency and severity, and the financial impact on the organization. This should include current and future costs. These results will also include:

1. Potential hazards that will impact the delivery of services
2. Person responsible for abating the hazard
3. Education and training to staff conducted or planned
4. Analysis of trends, directly and indirectly related
5. Resources utilized during the development of counter measures

An important component of this evaluation is a method of tracking the effectiveness of the safety process. A Quality Assurance/Quality Improvement program should ensure the results of the Safety/Risk Program are meeting the goals of the organization.

Sample Policy

Policy Name: Policy Review

Policy Number:

Adopted Date:

Effective Date:

Review Date:

Due for Revision:

Revision Date:

Page ___ of ___

1.0 Purpose: Policies and procedures are often established to standardize both routine and non routine tasks. Frequently, companies will establish policies to reduce the hazards involved in high risk jobs. While policies maybe successful in reducing some identified risk, they often create risks and hazards in other areas. For this reason, (Insert Your Company Name)'s Loss Control Program will periodically review policies that are no longer current. Additionally, the review process will focus on identifying hazards that may have been overlooked during development of the original policy.

2.0 Scope: Safety/Risk Manager, Safety Committee and Administration

3.0 Requirements: The following accidents will be reported and investigated: Accidents that do not result in injury or lost time may be informally investigated.

An accident/mishap resulting in personal injury or death to any party.

Any accident/mishap which may involve violation of a company policy, procedure, or regulation.

Any accident or mishap involving the care or handling of a patient.

Any accident or mishap involving a vehicle not owned by the company.

An incident resulting in damage to (Insert Your Company Name) property.

4.0 Policy: A review of plans, policies, procedures, SOPS, and instructions will be completed annually. The review process will include:

4.01.1 determining the need for current or future policies

4.01.2 an analysis of the policy to determine the presence of overlooked hazards

4.01.3 determining whether the policy has been effectively implemented

4.01.4 determining whether management and employees know how to comply with the policy

4.01.5 determining whether the policy is being enforced

Sample Policy

Policy Name: Accident/Injury reporting system

Policy Number:

Adopted Date:

Effective Date:

Review Date:

Due for Revision:

Revision Date:

Page __ of __

1.0 Purpose: The purpose of the accident reporting is to prevent recurrence.

2.0 Scope: All (insert your company name) employees/volunteers.
Accident/injury reporting will be done to the injured person's supervisor.

3.0 Requirements: The following accidents will be reported and investigated:
Accidents that do not result in injury or lost time may be informally investigated.
An accident/mishap resulting in personal injury or death to any party.
Any accident/mishap which may involve violation of a company policy, procedure, or regulation.
Any accident or mishap involving the care or handling of a patient.
Any accident or mishap involving a vehicle not owned by the company.
An incident resulting in damage to (Insert Your Company Name) property.

4.0 Policy:

4.01 An Accident/Incident Investigative Report will be generated for all accidents involving company property or damage to other personal property.

4.02 The Injury/Illness Report Form will be completed for all employees/volunteers who are injured while conducting activities that promote company functions.

4.02.1 At no time will the health of the employee be compromised to complete paper work.

4.02.2 At no time should the employee complete the Investigation or illness forms by him/herself.

4.03 All forms will be returned to the safety manager or his/her designee.

OCCUPATIONAL ACCIDENT, INJURY OR ILLNESS INVESTIGATION SUMMARY REPORT FORM

Investigator's Name: _____

Person Involved in Accident, Injury or Illness: _____

Position Held: _____ Department: _____

Task Being Performed When Accident Occurred: _____

Description of Accident, Injury or Illness

Date: _____ Time: _____ Location: _____

Describe the accident, injury or illness and the cause of the incident. Include the nature of any injury, illness or property damage.

Witnesses Name(s)

Telephone Number

Investigator's Signature: _____ Date: _____

SAFETY MEETING REPORT FORM

Company: _____

Address:

Date: _____ Time: from _____ to _____

Chairperson: _____ Committee Title: _____

Attendees

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Guests Present:

Read minutes of last meeting and correct if necessary.

Listed below are recommended topics which should be discussed at your safety committee meeting. For each discussion item, the committee secretary should record a summary of the discussion and list specific recommendations for action.

- | | |
|--------------------------------|--------------------|
| • Old business | • Safety education |
| • Recent Accidents and Actions | • Questions |
| • Surveys | • New business |

UNSAFE CONDITION OR HAZARD REPORT FORM

Optional: Employees may submit this form anonymously.

Employee's Name: _____

Job Title: _____

Location of condition believed to be unsafe or hazardous:

Date and time condition or hazard observed:

What changes would you recommend to correct the condition or hazard?

Optional:

Signature of Employee: _____ Date: _____

Company's Response:

Name of person investigating report:

Results of investigation (what was found? was condition unsafe or a hazard?) Attach additional sheets if necessary:

Action taken to correct hazard or unsafe condition, If appropriate or alternatively, information provide to employees as to why condition was not unsafe or hazardous. Attach additional sheets if necessary:

Employee advised (if known)

Yes

No

Signature of person investigating report:

Chapter 4

Safety and the Employee

Success starts with management's commitment to an organizational program. Safety and Loss Control is no different. Success also is dependent on the perception of importance the staff believes the program holds for the success of the organization. Employees must understand their role in Risk Management.

Motivating Employees

Motivating employees to work safely starts with management commitment. In every industry improvements can be made. There is no easy method of creating and maintaining a safe work environment. Every employee must create and maintain an effective safety culture that makes safety and loss control a priority in the conduct of every facet of business.

“Culture is the way we do things around here.”

Values define success for employees. Safety must be a value that is known and shared by employees at all levels of the organization.

Safety Culture

(Insert Your Company Name) safety culture is supported by:

Physical setting. The physical setting of an organization confirms what the company deems as important, or what is valued. A few of the following indicators should be followed:

Facilities: Facilities should be well-organized and clean. Waste material should be properly discarded. Anything less suggests the presence of

low standards. In addition to the obvious hazards, poorly maintained facilities are reflections of the quality of work, including maintenance that is performed.

Vehicles: Vehicles should be clean and well maintained. Physical damage could indicate that individuals are not operating the vehicles in accordance with company procedures.

Look for inconsistency: Inconsistency among building sites, offices, or for various levels of employees indicates a fragmented safety culture.

Read what the company says about itself: Strong culture companies speak frequently about their people and how they value safety. “Safety First” is a corporate value. It will be referenced often.

Employees: You can learn a lot about a company by asking the “average” employee what kind of company he/she works for, or how high a priority they feel the company places on safety.

Observe how employees spend their time. What people do reflects what they value. The discrepancy between what they say and what they do indicates the degree of cultural cohesion. This is especially true of safety. Companies' that have an effective safety culture spend their time doing things safely; not simply talking about it.

Managing Your Safety Culture

Listed are several successful ways to manage the safety culture:

- Speak and write about the safety culture often and credit it for the company's success. If you value Safety first, make it a “front burner” issue and refer to it often.

Talk about the ways the company has operationalized the concept of Safety First.

- Each and every employee in the company knows their safety responsibilities and how to achieve them. (Insert Your Company Name) will HOLD THEM ACCOUNTABLE.
- Safety is a part of every job description and each employee's performance will be evaluated, in part, on his or her safety performance.

Manage by Rewarding Performance

Performance tends to be a function of its consequences. In other words, if an individual receives a positive reward for specific performance, it is probable that he or she will continue to perform in the same manner. This concept is at the root of most contemporary motivation programs.

The following ways demonstrate support for the safety program:

Safety Award Program - An active safety award program can assist you in sustaining the safety effort. (Insert Your Company Name) is committed to the ongoing efforts of a safety program. Through our safety reward campaign we will offer incentives for good workplace practices. The purpose of a program is:

- To recognize and reward safe behavior
- To motivate others to act in the same manner.

A few suggested awards are:

- Framed congratulatory letter from the President or Chief Officer. A copy will be placed in the personnel file of each winner
- Framed picture of one of the organization's ambulances
- Model of an ambulance
- Coffee cup with individual's name and company logo

- Savings bond
- Picture of the recipient and an article published in a bulletin or company newsletter or local newspaper
- Monetary bonus that is directly linked to individual safety performance.

Safety Contest Awards - To recognize the importance of safety, (Insert Your Company Name) will award one ambulance crew a safety bonus based on the following criteria:

1. No time-loss accidents
2. Successful pass periodic workplace safety inspections
3. Active participation in Company safety discussions
4. Active participation in safety suggestion program
5. Other factors indicating a concern for safety
6. No vehicle accidents

In addition, personnel working in administrative areas within the company are eligible for a safety bonus based on the following criteria:

1. No loss time accidents
2. Successful pass periodic workplace safety inspections
3. Active participation in Company safety discussions
4. Active participation in safety suggestion program
5. Other factors indicating a concern for safety. The awards and time period will be announced in regular safety meetings or posted with the regular safety communications.

Employee Safety Suggestion Box - From time to time, (Insert Your Company Name) will award a prize for the best safety suggestion. To be eligible, give your written safety suggestions to your supervisor during the safety meetings.

Each safety suggestion will be discussed at the meeting. The supervisor whose employee wins for the best safety suggestion will also be given an award. The group that consistently has the best safety suggestions will also be recognized. Management is the sole judge of the value of safety suggestions, and will implement as many of the good suggestions as possible.

Safety Audits

Safety audits are one of the most proactive tools for preventing occupational injury and illness. Safety audits tell us if our safety training programs are effective and can ensure that the rules and practices are realistic and sensitive to the work environment. An effective audit system consists of four major elements:

- Pre-Audit Preparation
- Conducting the Audit
- Preparing the Audit Report
- Audit Frequency
- Evaluation

Pre-Audit Preparation

Prior to conducting any safety audit a policy and procedure should be established. The policy should be written with the help of management. The final document must be communicated to all levels of the management/supervisory team.

SAFETY INSPECTION POLICY

The (Insert Your Company Name) will conduct regularly scheduled safety and health inspections. These inspections will be performed as follows:

- All areas* - every six months
- Maintenance areas* - every three months
- High risk areas* - every month
- Company vehicles* - every time the unit is in for maintenance

The purpose of these periodic inspections is to ensure that all hazards in the workplace are identified, corrected, or controlled. The Company's Safety Inspection Report Form will be utilized during this inspection.

Each month a random, unscheduled safety inspection will be performed to ensure that areas comply with the safety regulations. The subjects for these inspections will be chosen at random from the Safety Inspection Report Form.

Ongoing Work Place Review - Every manager, supervisor or employee must engage in daily safety and health monitoring and inspection of his/her department work area. Any potential safety or health concerns should be reported to an immediate supervisor or to the Safety/Risk Manager.

Persons who are familiar with the safety rules and standard work practices for the specific area will conduct audits. An audit team will include representatives from the area to be audited. The audit team should include supervisory, non-supervisory personnel, and safety team members.

Before starting the audit, the audit team should meet to familiarize themselves with the area to be audited in terms of the following:

- The extent of the area, for the purpose of ensuring complete coverage
- The variety of work activities to be reviewed
- The applicable Audit Checklists for the activities and areas to be reviewed
- Specific area rules, procedures, and safe work practices which define the safe way to perform the task at hand
- The results of previous audits which may have identified some potential hazard
- Identify real or potential hazards personnel encounter in their day to day work.

The Safety Committee should have a member who is responsible for the administration of audits. This individual, with support of the management, should set schedules for audits, select audit team members, and lead the audits.

This individual should also evaluate the audits for trends, measure improvements and ensure that corrective actions are completed. A central file should be maintained for audit records.

Conducting the Audit - The audit team will conduct the audit based on the information developed during the pre-audit preparation, and the applicable audit checklists for the activities and areas selected. As the audit is conducted, give recognition to those who are performing their work activities in a safe manner.

There are basic elements to be observed during a safety audit. These elements, in order of importance, are listed below:

1. Actions of People - Compliance to rules, practices, and established standards, and judgment in approach to performing tasks.
2. Positions of People - Do employees avoid situations where they may be struck by objects, come in contact with electrical current or harmful chemicals, injured by poor lifting techniques, etc.
3. Personal Protective Equipment - Are employees wearing the Personal Protective Equipment (PPE) required for the task, such as, eye, head, hearing, hand, foot, and respiratory protection
4. Rules and Procedures - Are rules and procedures for the task being followed? If not, are the rules adequate for the task? Does training need to be upgraded?
5. Equipment and Tools - These items should be correct for the job being performed, used correctly, be maintained in good condition, and have all guards and other safety devices in proper order.

6. Housekeeping - Judgment should be used when evaluating housekeeping. Equate the degree of hazard to employees and/or company property. Look for fire hazards, fall hazards, etc., not excess papers on a desk.

An effective Safety Audit Program, if it is going to prevent injuries, needs to focus on the actions of people first, unsafe conditions second; not things. When an unsafe act or condition is observed, immediate corrective action to prevent injury should be taken. This should be done with care. Auditors should not offend employees.

If corrective action is required, explain why the action or observation is different from the standard rules, practices, or conditions established by the company. Clarify why the task was being performed differently, or why the condition existed. This could point out the need to upgrade the program or point out training deficiencies.

The auditing process should not be limited to quietly observing work and making notes on a checklist. Interaction with employees is one of the most important steps of a quality audit. This element of interaction will identify the level of employee knowledge of our safety program, which will also indicate needed training or program enhancements.

An accurate count must be kept of the number of people observed during the audit and a note made of the infractions together with the corrective action taken or recommended. An example form is located in the Appendix section of this manual.

Preparing the Audit Report - Although taking immediate corrective action is stressed for observed infractions when conducting the audit, it is also important that further action be taken to prevent recurrence. Any further action may not be the direct responsibility of the audit teams but the team is responsible for providing the Safety Audit Report, which makes corrective action possible.

Merely identifying the problem is not sufficient. The danger must be reported to the appropriate supervisor and the Safety/Risk Manager, who then will correct the problem. If the danger cannot be corrected, then all employees will be warned to take protective action so that the danger will not result in any injuries.

The audit team should complete the audit report as a unit. The audit report should contain the following information:

- Date of the audit
- Area name
- Names of the audit team members
- The number of people actually observed during the audit
- Each infraction observed
- The corrective action taken and or recommended for each infraction observed
- The numerical value to be assigned to each infraction

Each audit observation should be classified in terms of its injury or illness potential. Actions having the highest potential for injury or illness should be given the highest priority for correction. Classifications will be assigned a numerical value ranging from 1 to 3. The numerical values are assigned as follows:

1. An activity that constitutes a clear and immediate threat to the safety and health of any individuals involved
2. A condition, which constitutes a clear and present threat and is a hazard to any individual who may encounter the condition
3. An activity or condition, which if allowed to continue, could eventually result in injury or illness

If an audit infraction does not meet any of the above criteria, then it probably does not

need to be on the audit report. The key to the numerical value assigned is the immediate injury potential, this numerical value is used in the audit evaluation process. The audit report should be supplemented with written documentation supporting positive findings on the audit. These positive findings should be communicated to all the employees. Remember, thorough audits do not have to list a large number of infractions. A copy of the audit report should be forwarded to the Safety/Risk Manager.

Audit Frequency - The safety committee member with auditing responsibility should distribute the audit report, follow up on corrective actions, and provide auditor training. The Performance Index calculation need not be an item that is distributed except to the local management and safety committee.

Monthly audits of the entire company facility may not be necessary. Audit frequencies at each location should comply with the following schedule:

<i>Yearly</i>	Training and Inspection Records, Health Programs
<i>Semi-Annual</i>	Offices, Crew Lounges, Storage Areas, etc.
<i>Quarterly</i>	Facilities including but not limited to, the Maintenance Shop, Vehicle Parking Areas, Oil, Petroleum and Solvents Storage, etc.
<i>Monthly</i>	Work Activities, such as, Medical Equipment Storage Areas, Compressed Gas Storage Areas, Cascade Systems, vehicles etc.

The monthly audits of activities are only a sample, not all of these activities need to be audited at one time. These monthly activity audits should attempt to cover most types of activities within a twelve month period.

The audit frequencies outlined are intended to be a minimum requirement. The Safety Committee may set more frequent audit schedules.

In addition to the local audits the Safety/Risk Manager will perform one audit per year. This audit will be coordinated with supervisors and may include the members of the Safety Committee. Such audits will be conducted with the same preparation and standards as local audits.

Evaluation - After each inspection, the committee will meet and compile the findings. A summary report will be generated and sent to the supervisor of the shift or area inspected. A copy of each audit will be included in the report to administration and/or the Board of Directors. The summary report will include the hazards that were discovered, the action taken to eliminate the hazard, the person responsible and a timetable expected for action. The evaluation can also be used for yearly reviews of performance.

Sample Policy

Policy Name: Safety Inspections

Policy Number:

Adopted Date:

Effective Date:

Review Date:

Due for Revision:

Revision Date:

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1.0 Purpose: The purpose of Safety Inspections is to ensure that all hazards in the work place are identified, corrected, or controlled.

2.0 Scope: Safety/Risk Manager, Safety Committee and Supervisors

3.0 Requirements:

4.0 Policy: The safety team will conduct regularly scheduled safety and health inspections. These inspections will be performed as follows:

4.01 All areas - every six months

4.02 Maintenance areas - every three months

4.03 High risk areas - every month

4.04 Company vehicles - every time unit is in for maintenance

4.1 Unscheduled inspections will be performed monthly.

4.2 Safety Inspections forms will be completed by everyone assisting in the inspection.

4.3 Results of the inspection will be summarized and a safety report will be available to all employees.

Chapter 5

Safe Work Practice Standards

The following section details areas for specific work place standards. These do not replace the organizational standards but are or may be additions to the standards currently established.



General Maintenance Safety Rules

1. Each employee will wear the proper safety equipment for the task to be accomplished.
2. Company tools, equipment, and vehicles must be maintained, operated or used in accordance with the operations manual, safe work practices and company policies.
3. All manual and electrical hand tools or equipment must be in proper operating condition, (e.g., switch operation, ground intact, and mechanically sound).
4. Tool boxes are to be properly balanced, constructed and approved for use.
5. As a minimum, gloves are required for the following tasks: (See appropriate procedures for specific glove needed).
 - a. Leather Gloves
 - Striking objects together (e.g. hammer, chisel)
 - Lifting potentially sharp objects
 - Where any abrasion may be eliminated in lifting heavy objects
 - Welding
 - Handling extreme hot or cold materials or substances
 - b. Chemical Gloves
 - In accordance with Material Safety Data Sheet and gloves chart
 - Servicing lavatory
 - Using solvents
 - Handling battery electrolyte
6. Safety glasses will be worn at all times whenever flying objects, dust, or liquids which could cause eye damage are present. They will also be worn when using hazardous chemicals. The MSDS label will indicate the proper eye protection to be used.
7. Use adequate personnel and position personnel properly when lifting and positioning heavy objects.
8. Shops, floors, and offices are expected to be clean and orderly at all times.
9. The appropriate absorbent material shall remove spillage of oil, grease, fuel or any other slippery substance on floors and the area cleaned immediately.

10. Nothing is to be stored against walls or work areas by a leaning fashion unless it is secured from falling.
11. Proper respiratory protection shall be used in the presence of harmful dusts, fogs, fumes, mists, smokes, sprays or vapors. Respiratory protection is required when using adhesives.
12. Proper venting and a constant supply of fresh air shall be utilized when small amounts of solvents or volatiles that may be irritants are being used. Place a fan to blow air away from facial area:
 - When using solvent, volatiles or adhesives
 - At work bench
 - While working on a vehicle
 - When paint stripping using aerosol spray cans

Machine Guarding (1910.211)

**Every EMS organization may not have multiple, large machines, but the principles that are reviewed are applicable to many of the machines that are found in the work stations or maintenance areas of smaller organizations. These principles apply to bench grinders, welding operations and drill presses.

Organizations should not believe that they are immune to the work place laws and regulations just because they donated their personnel equipment to the organization.**

Before operating any machine, every employee must complete a training program on safe methods of machine operation. It is the primary purpose of supervisors to ensure that employees are following safe machine operating procedures. There will be a regular program of safety inspection of machinery and equipment.

All machinery and equipment must be kept clean and properly maintained. There must be sufficient

clearance provided around and between machines to allow for safe operations, set up, servicing, material handling, and waste removal.

There must be a power shut-off switch within reach of the operator's position at each machine. Electrical power to each machine shall be capable of being locked out for maintenance, repair or security. The non-current carrying metal parts of electrically operated machines must be bonded and grounded.

The foot-operated switches are guarded and/or arranged to prevent accidental activation by personnel or falling objects. All manually operated valves and switches controlling the operation of equipment and machines must be clearly identified and readily accessible.

All EMERGENCY stop buttons are colored RED. All the pulleys and belts are properly guarded. All moving chains and gears must be properly guarded.

The supervisor will instruct every employee in the work area on the methods provided to protect the operator and other employees in the machine area from hazards created by the operation of a machine, such as nip or pinch points, rotating parts, flying chips and sparks. The machinery guards must be secure and arranged so they do not present a hazard. All special hand tools used for placing and removing material must protect the operator's hands. If the machinery is cleaned with compressed air, the air must be pressure controlled and personal protective equipment or other safeguards used to protect operators and other workers from eye and bodily injury.

Saws used for ripping equipment must be installed with anti-kickback devices and spreaders. All radial arm saws must be arranged so that the cutting head will gently return to the back of the table when released.

Lockout-Tagout Procedures (1910.211)

All machinery or equipment capable of movement must be de-energized or disengaged and blocked or locked out during cleaning, servicing, adjusting or setting up operations, whenever required. The locking-out of the control circuits in lieu of locking-out main power disconnects is prohibited. All equipment control valve handles must be provided with a means for locking out. The lock-out procedure requires that stored energy (i.e. mechanical, hydraulic, air, electrical, and gravitational) be released or blocked before equipment is locked out for repairs.

Specific employees are provided with individually keyed personal safety lock after receiving proper training. Employees are required to keep personal control of their key(s) while they have safety locks in use. Employees must check the safety of the lockout by attempting a start up after making sure no one is exposed. Where the power disconnect does not also disconnect the electrical control circuit, the appropriate electrical enclosures must be identified. The control circuit can also be disconnected and locked out.

Compressed Gas and Cylinders (1910.166)

Cylinders with a water weight capacity over 30 pounds must be equipped with means for connecting a valve protector device, or with a collar or recess to protect the valve. Cylinders must be legibly marked to clearly identify the gas contained. Compressed gas cylinders should be stored only in areas that are protected from external heat sources such as flame impingement, intense radiant heat, electric arcs or high temperature lines. Cylinders must not be located or stored in areas where they will be damaged by passing or falling objects, or subject to tampering by unauthorized persons. The following precautions will be taken in storing and using compressed gas cylinders:

1. Each compressed gas cylinder must be legibly marked with the chemical or commonly accepted name of its contents. Any cylinder not legibly labeled must be immediately removed from service, conspicuously tagged as

“unknown”, and returned to the vendor for proper identification. Color codes of cylinders, to designate contents, is not an acceptable means to determine contents of a labeled cylinder.

2. All cylinders delivered to a company facility will be checked to determine that inspection date is current, and no cylinder will be accepted with an expired test date. The cylinder user or handler is responsible for determining that each cylinder he uses has been hydro-statically tested and visually inspected at frequencies required by D.O.T. regulations. (Acetylene cylinders do not require periodic hydrostatic testing all others require 5 or 10-year re-testing). Cylinders overdue for inspection and testing should be immediately removed from service, conspicuously tagged as “hydrostatic test overdue” and returned to the vendor.
3. Cylinders will be rolled on their bottom edge only when placed in final position or when physically unable to move with cylinder cart. One hand must be on cylinder top with the other hand supporting the cylinder on the side. To minimize the very serious danger of dropping the cylinders, carts shall be used for transportation.
4. Cylinders should never be laid flat and rolled on their sides.
5. Never drop cylinders or permit them to strike each other.
6. Use suitable hand trucks for transportation, keeping the rolling technique to a minimum.
7. Cylinders not in service shall have their valves closed and protective caps in place at all times. Cylinders must be labeled as to their disposition, empty or full. Never tamper with the safety devices.

8. Unless specified by the vendor, cylinders must be transported and stored in the upright position and secured to prevent being knocked over. Securing will be done by a chair mounted to a wall.
9. In the event a cylinder is dropped, maintenance personnel should be notified immediately to assess damage. Damaged cylinders should be rigidly secured in an upright position and moved only on the specific instruction of a supervisor. NOTE: Damaged cylinders are extremely hazardous; every precaution must be taken to prevent injury or damage.
10. An area handling compressed gas cylinders must have specific standard practices covering their operations.
11. Because of the danger of explosion, oxygen cylinders shall not be brought in contact with oily gloves, oil contaminated hands, or oil contaminated facilities.
12. Oxygen or oxidizing gas cylinders in storage must be separated from combustible materials especially oil, grease, or any fuel gas or other flammable gas cylinders by a distance of 20 feet or a fire-resistant partition at least 5 feet high with a fire rating of at least 30 minutes.
13. Cylinders are never to be stored against sources of heat such as a heated vessel, steam line, furnace, etc. The storage facility shall not be located where any heavy moving objects may strike or fall on a cylinder. The area should be dry and well ventilated.
14. Cascade Systems used to refill LOX bottles used on ambulances will be located in a secure area with restricted access.

Personal Protective Equipment Clothing (For Vehicle Maintenance Areas)

1. Where there is a danger of flying particles or corrosive materials, employees must wear protective goggles and/or face shields provided or approved by (Insert Your Company Name).
2. Employees are required to wear safety glasses at all times in areas where there is a risk of eye injuries such as punctures, contusions or burns.
3. Employees who need corrective lenses are required to wear only approved safety glasses, protective goggles, or other medically approved precautionary procedures when working in areas with harmful exposures, or risk of eye injury.
4. Employees are required to wear protective gloves, aprons, shields and hoods provided in areas where they may be subject to cuts, corrosive liquids and/or harmful chemicals.
5. Appropriate footwear including steel toed shoes must be worn in an area where there is any risk of foot injuries from hot, corrosive, poisonous substances, falling objects, and crushing or penetrating action.
6. When necessary, employees must use the approved respirators, provided for regular and emergency use.
7. All safety equipment must be maintained in sanitary condition and be ready for use. Report any defective equipment immediately.
8. An eye wash facility is located (insert location).
9. A shower is provided for emergencies. Ask your supervisor for more details on use of this facility.
10. Food may not be eaten in work areas, or in places where there is any danger of exposure to toxic materials or other

health hazards. This includes ambulances.

11. In cases where the noise level exceeds certain levels, hearing protection is required.
12. In cases of cleaning toxic or hazardous materials the protective clothing provided must be worn.

Vehicle Maintenance Work Environment

Work sites must be clean and orderly. Work surfaces must be kept dry or appropriate means taken to assure the surfaces are slip-resistant. Spills must be cleaned up immediately. All combustible scrap, debris and waste must be stored safely and promptly removed. Combustible dust must be cleaned up with a vacuum system to prevent the dust from going into suspension. The accumulated combustible dust must be removed routinely. Metallic or conductive dust must be prevented from entering or accumulating on or around electrical enclosures or equipment.

Waste containers must be covered. Oily and paint soaked rags are combustible and should be discarded in sealable metal containers only. Paint spray booths, dip tanks and paint areas must be cleaned regularly.

All oil and gas fired devices should be equipped with flame failure controls that will prevent flow of fuel if pilots or main burners are not working. Ask your supervisor where these controls are located.

Make sure all pits and floor openings are either covered or otherwise guarded.

Walkways (1910.35)

All aisles and passageways must be kept clear. Also, aisles and passageways should be clearly marked. Wet surfaces must be covered with non-slip material and all holes properly covered or marked with warning guards. All spills must

be cleaned up immediately, and a caution sign placed on all wet or drying surfaces.

Equipment must be properly stored so that sharp edges do not protrude into walkways. If there is a low ceiling, a warning sign must be posted. If the walkway or stairway is more than thirty inches above the floor or ground, it must have a guardrail.

If an employee is aware of any breach of these standards, please inform the workplace supervisor.

Vehicle Maintenance

Work safely when repairing vehicles. Where tires are mounted and/or inflated on drop center wheels, a safe practice procedure must be posted and enforced. Where tires are mounted and/or inflated on wheels with split rims and/or retainer rings, a safe practice procedure must be posted and enforced. Each tire inflation hose must have a clip-on chuck with at least 24 inches of hose between the chuck and an in-line hand valve and gauge. The tire inflation control valve should automatically shut off the air flow when the valve is released. A tire restraining device such as a cage, rack or other effective means must be used while inflating tires mounted on split rims, or rims using retainer rings.

Employees are strictly forbidden from taking a position directly over or in front of a tire while it is being inflated. To avoid overexertion when lifting tires employees must use proper lifting techniques.

EMS Specific Safe Work Practices

First Aid Kits

First aid kits and required contents are to be maintained in a serviceable condition. Unit-type kits have all items in the first-aid kit individually wrapped, sealed, and packaged in comparable sized packages. The commercial or cabinet-type kits do not require all items to be individually

wrapped and sealed, but only those which must be kept sterile. Items such as scissors, tweezers, tubes of ointments with caps, or rolls of adhesive tape, need not be individually wrapped, sealed, or disposed of after a single use or application. Individual packaging and sealing shall be required only for those items that must be kept sterile in a first-aid kit.

Where the eyes or body of any person may be exposed to injurious chemicals and/or materials, suitable facilities for quick drenching or flushing of the eyes and body is provided, within the work area, for immediate emergency use. A poster shall be fastened and maintained either on or in the cover of each first-aid kit and at or near all phones plainly stating the phone numbers of available doctors and hospitals within the district of the work site.

Narcotics

The control of narcotics and analgesics are regulated by federal, state and/or hospital rules. The company's medical director is responsible for the coordination, storage, and dispensing of controlled substances. (Insert Your Company Name) will strictly adhere to all regulations regarding narcotic usage. These include but are not limited to: Procurement of controlled substances from a medical facility under the control of, or in cooperation with, the medical director, locked storage of controlled substances, shift accountability for each controlled substance and policies to guide providers in the correct dispensing of controlled substances.

All patient contacts that require the use of controlled substances will have sufficient patient documentation to warrant usage, patient identification for narcotics tracking, and a medical command report that indicates contact from the provider to the physician responsible for the dispensing of the controlled substance. Any controlled substance that is "wasted" must be clearly documented and witnessed. All controlled substances will be inventoried on a

daily, weekly and monthly basis and reconciled with the appropriate medical facility responsible for dispensing the controlled substance. All applicable controls for securing narcotics will be followed.

Patient Handling

Patient handling and patient drops are the most common complaint leveled against EMS providers. Most of these accusations are avoidable by understanding why these incidents occur. By recognizing the limitations of providers, using the proper equipment to move patients, and focusing on the patient, EMS providers will reduce the occurrences of patient drops. (Insert Your Company Name) strongly supports the continued efforts of our staff to treat all patients appropriately in a dignified manner so as not to compromise their health while in our care. This includes using the right equipment, taking time to move the patient, and utilizing the resources to move the patient safely.

Patient Treatment

All EMS providers are trained to identify and treat medical conditions of individuals requesting our assistance. The treatment may encompass both BLS and ALS treatment, physical and mental conditions and supportive care only. When providing this treatment, our employees will utilize their skills to help maintain, stabilize, and improve the health of our patients. All providers will continue to improve their abilities to provide the level of care sufficient for our patients. When providing specific treatment, all providers will identify conditions that compromise a patient's health, ensure that techniques utilized are correct, and the patient's health does not deteriorate as a result of the treatment. This includes, but is not limited to; airway management, splinting, medication administration, extrication, and cardiac support.

Providers will complete their care by thoroughly documenting patient assessments, the care and treatment of the patient, vital signs, medical direction, and transference of patient care.

Sample Policy

Policy Name: Narcotics

Policy Number:

Adopted Date:

Effective Date:

Review Date:

Due for Revision:

Revision Date:

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1.0 Purpose: To provide for the control of narcotics and analgesics regulated by federal, state and/or hospital rules. The company's medical director is responsible for the coordination, storage and dispensing of controlled substances. (Insert Your Company Name) will strictly adhere to all regulations regarding narcotic usage.

2.0 Scope: All advanced care providers

3.0 Requirements:

4.0 Policy: All patient contacts that require the use of controlled substances will have sufficient patient documentation to warrant usage, patient identification for narcotics tracking, and a medical command report that indicates contact from the provider to the physician responsible for the dispensing of the controlled substance.

4.1 Any controlled substance that is "wasted" must be clearly documented and witnessed.

4.2 All controlled substances will be inventoried on a daily, weekly and monthly basis and reconciled with the appropriate medical facility responsible for dispensing the controlled substance.

4.3 All applicable controls for securing narcotics will be followed.

Chapter 6

Infection Control

(Note: This chapter should be reviewed by the company Medical Director to ensure that it complies with all current local and state guidelines.)

EMS personnel are at great risk for acquiring infectious diseases. To minimize this exposure employees will be educated and tested on their knowledge of infection control procedures. Employees must adhere to the Universal Infections Control Precautions. More formally, “The Guidelines for Prevention of Transmission of Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) to HealthCare And Public Safety Workers” by the Centers for Disease Control (CDC) of the U.S. Public Health Service, Atlanta, Georgia, February 1989.

These precautions minimize the risk of exposure to blood and body fluids for employees. Employees are to consider that all blood and body fluids are potentially infectious, and must utilize appropriate barrier precautions to prevent skin contact and mucous membrane exposure when employees come in contact with blood or other body fluids.

Body Fluids Requiring Precaution

Fluids that have been recognized by the CDC as directly linked to the transmission of tuberculosis, HIV and HBV to which universal precautions apply: blood, sputum, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and concentrated HIV and HBV viruses.

Barrier Protection

Health care workers are assumed to be at high risk for Bloodborne infections due to their routinely increased exposure to body fluids from

potentially infected patients. However, note that neither HBV nor HIV is transmitted by casual contact in the work place. The following will be adhered to for all patients.

Barrier precautions will be available to the employee when patient contact is to be made and will be a required component of response equipment.

When employees are responding to an incident in which exposure to blood and body substances is possible, the appropriate barrier precautions must be in place prior to patient contact. When involved in extrication procedure with sharp objects, heavy extrication-type gloves and eye coverings must be worn.

Gloves

Torn gloves or other barriers are to be replaced as soon as practical. A new concern for EMS personnel has risen, care must be taken to avoid latex allergies.

- Gloves made of appropriate disposable material, usually intact latex or vinyl must be worn for touching blood and body fluids, mucous membranes, or broken skin of patients, or for handling items or touching surfaces moist with blood or body fluids or for performing venipuncture.
- Gloves must also be worn when giving injections, drawing bloods, performing dextrose tests and starting an IV. Care must be taken to avoid contacting other objects with contaminated gloves.

Appropriate gloves must be changed between patients. Hands must be washed after glove removal. The use of gloves is also required under the following circumstances:

- If provider's hands are abraded, chapped or cut
- During instrumentation of oropharynx or gastrointestinal tract
- When examining abraded or non-intact skin or patients with active bleeding
- During invasive procedures
- During cleansing of body fluids or decontaminating procedures
- During handling of specimens

Masks and Protective Eye Wear

Masks and protective eye wear (glasses or goggles) or face shields must be worn during procedures and in situations likely to generate droplets of blood or other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes, e.g., TB, chickenpox indicators including rash, fever, and cough. Non disposable eye and face coverings must be washed after each use.

Gowns

Long-sleeved, impermeable gowns must be worn during procedures and in situations likely to generate splashes or soiling from blood or body fluids.



Skin Precautions

1. Hand washing is a primary infection control procedure. Hand washing is the single most effective means for preventing the spread of infection; barrier precautions will not replace the need for hand washing. Good hand washing techniques include hand washing with soap and running water, with particular attention paid to the areas between the fingers, under nails and under rings. Hands must be rinsed and dried thoroughly to avoid chapping and breaks in the integrity of the skin, which is the first line of defense against infection.
2. Hands and other skin surfaces contaminated with blood or other fluids must be washed immediately and thoroughly.
3. In situations where running water and soap are not immediately available providers should use cleansing agents formulated with antimicrobial properties. Hand washing with this type of agent is to be followed with the soap and running water method as soon as possible.
4. Hands must be washed as soon as possible after gloves are removed. Significant growth of microorganisms occurs in the warm, moist environment under the gloves, and some relatively high glove failure rates have been reported.
5. Open cuts, abrasions, rashes or minor skin infections are to be covered with an occlusive dressing while working with patients. Persons with lacerations, which are either unsutured or nonaligned or having averted edges will not have patient care assignments. Persons with other skin lesions, which cannot be protected with a bulky occlusive dressing (i.e., fingertip, palm of hand), must not provide direct patient care without proper protection.

6. Pre-hospital personnel with open skin lesions will not provide direct patient care without proper protection.
7. Lotion should be applied when needed, taking care not to contaminate the remaining lotion in the bottle. Pre hospital care providers should carry their own personal unbreakable bottle of lotion to avoid contamination.

Specific Procedures

1. When starting IVs, an absorbent barrier must be placed under the limb to absorb blood. Employees will take care not to contaminate IV tubing, flow control clamps or other supplies with blood and body fluid.
2. When physically assessing a patient, care is to be taken not to blindly insert hands in pockets, purses or under car seats.

Equipment

1. Needles, syringes and other sharp instruments must be handled with extreme caution to prevent infection with HIV, hepatitis or other Bloodborne diseases. Contaminated sharp instruments are not to be recapped, purposely bent or broken, removed from disposable syringes or otherwise manipulated by hand. Contaminated needles are never to be placed in a pocket. Blood should never be squirted out of the syringe.
2. Sharp instruments are to be disposed of in puncture-resistant containers, which will be located as close as practical to the area of use. Small, portable sharp instrument containers will be part of the EMS response kit and available at the scene of all patient contacts.
3. Sharp-instrument containers are to be sealed according to the manufacturer's specifications and disposed of as

infectious waste according to local, state, and federal guidelines.

4. Disposable equipment, including dressing material, must be disposed of at the receiving hospital according to their policies and procedures, or enclosed in a non permeable container and transported to company facilities when the patient is not transported to a receiving hospital, according to local, state, and federal guidelines.
5. Reusable equipment is to be removed from service after each use until it has been cleaned and disinfected according to CDC standards.
6. Standard sterilization and disinfecting procedures for equipment must be used to sterilize or disinfect instruments, devices or other items infected with Bloodborne pathogens.

Reusing Equipment

Chemical germicides registered with the U.S. Environmental Protection Agency may be used after a contaminated item is carefully cleansed. In addition, a solution of sodium hydroxide (household bleach) prepared daily in a concentration of 1:10 is an effective, inexpensive germicide.

Linen

Used linen is to be placed in non permeable containers, which will not break or leak while in use or in transport and disposed of properly.

Specimens and Body Fluids

1. Laboratory specimens will be placed in a sellable bag for transport. Gloves must be used for handling of laboratory specimens. Care is to be taken when collecting specimens to avoid contamination of the outside of the containers. All specimens must be clearly labeled with at least the following information:

Patient's name
Date and time collected
Specimen type (if known)
Name of the collector.

If any doubt regarding the information to be included, check at the receiving facility. "Chain of custody" procedures must be followed including the securing of specimens with evidence tape if a criminal act is suspected.

2. Amputated or avulsed body parts must be handled in accordance with accepted medical policy. Large body parts must be placed in a large impermeable bag and treated as infectious material.
3. Large volumes of blood or body fluids (such as from suction machines) must not be flushed down a drain. After treatment with approved decontamination agents, the material must be disposed of in appropriate collecting containers as infectious waste according to policies and procedures of the receiving facility.
4. When body fluids are spilled on environmental surfaces, the material must be removed, put into an appropriate storage container, labeled as infectious waste, and disposed of according to policies and procedures of the receiving facility and in accordance with local, state, and federal guidelines.

Uniforms

1. When clothing worn while on duty becomes soiled with body fluids, it will be treated by removing as much visible material as possible. Dried contaminants should be brushed or scraped from the material (fingernails must not be used for

this). Clothing will then be cleaned with soap and cool water, followed by normal laundering procedures.

2. Clothing with large amounts of contaminants is to be changed as soon as is practical.
3. Employees are to keep a full change of clothing at their crew station. An employee needing to change clothes should contact the supervisor for permission to go out of service. Clothing is to be decontaminated in accordance with other provisions of this policy.

Other Waste

All waste generated by employees must be collected in impermeable bags, closed and disposed of at the receiving hospital according to the policies and procedures of that facility or following applicable local, state, and federal guidelines.

Exposure to Communicable Diseases

1. Employees exposed to communicable diseases must report to their supervisor and will be treated in accordance with Company protocols. Exposure includes needle sticks (dirty) and contact of body fluids with mucous membranes or open wounds. Exposed employees must complete a CDC approved exposure report form and give it to the field supervisor. Field supervisors will then give the form to the Safety/Risk Manager. Exposed employees must report immediately to _____ for treatment and then report to the field supervisors on their ability to return to work.
2. In addition to following Company exposure protocols, employees must report known exposures at the

receiving hospital in obtaining follow-up information on exposure.

3. The Company provides screening and immunization of employees. Employees are encouraged to receive all immunizations recommended by healthcare providers. These immunizations can be obtained from the employee's private healthcare provider or from _____.
4. All employees will be offered screening for Hepatitis B antibody and be offered appropriate immunization. This is a no-cost procedure for employees and is performed by _____. Immunization is also recommended for vaccine preventable diseases, including: measles, diphtheria, chicken pox and mumps.
5. Annual screening for TB exposure will be performed by _____ at no cost to the employee.

Company Responsibilities

1. This policy is currently in effect and is jointly reviewed by the risk manager and the quality assurance team semiannually or as technology changes. The risk manager and quality assurance team will incorporate these policies into their in-service continuing education training programs. In-service training for implementation of this policy is given for all employees directly or indirectly involved in patient care. New employees receive infection control training during orientation.
2. Enforcement of this policy is the responsibility of every employee, supervisor and manager. Violations of this policy will be reported immediately to the on-duty supervisor and risk manager.

3. Training is to be documented, and the training and education manager will maintain the records.

Immunization

The Company is mindful of the employee's right to privacy with respect to their personal health care and immunizations. Accordingly, all employees are recommended to report to their personal health-care provider to become immunized against the following:

- mumps, measles, and rubella
- diphtheria, tetanus
- polio
- hepatitis B
- screened for tuberculosis
- flu
- hepatitis A
- pneumonia

Health Maintenance Expectations

(Insert Your Company Name) is very concerned about the health maintenance of all employees. By encouraging employees to do everything they can to maintain good health, proper delivery of emergency services can be maintained. This includes having routine physical and eye examinations and immunizations. When field employees report for duty:

- They must not be fatigued
- They must not be under the influence of drugs or alcohol or suffering from a hangover
- They must have no physical, mental or emotional limitations that could interfere with their ability to perform their duties.

An employee not meeting any one of the above standards is given the opportunity to consult a physician and may be temporarily reassigned to other duties until the problem has been cleared.

Follow-up Procedures After Possible Exposure to HIV and Hepatitis

1. If an employee has a percutaneous (needle stick or cut), mucous membrane (splash to eye, nasal mucous, or mouth) exposure to body fluids or has a cutaneous exposure to blood when the worker's skin is chapped, abraded, or otherwise non intact, the company will make available HIV and Hepatitis testing. The employee must consent to be tested before the source patient is notified.
2. If patient consent is refused or if the source patient tests positive, the employee shall be evaluated clinically and by HIV antibody testing as soon as possible and is advised to report and seek medical evaluation of any acute febrile illness that occurs within 12 weeks after exposure. HIV seronegative workers shall be retested 6 weeks post exposure and on a periodic basis thereafter (12 weeks and 6 months after exposure).
3. Follow up procedures shall be taken for employees exposed or potentially exposed to Hepatitis. The type of procedure depends on the immunization status of worker (i.e., whether HBV vaccination has been received and antibody response is adequate) and the HBV serologic status of the source patient. The Company will follow the CDC Immunization Practices Advisory Committee recommendations regarding Hepatitis post-exposure prophylaxis.
4. If an employee refuses to submit to the procedures mentioned above when medically indicated, no adverse action will be taken on that ground alone since the procedures are designed for the benefit of the exposed employee.

Policy Regarding HIV Infected Health Care Workers

1. Health care workers with impaired immune systems resulting from HIV infection or other causes are at increased risk of acquiring or may experience serious complications of infectious disease. Of particular concern is the risk of severe infection following exposure to patients with infectious diseases that are easily transmitted if appropriate precautions are not taken (e.g., measles, varicella). Any employee with an impaired immune system will be counseled about the potential risk associated with taking care of patients with any transmissible infection and should continue to follow CDC recommendations for infection control to minimize risk of exposure to other infectious agents. Recommendations of the Immunization Practices Advisory Committee (ACEP) and Company policies concerning requirements for vaccinating health care workers with live-virus vaccines (e.g., measles, rubella) should also be considered.
2. The question of whether employees infected with HIV especially those who perform invasive procedures can adequately and safely be allowed to perform patient-care duties or whether their work assignments should be changed will be determined on an individual basis. The Company will make these decisions after consultation with the healthcare worker's personal physician(s).
3. Insert company specific requirements applicable to other communicable diseases.

Sample Policy

Policy Name: Bloodborne Pathogen/Infectious Disease

Policy Number:

Adopted Date:

Effective Date:

Review Date:

Due for Revision:

Revision Date:

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1.0 Purpose: To identify, protect and eliminate any exposure to employees from body fluids as a result of patient care.

2.0 Scope: All employees.

3.0 Requirements: Every employee will receive training on (Insert Your Company Name)'s Infectious Disease Program during orientation and annually thereafter. Each employee will practice Body Substance Isolation/ Universal Precautions when caring for patients, performing housekeeping duties and disinfecting equipment.

4.0 Policy: Avoiding exposure to Blood or Airborne pathogens is essential to the health and well being of each employee. To achieve this goal ALL employees will know, understand, and practice the guidelines established by the CDC (Center for Disease Control), the Medical Director and (Insert Your Company Name).

4.01 Areas that do or potentially can expose an employee to the body fluids of another will have barrier devices available for use.

4.02 After performing activities that could expose an employee to the body fluids of another, employees will wash their hands according to CDC guidelines and/or company training.

4.03 Any exposure to the fluids of another individual will be reported to the supervisor and Risk Manager. The supervisor will complete the Exposure Form and submit it to the Safety Manager. A determination will be made on the level of exposure and appropriate action will be taken.

4.04 The safety department will track all exposures for frequency and severity.

4.05 All clothes, linen, and bandaging material will be disposed of properly, according to (Insert Your Company Name)'s training, local, state, and CDC guidelines.

Chapter 7

Chemical Safety

Many of the materials used routinely by (Insert Your Company Name) are specifically explosive, corrosive, flammable, or toxic. Many chemicals are relatively non-hazardous by themselves but become dangerous when they interact with other substances, either in planned experiments or by accidental contact.

To avoid injury and or property damage, persons who handle chemicals in any area of the Company must understand the hazardous properties of the chemicals with which they will be working. Before using a specific chemical, site handling methods must always be reviewed. Supervisors are responsible for ensuring that the equipment needed to work safely with chemicals is provided. The cost of this equipment is borne by the Company.

HAZCOM Plan

On May 25, 1986 the Occupational Safety and Health Administration (OSHA) placed in effect the requirements of a new standard called Hazard Communication (29 CFR 1910.1200). This standard establishes requirements to ensure that chemical hazards in the work place are identified and that this information, along with information on protective measures, is transmitted to all affected employees.

(Insert Your Company Name) employees are informed of the potential chemical hazards in their work area so they can avoid exposures and safeguard their health. Components of this program include labeling, preparing a material safety data sheet (MSDS), and training.

With regard to MSDS, (Insert Your Company Name) has limited coverage under the OSHA Hazard Communication Standard. The Company is required to maintain only those sheets that are received with incoming shipments for the following reasons: the Company commonly uses small quantities of many different hazardous

materials for short periods of time; the hazards change, often unpredictably; many materials are of unknown composition and most workers are highly trained.

Responsibilities of Supervisors Management

Supervisors are responsible for establishing safe procedures and for ensuring that the protective equipment needed to work with the chemicals is available. Supervisors must instruct their workers about possible safety precautions, possible consequences of an accident, and procedures to follow if an accident does occur.

The supervisor is required to enforce the proper use of protective equipment and the established safety practices. It is the responsibility of employees and all who use (Insert Your Company Name) facilities to understand the properties of the chemicals with which they will work and to follow all precautions that apply to each specific task.

When faced with an unexpected threat of malfunction, injury, or damage, employees are expected to choose a course of action that provides the most protection to themselves and to others in the area. Every employee is expected to report to the supervisor any unsafe condition seen in the area that would not permit him/her to work safely. The supervisor will also:

- Identify hazards for respective work areas
- Ensure hazards are properly labeled
- Obtain/maintain copies of material safety data sheets, as required, of each hazardous material used in the work area and make them accessible to employees during each work shift
- Have the written Hazard Communication Program available to all employees
- Provide hazard-specific training for employees
- Identify hazardous materials in the hazard

review section of the (Insert Your Company Name) purchase requisition form.

Supervisors must instruct their personnel about the potential hazards involved in the work, proper safety precautions to follow, and emergency procedures to use if an accident should occur. To supplement the supervisor's training, the Safety/Risk Manager will conduct training courses and materials on selected topics. In addition, material safety data sheets and safety information, including hazards, health effects, potential routes of exposure, proper handling precautions, and emergency procedures on specific chemicals, are available through the Safety/Risk Manager's office.

The Safety/Risk Manager must - Assist employees and supervisors to work safely by providing information on the hazardous properties of materials, recommending methods for controlling the hazards of specific operations, and by monitoring the work environment. He/she should also:

- Develop a written Hazard Communication Program
- Maintain a central file of material safety data sheets
- Review and update (Insert Your Company Name) stock safety labels
- Provide generic training programs
- Assist supervisors in developing hazard specific training programs
- Oversee the Hazard Communication Standard written policy and implementation plans
- Alert on-site contractors to hazardous materials in work areas
- Alert on-site contractors that they must provide to their employee information on hazardous materials they bring to the work site.

Employees must

1. Attend safety training meetings.

2. Perform operations in safe manner.
3. Notify management immediately of any safety hazards or injuries.
4. When ordering materials, identify hazardous chemicals in the hazard review section of the (Insert Your Company Name) purchase requisition form.

The number of hazardous chemicals and the number of reactions between them are so large that prior knowledge of all potential hazards cannot be assumed. Therefore, when the chemical properties of a material are not fully known, it should be assumed hazardous and used in as small quantities as possible to minimize exposure and thus reduce the magnitude of unexpected events.

The following general safety precautions should be observed when working with chemicals:

- Keep the work area clean and orderly
- Use the necessary safety equipment
- Carefully label every container with the identity of its contents and appropriate hazard warnings
- Store incompatible chemicals in separate areas
- Substitute less toxic materials whenever possible
- Limit the volume of volatile or flammable material to the minimum needed for short operation periods
- Provide means of containing the material if equipment or containers should break or spill their contents
- Follow the requirements of this manual, if systems that can generate pressure or are operated under pressure are involved
- Provide a back-up method of shutting off power to a heat source if any hazard is involved
- Obtain and read the Material Safety Data Sheets.

Task Evaluation

Each task that requires the use of chemicals must be evaluated to determine the potential hazards associated with the work. This hazard evaluation must include the chemical or combination of chemicals that will be used in the work, as well as other materials that will be used near the work. If a malfunction during the operation has the potential to cause serious injury or property damage, an Operational Safety Procedure (OSP) must be prepared and followed. Operations must be planned to minimize the generation of hazardous wastes. Additionally, unused chemicals should be recycled.

Effects on Reproduction

Both men and women may be exposed to hazardous agents that can cause infertility or result in genetic damage that is passed on to offspring. These agents include ionizing radiation, alcohol, cigarette smoke, pharmaceuticals, and some of the thousands of different chemicals that are used in the home or workplace. Although many of these have been tested to determine whether they cause acute (immediate) effects on the body, few have been studied to see if they cause cancer (carcinogens), birth defects (teratogens), or genetic defects (mutagens). Even fewer have been studied to see if they can cause infertility, menstrual disorders, or other disorders relating to reproduction.

The primary path for hazardous substances to reach an unborn child is through the placenta. Scientists now believe that most chemical substances or drugs can cross this barrier with varying degrees of ease and enter the system of the developing fetus. Thus, many chemicals and drugs that enter a pregnant woman's body (through breathing, swallowing, absorption through the skin, etc.) will eventually enter the mother's blood circulation and find their way into the unborn child.

In general, the important questions of exactly how much of the total substance that enters the mother's body will reach the fetus or what concentration the fetus can tolerate without harmful effects are not yet answered.

The fetus may be most vulnerable in the early weeks of pregnancy, but it is also at risk later in pregnancy. In light of the potential harm of workplace exposures to both a pregnant woman and her developing fetus, it is very important and required by (Insert Your Company Name) policy for the woman to inform the Safety/Risk Manager of her pregnancy immediately.

Airborne Contaminants

Exposures by inhalation of airborne contaminants (gases, vapors, fumes, dusts, and mists) must not exceed the levels listed in the latest edition of Threshold Limit Values of Airborne Contaminants (TLV) published by the Conference of Governmental Industrial Hygienists. These TLV levels refer to airborne concentrations of substances and represent conditions under which it is believed that workers may be repeatedly exposed without adverse effect.

In all cases of potentially harmful exposure, feasible engineering or administrative controls must first be established. In cases where respiratory protective equipment, alone or with other control measures, is required to protect the employee, the Safety/Risk Manager, for each specific use must approve the protective equipment.

Safety Equipment

Eyewash fountains and safety showers should be located close to each other so that, if necessary, the eyes can be washed while the body is showered. Access to these facilities must always remain open. Report the accident to the Safety/Risk Manager immediately.

Labels

All containers (including glassware, safety cans, plastic squeeze bottles) must have labels that identify their chemical contents. Labels should also contain information on the hazards associated with the use of the chemical. Precautionary labels are available from (Insert Your Company Name) stock room for most of the common chemicals.

Chemical Storage

The separation of chemicals (solids or liquids) during storage is necessary to reduce the possibility of unwanted chemical reactions caused by accidental mixing. Explosives such as picric acid should be stored separately outdoors. Use either distance or barriers (e.g., trays) to isolate chemicals into the following groups:

- Flammable liquids (e.g., acetone, benzene, ethers, alcohols). Place in approved fire lockers
- Other liquids (e.g., chloroform, trichloroethane)
- Acids (e.g., nitric, sulfuric, hydrochloric, perchloric). * Treat acetic acid as a flammable liquid*
- Bases (e.g., sodium hydroxide, ammonium hydroxide)
- Lips, strips, or bars should be installed across the width of reagent shelves to restrain the chemicals.
- Chemicals must not be stored in the same refrigerator used for food storage. Refrigerators used for storing chemicals must be appropriately identified by placing a label on the door (labels may be obtained from Safety/Risk Manager).

Emergencies

In case of an emergency, consider any of the following actions if appropriate:

- Evacuate people from the area
- Isolate the area
- If the material is flammable, turn off ignition and heat sources
- Call for assistance
- Wear appropriate personal protective equipment
- Pour appropriate neutralizing agent on spill
- Clean up; place waste in plastic bag for disposal

- Chemical spill cleanup materials are available from stores
- Flammable solvent spill kit
- Flammable solvent absorbent
- Acid spill kit
- Acid spill absorbent
- Caustic (base) spill kit
- Caustic (base) absorbent
- Safety equipment kit (contains scoops, sponge, safety glasses, disposal bags, etc.)

Complete the Spill Incident Report Form and submit it to the Safety/Risk Manager within 24 hours. Any applicable reports to the Department of Environmental Protection should be completed in a timely manner.

Disposal of Chemicals

All (Insert Your Company Name) employees, participating guests, and visitors using hazardous chemicals are responsible for disposing of these chemicals safely.

Federal and state regulations mandate strict disposal procedures for chemicals. To comply with these regulations all persons using Company facilities must observe these procedures.

Remember:

Dilution is not the solution to pollution.

Routine Disposal of Chemicals

1. In general the disposal of hazardous chemicals to the sanitary sewer is not permitted. The Safety/Risk Manager will advise on the proper disposal of chemical wastes.
2. Incompatible chemicals must not be mixed in the same container (e.g., acids should not be mixed with bases; organic liquids should not be mixed with strong oxidizing agents).

3. Waste oils must be collected in 55 gallon drums. Disposal solids and explosive materials must be stored in separate containers.
4. The Safety/Risk Manager must approve the pickup and disposal of chemicals using the following requirements:
 - Chemicals must be separated into compatible groups. Leaking containers of any sort will not be accepted.
 - Dry materials (gloves, wipes, pipettes, etc.) must be securely contained in plastic bags and packed in a cardboard box. Packages that are wet or have sharp protruding objects will not be accepted for pick up.
 - Unknown chemicals will require special handling. The responsible department must make every effort to identify the material that is to be disposed. If all the user's attempts to identify the waste chemicals have failed, the Safety/Risk Manager will accept the waste and analyze the material. For more information call the Safety/Risk Manager.
 - Each breakable container must be properly boxed. Place all bottles in plastic bags, then place in a sturdy container and use absorbent cushioning material that is compatible with the chemicals.
 - Each primary container must be labeled with content, amount, physical state, and the percentage breakdown of a mixture.
 - Each box must have a complete list of contents or description written on an official Safety/Risk Manager hazardous materials packing list. Blank packing lists are available from the Safety/Risk Manager.
 - For safety purposes, boxes must be of a size and weight so that one person can handle them. Boxes that exceed 45 pounds or 18 inches on a

side cannot be safely handled by one person and will not be accepted for pick up.

General Chemical Housekeeping Rules

1. Maintain the smallest possible inventory of chemicals to meet your immediate needs.
2. Periodically review your stock of chemicals on hand.
3. Ensure that storage areas or equipment containing large quantities of chemicals, are secure from accidental spills.
4. Rinse emptied bottles that contain acids or inflammable solvents before disposal.
5. Recycle unused laboratory chemicals wherever possible.
6. DO NOT:
 - Place hazardous chemicals in salvage or garbage receptacles
 - Pour chemicals onto the ground
 - Dispose of chemicals through the storm drain system
 - Dispose of highly toxic, malodorous, or lachrymatory chemicals down sinks or sewer drains.

Insert instructions covering use, storage, and disposal of other chemicals maintained on-site.

Spill Control

Chemical handling increases the possibility of chemical spills. (Insert Your Company Name) requires all persons handling chemicals to use the utmost care. In the event that a chemical spill occurs, all persons will follow a strict plan on clean-up. This plan is not only for the safety of the employees/volunteers, but for the safety of the community and adherence to applicable local, state, and federal laws. A record of the incident will be made utilizing the Spill Incident Report Form.

SPILL INCIDENT REPORT

Date: _____ Time: _____

Location: _____

Type of substance: _____

Amount estimated to have spilled: _____

How did the spill occur? _____

Did any substance enter any storm or sanitary sewer drains? Yes No

If yes, explain: _____

Method used to cleanup and remove spilled substance: _____

Any additional information or recommendations concerning this incident:

Chapter 8

Office Safety

General

The office environment is an area, which requires more attention than previously devoted to this subject due to the increasing use of computer workstations. Many hazards may exist, such as damaged chairs, top heavy file cabinets, etc. Good office housekeeping should also be maintained. In addition to safety concerns, good housekeeping projects a positive image to visitors.

Responsibilities

Each employee is responsible for keeping his/her work area clean, orderly and in acceptable conditions at all times. In addition, the safety committee should appoint someone to be responsible for common areas, such as lounges, halls, and closets.

Equipment

Unsafe office furniture and equipment is a major cause of injuries in the workplace. The following company policies apply to the use and maintenance of office furnishings and equipment:

1. Computer workstations should be evaluated so that they are ergonomically correct for the user. Improper workstations should be corrected.
2. File cabinets should be anchored, weighted, or bolted together to prevent tipping.
3. Lateral file cabinets should be equipped with a functioning drawer interlock device. If such cabinets are stable with the top drawer extended, then anchoring

or weighting is not required. If lateral files contain more than two vertical drawers, then they should be secured in the same fashion as standard file cabinets. Never depend on the interlock device to close the open drawer, always shut the open drawer by hand before opening the other. This will prevent unnecessary stress on the device.

4. Bookcases and shelving, over four feet high should be anchored to prevent tipping. Judgment should be used to determine anchoring requirements on shorter bookcases and shelving.
5. Storage cabinets need to be anchored or weighted when needed. This can be determined by opening the doors to see if the cabinet becomes unstable.
6. Furniture and Office Equipment inspections should be completed per the guidelines in the Equipment Testing and Inspection Schedule section of this manual. Any damaged office furniture should be removed from service until repaired.

Safe Practices

In order to reduce the probability of accidents and injuries, all employees shall comply with the following safe work practices:

1. Avoid the temptation to use furniture as a platform to stand on. It is easy in the office environment to use a chair or desk to stand on to reach high places since a ladder or work platform is not usually readily available. Chairs are seldom level and in many cases

unstable. Desktops may be stable and level, but getting on and off presents a hazard.

2. Desk chairs with only four casters are hazardous. If you are using one of these chairs, do not prop both of your feet off the floor. Four caster chairs tip over easily.
3. Drawers not in use should be kept closed. Someone will inevitably forget it is open, get in a hurry and crash into it. Getting into a drawer several times in a hour does not constitute “in use” to justify leaving it open.
4. Only one file drawer should be open at a time. File cabinets should be filled from the bottom up, and the heaviest files should be located in the lower drawers. If an open drawer has a tendency to move either direction when left unattended, then the cabinet should be leveled or adjusted accordingly.
5. Paper cutters should be locked in the closed position when not in use. Staples should be removed with a staple remover, not with your fingers. Extremely sharp pointed scissors should be sheathed when not in use. (Most typical office use scissors do not require a sheath.)
6. The use of space heaters should be discouraged. In the event that the building heating system is not functioning properly, any space heater being used should be equipped with a “tip” switch intended to turn the heater off if it is tipped over.
7. Always walk, never run. Use handrails in stairways whenever possible. Never hurry up or down stairs.

Housekeeping

Common sense and pride are the guides to keeping this facility orderly, neat, and clean. However, certain housekeeping items can be hazardous. Hazardous housekeeping items

- Tripping hazards in passageways, such as, wastebaskets, boxes, electrical, and computer cords, etc.
- Fall hazards, such as, heavy objects stored on top of tall bookcases, cabinets, and shelving
- Combustible materials heaped in corners, under stairways, etc., can be a fire hazard
- Hanging objects suspended over passageways or where someone may sit
- Obstructions in front of fire extinguishers, electrical panels, and doorways
- Any hazards specific to your operation.

Work Area, General (1910.1)

Fire extinguishers must remain accessible at all times. Means of egress should be kept clear, well lit, and unlocked during work hours. Excessive combustibles (paper) may not be stored in work areas.

Aisles and hallways must kept clear at all times. Designated employees have been trained to respond to a fire or other emergency. Workplaces are to be kept free of debris, floor storage, and electrical cords to allow for easy access.

Adequate aisle space is to be maintained. File cabinet drawers should be opened one at a time and closed when work is finished.

Proper lifting techniques are to be used by employees to avoid overexertion and strain when carrying loads. No alcohol or any intoxicating substance may be consumed prior to or during work.

Sample Policy

Policy Name: Office Safety

Policy Number:

Adopted Date:

Effective Date:

Review Date:

Due for Revision:

Revision Date:

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- 1.0 Purpose: To ensure employees working in support capacities are aware of the hazards associated with conducting their job duties.
- 2.0 Scope: All administrative, supervisory, billing, computer and clerical staff.
- 3.0 Requirements: All employees will understand the hazards associated with their job duties. This education will occur, initially, at orientation and further reinforcement during the employee probationary period. All employees are encouraged to identify, eliminate or suggest improvements to their work area.
- 4.0 Policy: Each employee is responsible for keeping his/her work area clean, orderly, and in acceptable conditions at all times. In addition, the safety committee should appoint someone to be responsible for common areas, such as lounges, halls, and closets.
- 4.01 Unsafe office furniture and equipment is a major cause of injuries in the workplace. The following company policies apply to the use and maintenance of office furnishings and equipment.
- 4.01.1 Computer workstations should be evaluated so that they are ergonomically correct for the user. Improper workstations should be corrected.
- 4.01.2 File cabinets should be anchored, weighted, or bolted together to prevent tipping.
- 4.01.3 Avoid the temptation to use furniture as a platform to stand on.
- 4.01.4 Drawers not in use should be kept closed.
- 4.01.5 Only one file drawer should be open at a time.
- 4.01.6 Paper cutters should be locked in the closed position when not in use. Staples should be removed with a staple remover, not with your fingers. Extremely sharp pointed scissors should be sheathed when not in use.
- 4.01.7 Always walk, never run. Use handrails in stairways whenever possible. Never hurry up or down stairs.

Chapter 9

Emergency Vehicle Safety

*Dedicated to the preservation of human and material resources in the
Emergency Medical Services Industry.*

VFIS Auto Claims By Accident Type

Accident frequency by type

Intersections 41%
Rear end 15%
Lost control 6%
All others 38%

Accident severity by type

Intersections 60%
Rear end 10%
Lost control 24%
All others 6%

Ambulance Operator Safety

On September 13, 1899, Henry Bliss stepped from a curb in New York City and was hit by an electric horseless carriage. On September 14, he died and became the first traffic fatality in the United States. Since that time the use of motor vehicles has grown to the point that we now kill over 50,000 people annually with the automobile.

Operating an ambulance or any emergency vehicle creates its own set of risks. Not only do drivers have to contend with the normal risks of driving, but also with the risks that driving in an emergency environment can create. Effective management of these risks is the key to loss control.

The focus of driver loss control is aimed at achieving safe vehicle operation, thereby reducing or eliminating accidents. To accomplish this, operators must take steps to effectively manage the additional risk involved in emergency operations. The first step in this process is to develop and implement programs that foster:

- drivers who have been carefully selected and meet certain physical standards

- drivers whose attitudes reflect an understanding that there is a relationship between safe driving and quality patient care
- clearly defined accident reporting and investigation procedures
- drivers who receive regular driver training
- clearly communicated vehicle standard operating procedures that require drivers to follow set procedures in high risk driving situations
- vehicles that are well maintained and checked daily for safety and maintenance deficiencies

Driver Selection

Effective loss control begins with quality personnel who have been carefully selected and trained. Implementation of the recommendations in this section will assist you in hiring only the most qualified individuals to operate your vehicles. It provides guidance on pre-employment selection procedures, Motor Vehicle Record reviews, and determining physical qualifications.

Emergency Medical Services requires individuals who are physically fit and physically qualified for the daily demands of the job. Physical standards should be established in clearly written job descriptions. Hiring only individuals who meet those standards will enable you to:

- Reduce the potential for workers' compensation claims
- Reduce employee absenteeism
- Provide consistent quality health care.

Developing a comprehensive medical screening program is an essential step in the driving selection process. Establishing a relationship with a local clinic that specializes in industrial medicine or one that clearly understands your business will assist in this development. Standardizing your medical selection procedures and establishing a process will control rising workers' compensation costs and the organization will realize long term benefits.

The Department of Transportation (DOT) 49 CFR Chapter 3 sets standards for the selection of drivers in a number of industries. While the commercial ambulance industry is not required to adhere to these standards, they offer an excellent starting point for the development of company standards. Based on our experience, the DOT standards should be modified to include the following:

- **Age:** Drivers should be at least 21 years of age unless the individual has demonstrated three years driving experience with no accidents or violations. Experience and statistics have demonstrated that younger drivers are more frequently involved in vehicle mishaps.
- **Driving Record:** A Motor Vehicle Records (MVRs) review should be conducted for all new applicants and all current drivers. This should be done prior to hiring new employees and annually thereafter and after any at fault accidents that occur during operation of company vehicle.

• **Motor Vehicle Record Review Standards:**

1. No driver has incurred a Class A violation during the past three years.
 2. No driver has incurred more than two Class B violations or more than two chargeable accidents during the past three years, or a combination of one Class B violation and one chargeable accident during the past three years. (See Appendix A for definitions of Class A and Class B violations)
- Any driver who fails to meet these requirements should be utilized in a non driving capacity until such time as their driving record meets the minimum requirements. In addition, before being reinstated as a vehicle driver, he or she must complete an approved emergency vehicle driver training course and be re certified to operate an emergency vehicle.
 - Drivers should undergo and pass an initial physical examination and an annual medical evaluation thereafter.

Accountability

(Insert Your Company Name) is committed to reducing the causes of incidences involving company vehicles. Part of the philosophy is based on individual responsibility. The Emergency Operators Program will hold each person accountable for situations involving the operations of company owned equipment. This does not infer that operators are at fault for incidences, but will be asked to help determine where improvements can be made. For example, in the event of a backing accident, the driver and spotter should be held accountable. This approach will increase teamwork and cause crew members to monitor the performance of one another.

Another example of a program that will increase peer pressure is the Emergency Vehicle Operator Collision Pool. The Emergency Vehicle Operator Collision Pool (EVOCP) is a plan which was developed to help spread the "risk" of the collision

deductible among all emergency vehicle operators. It is hoped that by asking fellow operators to help pay for another operator's accident, employee (peer) pressure will heighten safe driving awareness among the operators of emergency vehicles. See Appendix H for a description and explanation of the EVOCP.

Training is also effective in shaping attitudes. Driver training programs must be developed to address the issue of attitudes in addition to training effective driving skills. All training programs should reinforce the established standards and safe driving procedures should be discussed frequently. Avoid driving programs that emphasize "pursuit" type driving skills. Additionally, safe driving should be made part of the employee appraisal process.

Authorization to Operate an Emergency Vehicle

To be authorized to operate one of the company's emergency vehicles, each operator must:

- Have completed the company's driver training program
- Be properly trained and qualified on each type vehicle operated
- Have received training and demonstrated proficiency on performing shift inspection reports and vehicle check out procedures
- Possess and carry a valid Driver's License issued by the state of residence
- Possess and carry a valid Ambulance Driver Certificate issued by this state (if applicable)
- Have read and demonstrated understanding of the provisions of the state Ambulance Driver's Handbook (if applicable)
- Have the approval of management to operate an emergency vehicle.

Elements of a Successful Accident Reduction Program

Implementation of a driver training program is an effective way of reducing risk and controlling losses. (Insert Your Company Name) driver training program includes provisions for both initial training and annual refresher training. Training is included in the new employee orientation. After completion of an initial and refresher training program, the employee must be able to demonstrate knowledge and proficiency in the following areas:

- State laws pertaining to emergency vehicle driving
- Intersection procedures
- Backing procedures
- "Due Regard" response
- Following distances
- Passing/lane changes
- Identification of potential hazards ahead
- Maximum response speeds
- Use of lights and siren
- What constitutes a "True Emergency Response"
- Physical forces

An acceptable driver training program for new personnel must include ambulance familiarization, which creates a thorough understanding of:

- Vehicle instruments and controls
- Stopping distances
- Turning radii
- Agility of vehicle
- Space the vehicle requires on the road
- Non-emergency driving experience
- Perception necessary to track vehicle relationship to other objects
- The vehicle's individual handling characteristics

- The opportunity for the trainee to observe competent drivers' attitudes and behavior in emergency driving situations sufficient for the trainee to understand the service's expectations for driving under emergency conditions. Scheduled "Ride Along" will be an integral part of any approved driver training course.
- Driving experience, under competent supervision, involving transportation of victims under non-emergency conditions sufficient to demonstrate ability of driver to operate vehicle under those conditions.
- Driving experience under competent supervision involving transportation of victims under emergency conditions sufficient to demonstrate ability of driver to operate the vehicle under those conditions.
- Demonstration of knowledge and understanding of company Emergency Vehicle Standard Operating Procedures.

Driver Training

Driver training is one of the most effective means of controlling accidents and losses in an Emergency Service Organization. Initial driver training is mandatory before any new personnel are allowed to operate emergency vehicles. Refresher training should also be included in your program in order that personnel receive on going training and information concerning the risks involved in operating an emergency vehicle.

Annual refresher training should be conducted for all personnel. Refresher training reinforces those principles taught in driver training for new hires and should consist of at least four (4) hours of classroom and five (5) hours of actual driving instruction each year. The five hours of actual driving instruction should include three (3) hours of hands-on driving on an obstacle course; and two (2) hours of driver observations using the Driver Observation Report (included). Refresher training

may be conducted during either scheduled driving instruction periods or while on shift. A company designated driving instructor will deliver refresher training. Refresher training should be documented in the individual's personnel file. Ongoing monthly motivation sessions should be held with emergency vehicle operators. These sessions should include discussion of the following topics:

- Intersection safety
- Passing safety
- Avoidance of collision with vehicle ahead
- Response speeds
- Parking safety
- Seat belt policy
- Backing safety
- Poor weather driving
- Alcohol and drug policies

Emergency Vehicle Standard Operating Procedures

Clear standards for the operation of an emergency vehicle are crucial to reducing risk and vehicle accidents. Written standards, important as they are, are useless if they are not clearly communicated to employees and used to hold employees accountable for their actions. This section provides guidance on developing standards for some of the highest risk areas that drivers will encounter.

Law Of Due Regard

State vehicle codes provide that privileges granted to emergency vehicles do not relieve the driver from the duty to drive with due regard for the safety of all persons using the highway, nor protect them from the consequences of arbitrarily exercising of this privilege. Even when exempt from the specified traffic codes, a driver can be held legally and/or civilly liable if involved in an accident where property damage, injuries, or a fatality occur. Specifically, the Law of Due Regard states:

Sufficient notice of the ambulance's approach must be given to allow other motorists and pedestrians to yield the right of way. Failure to give notice until a collision is inevitable generally does not satisfy the principle of "due regard".

All drivers will be aware of their responsibilities under the Law of Due Regard.

True Emergency

(Insert Your Company Name) has developed a policy that defines when ambulances should respond with Red Lights and Siren while en route to a "true emergency" or a medical facility. A "True Emergency" as defined by Black's Legal Dictionary is:

A condition in which there is a high probability of death or serious injury to an individual, and action by an Emergency Vehicle operator may reduce the seriousness of the situation.

Emergency Response

Emergency response means the functions involved in responding to a request for an ambulance to transport or assist persons in apparent need of medical attention. Emergency response, although related to apparent sudden need, does not always require the use of Red Lights and Siren.

Red Lights and Siren Operations (RLS)

RLS is justified only when initially responding to a true emergency call or when speed in obtaining emergency medical care appears essential to save a life, prevent undue suffering, or to reduce or prevent disability. RLS transportation of a stabilized patient is seldom necessary and often undesirable. A RLS response is defined as an emergency response requiring the use of both red warning lights and sirens.

Use of Lights and Siren

During a RLS response, you should never assume that the use of the siren and red lights will clear the way through traffic, nor even that a motorist in the vicinity will hear you. Sirens are not effective in urban areas or in their ability to alert drivers approaching head-on or traveling on converging roads. You are asking for the right-of-way; it is not automatically given to you.

Use Of Seat Belts

The use of seat belts saves lives and can minimize injuries sustained in a vehicle accident. It is the policy of (Insert Your Company Name) that drivers and ALL patient care providers, patients and/or passengers use seatbelts or are otherwise restrained while the vehicle is in operation.



Backing Policy

General considerations

- ALWAYS use a spotter if available!
- If you can avoid backing, don't back up! When parking, position your vehicle so that you will not be required to back up when leaving
- Do not start to back up when you're unsure of the area
- Do not put the unit into reverse gear before coming to a complete stop
- Roll the window down completely

- Make visual and verbal contact with your spotter.

No spotter available

- Reconsider backing up. Is it really necessary?
- Make a reasonable attempt to get someone to act as a spotter
- If a spotter cannot be obtained, get out of the vehicle and walk around the unit completely and survey the backing area. Before proceeding to back the unit, be sure to check the overhead clearance
- If both crewmembers are present, but the patient requires constant care, the operator can proceed with backing the unit only if the above procedures are followed. If possible, the person attending the patient should look out the rear window and clear the unit during backing.

Operator Responsibilities

- Use a spotter if possible!
- Bring unit to a complete stop
- Roll window down completely
- Make verbal contact with the spotter. If you cannot hear the spotter, do not back up!
- A spotter is in place eight to ten feet to the left rear of the unit
- Be able to see the spotter in left rear view mirror. If you cannot see your spotter, do not back up!
- Driver and spotter must establish and maintain continuous eye-to-eye contact in the left rearview mirror at all times
- Operators and spotters must have a thorough knowledge of the hand signals to be used. The Appendix section of this manual contains recommended hand signals.
- Follow the hand signals of the spotter.

Do not begin to back up until signaled to do so.

Spotter Responsibilities

- Get out of the unit and survey the right side and rear area for obstacles that would damage the unit. Remember to check overhead clearance
- Place yourself eight to ten feet to the left rear of the unit
- Make sure the operator can see and hear you
- Be familiar with hand signals before allowing backing maneuvers to begin
- Maintain eye contact with operator at all times through the left rear view mirror and direct the driver using approved hand signals.

Safe Following Distance Policy

Rear-end collisions are preventable accidents. Anytime your vehicle rear-ends another vehicle, it is assumed that the driver of the ambulance is solely responsible for the accident. There are a number of principles, which will be implemented in order to avoid this type of vehicle accident.

Control Measures

Control measures are frequently used to check and ensure that drivers are operating company vehicles within established standards. (Insert Your Company Name) periodically monitors drivers under actual operational conditions. "Ride-Along," field observations, and feedback from customers will be used to identify drivers who require additional training. Other control measures may include the installation of monitoring equipment in the vehicle. These electronic devices will monitor the forces that are placed on the vehicle under actual driving conditions.

Vehicle Maintenance Program

Properly maintained vehicles are critical to providing quality health care. A vehicle that breaks down enroute to an emergency call causes

a ripple in the system that may have serious legal consequences. Companies who elect to implement a comprehensive Preventive Maintenance Program provides guidance that includes recommended vehicle maintenance schedules. Additionally, a format for Vehicle Inspection and Scheduled Maintenance to be performed by the ambulance crew will be followed.

(Insert Your Company Name) uses a comprehensive maintenance program that addresses Demand, Crisis, and Scheduled Maintenance. Together these combine to provide a program that:

- Assures minimum upkeep costs
- Ensures maximum reliability and equipment longevity
- Recognizes that vehicle failures can be life threatening



Components of the Program

- Daily checks
- Weekly checks
- Monthly checks
- Scheduled Inspections “Heavy Use”

Daily Checks - Adequate maintenance begins with the ambulance crew. An effective system of Before Operation checks ensures that problems are detected at the earliest possible time and that crews are familiar with the condition of the equipment they are operating. As a minimum, individuals will be trained during orientation on how to satisfactorily complete the Daily

Emergency Vehicle Inspection checklist on the vehicles they will be operating. Defects that are noted are to be communicated in written form to management or the appropriate person in charge of maintenance. Defects that compromise vehicle safety should be communicated in written form to management immediately. Crews should perform the following checks at the beginning of each shift:

- Ensure that the vehicle is clean
- Ensure that the vehicle is stocked in accordance with company requirements
- Ensure vehicle is safe and ready for operation

Weekly Checks - A person will be designated to inspect all company vehicles on a weekly basis. The Weekly Forms Checklist will be utilized for this purpose. A record of all inspections will be kept with the chief maintenance person or engineer designated for this task. The weekly inspection will include those systems that need routine monitoring.

Monthly Maintenance - The maintenance department will conduct a monthly inspection on all of the systems deemed essential for continued safe operation of the vehicle. The monthly inspection will include all critical parts of the vehicle. The purpose is to identify wear and tear, factors that could affect comfort, handling, and patient or crew safety.

Scheduled Maintenance - The inspections and maintenance will be based upon the manufacturer’s recommendation for “Heavy Use.”

Emergency Maintenance Situations

Crisis Maintenance - Critical Unscheduled Repair involves a disabling mechanical failure to an ambulance while it is responding to a call or transporting a patient. Responding to this type of failure takes priority over everything else with the exception of handling a life threatening call. Maintenance or Repair needed after a vehicle

breakdown that prevents the vehicle from being utilized. Crisis Maintenance should be conducted by qualified mechanics. Crisis Maintenance includes:

- Flat tires
- Engine problems
- Transmission problems
- Broken frame
- Accident repair

Minor Repairs - Minor Unscheduled Repair is evidenced by a mechanical problem on a vehicle that does not interfere with its safe operation. This might include a door lock that sticks, a broken radio knob, loose interior screw, cracked light lenses, etc. If the problem is identified before the vehicle is dispatched, a mechanic should be informed and repairs made if possible. If the problem is identified in the field, or the maintenance staff is unable to repair it at the time of notification, then the problem may be scheduled for repair at a later time. Minor repairs should be made as soon as possible.

Demand Maintenance -The Maintenance or Repair conducted after checks or inspections have been completed and problems are discovered. These problems would not necessarily justify taking the apparatus out of service. Included in Demand Maintenance are such tasks as:

- Changing light bulbs
- Adding fluids
- Adding air to tires
- Replacing tires
- Replacing brakes

Problem Reporting Feedback Loop - By encouraging communication between ambulance crews and maintenance personnel, valuable information regarding the maintenance and safety status of company vehicles can be tracked. To encourage communication between ambulance crews and the maintenance staff, the following system will be utilized:

- Crews should document maintenance discrepancies using the forms found in the Appendix and forward copies to their immediate supervisor and maintenance department.
- The maintenance status of each vehicle should be prominently displayed where crew members can see it.
- Vehicle status boards should be checked and updated by a supervisor daily.
- Supervisors should ensure that a repair order is prepared on any vehicle that requires unscheduled maintenance.
- Repair order forms should be readily available to all ambulance crew members.

Problem Pattern and Cost Analysis

- To refine and standardize the maintenance program, whenever possible, have the same crew assigned to the same unit. This will help identify patterns in component life and individual driver characteristics. An effective fleet maintenance program will provide the detailed information required to:

- Develop historical data on maintenance requirements by type component, vehicle, and operator
- Develop historical data on actual maintenance costs
- Identify crew members who contribute to the long life of the emergency vehicle and use them to encourage similar behavior in other crew members
- Identify crew members whose driving habits contribute to reduced component life and unscheduled maintenance costs
- Determine maintenance trends
- Determine the size and scope of the company's replacement parts inventory.

Accidents - Accidents don't happen by accident! The real tragedy of accidents comes when we fail to learn anything from the mishap and

consequently fail to implement actions that will eliminate the cause. Effective accident reporting and investigation procedures will ensure that each accident becomes a learning experience. Additionally, it will enhance the ability to gather information that will be required by the insurance carrier. Finally, it will assist you in determining accident trends.

Vehicle Standard Operating Procedures:

Clear standards for the operation of an emergency vehicle are crucial to reducing risk and vehicle accidents. Written standards, important as they are, are useless if they are not clearly communicated to employees and used to hold employees accountable for their actions. This section provides guidance on developing standards for some of the highest risk areas that drivers will encounter.

Accident Investigation

On the occasion of every accident that befalls you, remember to turn to yourself and inquire what power you have to turn it to use. Epictetus, 60-120 AD

Every accident, including a minor injury accident and a near miss accident, offers a potential lesson to be learned. The unreported accident is automatically a lesson that has gone unlearned. When injury accidents are not reported, their causes usually go uncorrected. Thus the accident can recur perhaps causing a serious injury or fatality. All accidents must be investigated to determine the cause of the accident and to ensure that actions to prevent recurrence are implemented.

The purpose of an accident investigation is to determine facts and prevent recurrence, not to find fault or assess blame. The investigator collects information on how and why the accident occurred, analyzes the information to determine the cause(s) of the accident, and develops recommendations to

prevent the situation from recurring. (Insert Your Company Name) investigates accidents not to determine individual fault, that is kept separate from the accident investigation, but to understand the consequences of the incident. Failure to keep them separate may:

- Cause employees to view your safety effort as a punitive program
- Cause the safety manager (or accident investigator) to be seen as someone who is sided with management against individual employees
- Create a climate of fear among employees
- Diminish the ability to prevent recurrence by reducing the quality of information and evidence collected following a mishap.



A formal accident investigation is conducted for all fatalities, serious or potentially serious injuries, and significant equipment damage accidents. The Serious Incident Investigation Review is conducted when an accident results in a fatality or critical injury. The following guidelines describe the types of accidents that should be formally investigated:

- An accident/mishap resulting in personal injury or death to any party
- Any accident/mishap which may

involve violation of a company policy, procedure or regulation

- Any accident or mishap involving the care or handling of a patient
- Any accident or mishap which involves a vehicle not owned by the company and has the potential for a serious claim. Serious claims can result from any injury.

Accident investigations are designed to ensure a safe workplace. The objectives of accident investigations are:

- Provide a safe and healthful work environment for every employee
- Identify all accident causes and develop corrective actions to eliminate those causes
- Implement all recommendations in a timely manner to prevent accident recurrence
- Develop safety awareness so that potential unsafe acts and conditions are identified and actions taken to prevent an accident

Pre-Planning - The objective of any accident prevention program is to reduce the likelihood and severity of accidents and minimize the consequences as a result of the accident. The pre-planning phase of accident investigation is designed to assist in preparing the employees for an accident.

Training that should be conducted in the pre-planning phase include:

- Ensure employees know how to complete the accident report forms
- Ensure the Driver's Reporting Packet and Accident Scene Instructions are readily available and placed in each vehicle. See Appendix for Accident Scene Instructions and Driver's Reporting Packet

- Develop a strategy to use for discussions with an investigator. This includes preparing employees to use the Accident Scene Checklist
- Ensure employees know what to do if they are involved in an accident. Written procedures outline how accidents are reported to the dispatcher and to the insurance agent
- Ensure that procedures outlining whom, from management, will be required to respond to an accident. Different levels of management may be called upon to respond depending on the severity of the accident. The shift supervisor and Safety/Risk manager should respond to all accidents.

Accident Reporting Procedures - Each vehicle should be provided with an accident reporting packet. Drivers should immediately contact the dispatcher and communicate essential information contained in the accident report form carried on each vehicle. Each packet contains instructions for use, pencil, Accident Report Form, and witness cards.

Drivers will receive initial and annual training on accident reporting and demonstrate the ability to describe the procedures, actions, and information to be taken in the following circumstances:

- Collisions involving the organization owned or leased vehicles
- Collisions with any object or person by vehicles being used on organization business, regardless of ownership
- Any damage which occurs to any company vehicle, whether moving or parked, while operated by an employee
- Involvement in any accident when damage claims might be made, despite the company vehicle not having made contact with other objects or vehicles
- Minimum information that should be gathered at the scene by the driver

includes names, addresses, driver's license numbers, car license numbers, and insurance information of all others involved, including witnesses

- Mishaps involving patients such as patient drops, toppled gurney, patient care procedural errors, etc.

Discoverability of Evidence - Evidence that is deemed discoverable refers to that evidence which may be subpoenaed and admitted into a court of law during civil or criminal proceedings. Generally, any information and evidence that is developed during an accident investigation is discoverable, unless its development was directed by your attorney and is being maintained by him or her as "Attorney's Work Product" This should not deter the company from conducting a thorough investigation. A thorough investigation is imperative to determine the facts of the accident and prevent recurrence. As part of the Pre-Planning process, consult with your attorney about methods used to protect the admissibility of information and evidence that is developed during an accident investigation.

The Investigation Process

This section describes a series of steps that investigators must take to ensure the needed information is collected and analyzed to develop recommended corrective actions to prevent recurrence of the accident. Although the sequence of events may vary depending on the severity of the accident and the conditions at the accident scene, an investigator should know and follow the entire investigative process.

An accident investigation is conducted in four or five phases depending on the nature of the accident and the severity or potential severity of the injury or equipment damage. This section describes the steps an investigator follows to collect appropriate data to analyze the cause of the accident, both unsafe conditions and human factors, and develop recommendations to prevent recurrence. The investigator needs to ensure that

all phases of the investigation are completed to achieve the primary purpose of an investigation, that is, to prevent recurrence.

Investigation Phase Objectives

Phase I: Control the scene of the accident. The investigator's initial concern is to ensure the injured are cared for and the scene of the accident is secured to prevent further accidents and to preserve evidence.

Phase II: Collect and analyze information. During this stage, the investigator collects information through observations and interviews. The investigator collects all the information needed to analyze and determine the cause of the accident. Only when the appropriate type of information is collected can the investigator logically determine the cause of the accident.

Phase III: Complete the accident report. A complete and accurate Accident Report is crucial to the investigation process. The report is used to document the conditions and events related to the accident. The report must accurately and clearly describe the events related to the accident, the causes of the accident, and recommended corrective actions to prevent recurrence. The Accident Report is used to inform all appropriate employees, through orientations and educational sessions, of lessons learned and to serve as a record to help analyze long-term trends in accidents.

Phase IV: Conduct a formal investigation, if needed. A formal accident investigation is conducted for all fatalities, serious or potentially serious injuries, and significant equipment damage accidents. The formal investigation is conducted as a meeting with the investigator, high level management representatives, union representation (if applicable), and the employee(s) involved to ensure that the investigation was conducted completely and that the causes and recommended corrective actions will prevent recurrence.

Phase V: Follow up on corrective actions. The investigation process cannot be completed until actions have been implemented to correct the conditions or human factors that contributed to the accident. A system for monitoring implementation of the corrective actions is necessary to ensure that the accident conditions can be prevented in the future.

Investigation Phases Detailed

Phase I - *Control the scene of the accident.* This phase of the investigation includes ensuring that the injured receives prompt and appropriate medical attention and controlling the hazardous conditions associated with the accident to prevent further accidents and preserve evidence. If interviews are not possible at this time, the investigator should obtain the names of the injured. Witness cards are included in the Driver's Accident Reporting Packet (see Appendix) and should be completed for each witness.

Accidents should be investigated as soon as practical after their occurrence. The sooner the investigation begins, the more likely the investigator will be able to collect the necessary information. Depending on the nature of the accident and the conditions of the scene, the personnel involved should take the following steps at the accident scene:

- Take control at the scene and control access
- Ensure first aid
- Control potential secondary accidents
- Preserve evidence from alteration or removal.

Phase II - *Collect and analyze information.* During this phase, the investigator collects information through observations, photographs, and interviews. This phase is conducted at the

scene of the accident as well as in other areas. The investigator collects all the information needed to analyze and determine the cause of the accident. Only when the appropriate types of information are collected can the investigator logically determine the cause of the accident. The investigator will also determine loss potential.

Observation - Observation is a key tool an investigator uses to collect information and evidence. The main purposes are to ensure that the conditions at the accident scene are observed and documented and to collect evidence related to the condition for analysis to determine the cause of the accident. To accomplish these purposes, the investigator needs to:

- Identify evidence to, note weather and road conditions, take pictures, and draw a diagram of the position of the vehicles and any objects that may have been involved
- Collect operating logs, charts, or records
- Note identification numbers on equipment
- Sign and date photos, include dimensions on diagrams.

Photography - A picture is worth a thousand words. Photographing the accident scene assists the investigator in preserving evidence that would otherwise be lost. In order to accomplish this it is essential that certain equipment be available to the investigator. The following recommended minimum equipment is needed to begin the investigation at the scene:

- Camera: 35mm, or digital with capability of placing the date on each picture as it is taken. Also, consider equipping each vehicle with a disposable model that can be used until an investigator arrives on the scene

- Accident/Loss Investigation Report| Forms
- Pencil/pen and paper
- Tape measure
- Hand-held tape recorder
- Chalk
- Consider videotaping equipment.

In photographing the accident scene you should:

- Start by constructing a diagram of the scene. This is a working tool for you to use at a later date. It will assist you in reconstructing the accident scene using witness's statements and photographs. At a minimum the accident diagram should include:
 - Magnetic north orientation
 - Position of each vehicle prior to and after impact
 - Intersections, signs, lights, traffic signals, etc.
 - Witness locations
 - Sun location
 - Environmental factors: Water, ice, fog, etc.
 - Location of personnel in emergency vehicle and other affected vehicles.

Begin Taking Pictures

- Overshoot and under print - Take as many pictures as possible because once the accident scene has been cleared, you will lose evidence. You can decide later what to print
- Record the content (write it down) of each photo as the picture is taken. A brief description of what you are shooting will be important later
- Be systematic about your picture taking. Take your pictures in the following steps:
 - * Overall view. Photograph the entire accident scene

- * Key reference points. Photograph permanent markers (street signs, etc.) so they show the relationship to the accident
- * Close circle view. Photograph 50 feet from the scene and focus on position of vehicles, skid marks, debris, etc.
- * Detailed view. Close-up photographs of personnel, vehicles,
- * Photograph direction of travel for all vehicles involved at the time of the accident.

Interviews - When investigating an accident, witness reports are often the most important tool an investigator has. This section addresses witness categories and interview techniques.

Witness Categories

Eye Witnesses: Persons who actually saw the accident/mishap or saw anything relevant to the subject matter of the investigation.

Expert Witnesses: Technically qualified persons who may be called upon to give their opinions upon any technical question arising out of the accident/mishap.

Other Witnesses: Persons who have knowledge of facts that are relevant to the accident or the investigation.

Interview Techniques - An investigator's main technique for collecting information is the interview. The investigator needs to use effective interviewing skills to ensure complete and accurate information is collected. An investigator should be aware that a person involved in an accident or near miss can be in an emotionally distressed state and view the accident investigator as someone seeking to place blame for the accident. The effective use of interviewing skills can help establish the cooperative attitude needed to ensure the information collected is complete and accurate.

The quantity and quality of information collected during the interview are often directly related to the investigator's ability to conduct an effective interview. The purpose of the interview is to determine the events surrounding the accident and what happened.

Interviews should be conducted as soon as possible after the accident and at the scene of the accident. Delays in conducting the interview can affect the quality and quantity of information collected. However, an injured person should never be interviewed if the interview will delay medical treatment or if the injured person is too distressed to provide accurate information. The investigator, with the permission of the interviewee, should tape the interview.

An interview should be conducted using the following sequence:

- State the purpose of the investigation
- Ask for a description of events and ask follow up questions
- Verify comprehension
- Discuss recommendations to prevent recurrence
- End the interview on a positive note

Emergency Vehicle Operator Interview Steps

1. State the purpose of the investigation. The investigator establishes cooperation by stating that the purpose of the investigation is to determine how the accident occurred and how to prevent recurrence; not to place blame. The objective is to have the interviewee at ease in order to gather the information needed to complete the investigation.
2. Ask for a description of events and ask follow-up questions. This phase of the interview should focus on the questioning and listening skills of the investigator. The types of questions asked during an interview influence the environment of the interview and the

amount and type of information received. The four basic types of questions are open, closed, probing, and leading or loaded.

- Open-ended questions. Ask for general information and allow the interviewee to structure the response. Open questions provide information that the investigator uses to ask other types of questions. This type of question does not create a defensive attitude because the interviewee controls the response. An example is, "Would you tell me how the accident happened?"
- Closed-Ended questions are designed to limit the responses available to the interviewee. Closed questions allow the investigator to ask many questions in a short time and are best for following up on a response to an open question. This type of question is appropriate when limited or specific information is required. An example is "Do you believe you were speeding?"

If not used properly, however, the rapid fire questioning sequence can make the interviewee feel like he/she is on a witness stand. If the investigator uses closed questions inappropriately, the interviewee will have a tendency to become defensive and resentful.

- Probing questions are used to clarify information or gain additional information. Probing questions are always based on the information given by the interviewee, usually in response to an open question. Probing questions are useful because they focus the interviewee's response to specific information. They can be used to clarify a response or an inconsistency. An example is, "How do you know you visually checked behind your vehicle before backing up?"
- Leading and loaded questions have a hidden agenda and usually ask the interviewee to agree with a position

already held by the investigator. An example is, “Don’t you agree that the driving training you received was adequate?”

The investigator should start with an “open-ended question” such as, “Can you tell me what happened” to get the interviewee to respond. The interviewee should not be interrupted until the answer to an “open-ended” question is completed. Then the investigator can use “closed-ended questions” that require a short answer to gain additional information. For example, ‘Was ice on the highway?’ could be asked to clarify a point made during the answer to the “open-ended question.” Closed and probing questions are appropriate for asking follow-up questions to gain needed information. The series of “open” or “closed-ended questions” is determined by the flow of information in the interview.

During the interview the investigator should be aware of nonverbal clues given by the interviewee. For example, if the interviewee displays facial expressions that indicate a lack of cooperation, the investigator can state the purpose of the investigation again. The investigator should never have to defend the purpose of the investigation. The investigator needs to maintain an objective, professional manner to ensure that the interview achieves the intended results.

3. Verify comprehension. The investigator should ensure that the information being provided by the interviewee is understood. Active listening techniques include paraphrasing and summarizing. After asking a question, the investigator evaluates the information and attitude of the interviewee. An investigator’s verbal and nonverbal reactions indicate active listening. When interviewees feel the investigator is not listening, they reduce the amount of information given and can become less cooperative.

- Paraphrasing is used when the investigator states his or her comprehension of the interviewee’s response. Paraphrasing should be used when the investigator feels the interviewee has made a statement that clearly needs to be understood by both parties. An example is “If I understand you correctly, you were wearing your safety belt?”

Notice that paraphrasing can also lead to another line of questioning. If the interviewee answers “right” or “that is correct,” the paraphrase serves as a closed question. If the investigator’s understanding was not correct, the paraphrase serves as an open or probing question; thus, the interviewee needs to provide additional information.

- Summarizing is used at the end of each topic and at the end of the interview. The difference between summarizing and paraphrasing is that summarizing covers all the key points related to a specific topic or the entire interview. An example is, “let’s go over the events that led to the accident.” This technique is especially useful when a great deal of information is covered during an interview because it serves as a comprehension check for both parties.

4. Discuss recommendations to prevent recurrence. Ask the interviewee if there are actions that could be taken to prevent the accident from recurring. Often the person involved in the accident will have an immediate recommendation as to how it could be prevented.
5. End the interview on a positive note. Thank the interviewee for cooperating in the investigation and remind him or her to contact the investigator if any additional information is remembered.

PHASE III - Complete the Accident Report. After gathering all the information from various sources, the investigator completes the Accident Report. An Accident Report should be completed for:

- All accidents involving personal injury.
- Near miss accidents.
- Property or equipment damage accidents.
- Mishaps involving patients.

Accidents Reports should follow the format developed and provided by your insurance carrier or one approved by the company. All employees who operate company vehicles should receive initial and refresher training on the proper completion of an accident report.

Conduct A Formal Investigation

A formal investigation is conducted for all serious injury accidents, near miss accidents with high potential for injury or significant equipment damage. The formal investigation is a group effort to identify causes and develop recommendations to prevent recurrence. The group will consist of a supervisor, representative of senior management, safety manager, the injured, witnesses, union representative, etc.

The group reviews the accident event as reported by the investigator and seeks to establish the specific causes of the accident. This process may take the form of reviewing the Accident Report developed by the investigator as well as reviewing applicable documents such as company rules and regulations, Standard Operating Procedures, etc.

Follow-up on Corrective Actions

For those conditions that could not be corrected on the spot by the investigator, a system for follow up on the implementation of the corrective actions is needed to ensure the accident does not recur. Depending on the nature of the recommended corrective action, different levels of employees

and management are involved in ensuring that the actions are implemented.

Generally, the Safety/Risk Manager, supervisors, or designated representative of senior management are responsible for ensuring the actions are implemented. For example, senior management would be responsible for ensuring that the recommended change in process or equipment is implemented, while a supervisor may be responsible for ensuring that employees know and understand the correct procedures.

Serious Incident Investigation Review

The Serious Incident Investigation Review is conducted after the investigation of an accident that resulted in a fatality, serious injury, significant damage to equipment, patient handling accident, or any mishap that could result in legal action or major insurance claims. This review is conducted to ensure that:

- A thorough investigation has been conducted.
- Any violations of policy have been identified and recorded.
- Appropriate action to prevent recurrence has been developed and recorded.

A review team consists of:

- Management personnel, as directed by the president/CEO/Chief.
- Supervisor of area where mishap occurred.
- Safety/Risk Manager.
- Union representative, if applicable.

The company president/CEO/Chief will be responsible for the Serious Incident Investigation Review. The Safety/Risk Manager or the supervisor of the area in which the accident occurred chairs the review process. Each member of the review team critiques the Accident Report

and the investigation process. A typical process is as follows:

Two days before the review meeting, the safety manager or supervisor provides attendees with a copy of the Accident Report. The Accident Report must contain all the details relating to the events of the accident, including testimony of witnesses.

During the meeting, the safety manager or supervisor:

- Explains the accident in detail, covering all items in the same sequence as recorded on the Accident Report. Photographs, sketches, models, or other visual aids should be available.
- Defines the rationale for identifying direct or indirect human factor causes.
- Defines the rationale for identifying direct and indirect unsafe conditions.
- Explains, in detail, the actions to prevent recurrence.
- Identifies those responsible for initiating actions to prevent recurrence.
- Reviews the date for completion of actions to prevent recurrence.
- During the review, the team members question and comment on any part of the report or the investigation. If appropriate, the Accident Report is revised to reflect changes resulting from the review. Three final copies are submitted to the president/CEO/Chief within two working days after the review.

Managing the Accident Investigation Program

Management is responsible for ensuring that accident investigations are conducted completely and documented correctly. Recommended practices to include as part of the system are:

- Provide overall direction and guidance to the program.

- Ensure that accident reports are timely and completed correctly.
- Ensure that record keeping functions are performed correctly.
- Participate in accident investigations and serious incident investigation reviews.
- Periodically audit the status of the accident investigation program.

Accident Report Process Flow

Steps in this process are:

- Parties involved in the accident, under the direction of a supervisor, complete a preliminary accident report by the end of the shift.
- Supervisor forwards preliminary accident report to Safety/Risk Manager or designee of senior management by the end of the shift.
- Safety/Risk Manager or designee of senior management delivers preliminary accident report to records clerk.
- Records clerk makes copies of preliminary accident report for president, Safety/Risk Manager, supervisor, and records clerk.
- Safety/Risk Manager and supervisor review preliminary accident report for completeness and revise where necessary. If needed, the supervisor and safety manager will discuss the accident with the injured or witnesses. If a serious injury accident or an accident with high potential for serious injury occurred, a formal investigation is conducted at this point.
- Supervisor and Safety/Risk Manager prepares final preliminary accident report for typing by records clerk.

- After final preliminary accident report is typed, the supervisor Safety/Risk Manager, and the individual involved in the mishap review and approve.
- Final Accident Report is completed within seven working days and is distributed by the record clerk.

Accident Report Status

To ensure accident reports are completed as required the company should maintain an Accident Report Status Log to monitor the timely completion of accident reports and follow up on corrective actions. The status log should include:

- Date of accident.
- Description of accident.
- Date accident report received.
- Date investigation completed.
- Recommended measures to prevent recurrence.
- Date measures implemented and name of responsible individual(s).
- Date accident file closed.

Record Keeping

The following records should be used to document the accident and maintained on file indefinitely. They may be required to support future legal or insurance claims.

- Accident Report Status Log
- Accident Report

Definitions

Accident - any unplanned event that occurs that results in injury or property damage.

Board of Directors - a group of individuals responsible for developing the direction of an organization, monitoring successes and providing guidance for the achievement of the goals.

Corporate Safety Specialist - person assigned to identify and monitor all safety activities of an organization.

Due Regard - what a reasonably careful person performing similar duties and under similar circumstances would act in a manner that is consistently safe.

Employee/ Associate/ Volunteer - any individual, whether paid or not, who gives up their time to participate in an activity.

EMS - Emergency Medical Services (for profit, non-profit, volunteer, hospital based, municipal)

Guideline - a verbal or written statement that establishes a preferred method for accomplishing a goal.

Incident - any situation that requires reporting, documentation and/or investigation. Could involve property, an employee, patient or visitor.

Lachrymatory - tear producing irritant.

Lost-time Accident - any injury or illness that requires an employee to be unable to work their next scheduled shift.

Loss Control - any activity that identifies, controls or minimizes financial losses to an organization after an event occurs.

Leader (fire chief, administrative director, operations chief)

Malodorous - ill smelling

MTS - Medical Transport Service

OSHA - Occupational Safety and Health Agency

Peril - any activity or event that does or potentially could cause a loss.

Production - any activity that, when performed, enhances or furthers the interest of the organization for which the activity is performed.

Policy - a verbal or written statement that establishes the position of an organization.

Procedure- a verbal or written statement that establishes a definite method for accomplishing a goal. May be based on a legal concept.

Risk Management - any activity that identifies, controls and prevents financial losses to an organization.

Supervisor - a person responsible for the activities and associates on a daily basis.

SOP/SOG - Standard Operating Procedures (legal)
Standard Operating Guidelines (procedural)

Tool Box Safety Meeting - a meeting held by supervisor to discuss daily activities, assignments and/or organizational news and events. A good time to review safety issues and concerns.

Toxic - a chemical or substance causing ill affects to the body.

True Emergency - a situation in which there is a high probability of death or serious injury to an individual.

Overview and Summary of Loss Control for Emergency Medical Services

- Effective loss control can reduce operating costs
- Accidents affect:
 - Your financial success
 - Service to your customers
 - Leadership and employee morale
 - Equipment serviceability

Risk

- There is risk in everything we do
- No unnecessary risk should be tolerated
- There is Major risk in ambulance operations

Cost of Accidents

- Direct Costs - Reimbursed by insurance
 - Medical and compensation costs
- Hidden Costs - Paid by you
 - At least equal to total cost of accidents
 - May be 4 - 6 times greater than direct costs

Hidden Costs

- Lost Time
- Loss of earning power
- Earning costs
- Loss of efficiency
- Overtime costs
- Loss of public confidence
- Equipment damage
- Clerical time

Paying the Hidden Costs

- Money comes directly from company checkbook
- Money no longer available for:
 - New equipment
 - Retained earnings
 - Payroll
 - Company expansion

Computing the Hidden Cost of Accidents

- Equal at least to the direct cost of the accident
 - May be as much as 4-6 times the direct cost of the accident
 - All accidents require a company to generate additional income to compensate for the hidden costs
 - Additional Company Income Required To Recover the Cost of an Accident

Accident and Insurance Costs

- Accident experience is considered when developing premiums
- Experience rating formula
- Insurance company reserve accounts
- More accidents mean insurance companies must maintain greater reserve accounts
- Higher premiums are the result

Liability Claims

- Medical malpractice claims
 - Quality in-service programs
 - Increased supervision
 - Quality Assurance programs
 - Individual attention to detail
- Patient transfer claims
 - Properly maintained equipment
 - Trained employees

How Accidents Affect Quality Patient Care

- Mission accomplishment
- Public confidence
- Negative press
- Contracts

Evidence of Leadership Effectiveness

- Adequate loss control program
- Adequate safety standards
- Individuals who perform to standard
- Knowledgeable supervisors

Management Techniques to Control Losses

- Clearly defined on loss control
- Clearly defined standards for supervisors
- Evaluate individual performance

Developing A Safety Management Program

- Develop a written safety program that:
 - Demonstrates your commitment and sets the tone for safety
 - Provides single source document that outlines your operating standards
 - Provides foundation for safety education program

Safety Program Elements

- Loss prevention policy statement
- Safety coordinator
- General rules that meet OSHA guidelines
- Safety training
- Safety motivation program
- Safety committees
- Regular safety meetings

Morale and Loss Control

- Accidents reduce employee morale
- Low morale causes distractions
- Low morale reduces productivity
- Low morale may lead to more accidents

Equipment Serviceable

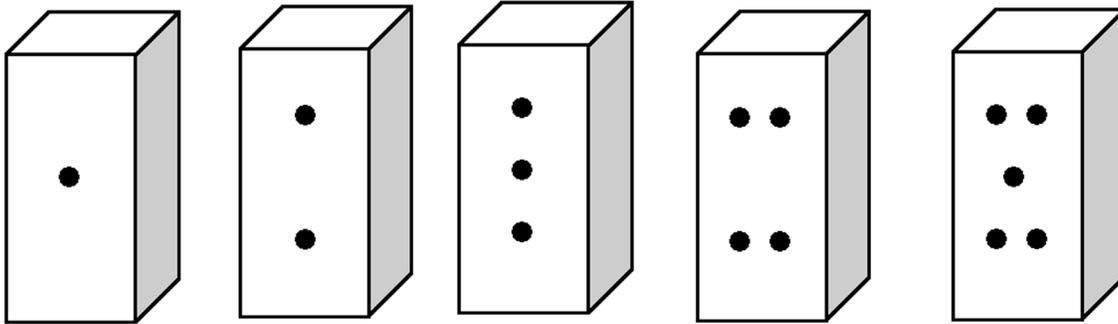
- Quality of maintenance is indicator of your commitment to quality care
- Poor maintenance contributes to risk
 - Maintain equipment in accordance with manufacturer's recommendations
 - Inspect equipment regularly
 - Remove defective equipment from service

Department Programs and Activities that require representation from the Safety Professional

- Membership selection Employee hiring
- Rules and regulations
- SOP development
- Emergency Planning
- Security
- Inspection Procedures
- Maintenance Programs
- Accident Investigation
- Loss Control Analysis
- Communications
- Budget and Finance
- Leadership training
- Personnel training
- Vehicle selection
- Building and grounds upkeep/ renovations

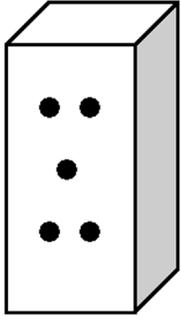
Appendix A

The Domino Theory is a valuable tool for use in identifying hazards so that effective countermeasures, or actions designed to counter the effect of the hazards, can be developed and implemented.



<u>Domino 1</u>	<u>Domino 2</u>	<u>Domino 3</u>	<u>Domino 4</u>	<u>Domino 5</u>
Management Dysfunction	Basic Cause	Immediate Cause	Energy Transfer	Accident Result
Planning Organizing Directing Controlling Staffing	System	Individual	Mechanical Chemical Thermal Radiation Electrical	Injury Damage

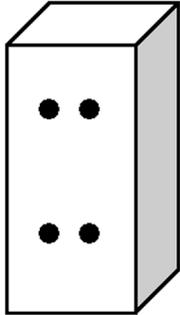
Dominos 4 and 5 are concerned with the accident result and the transfer of energy that caused the injury or damage. The major focus should be on Dominos 1-3. In this way we can pro-actively identify actual or potential hazards that can be reduced or eliminated to prevent the mishap from ever occurring.



DOMINO 5: Domino 5 refers to the major loss. This is what you are left with after an accident.

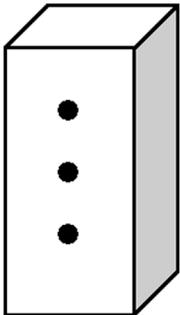
Injury to personnel, crews, bystanders, etc.

Damage to your equipment and that of others.



DOMINO 4: the transfer of energy beyond the threshold limits causes Damage and injury. Common forms of energy transfer include:

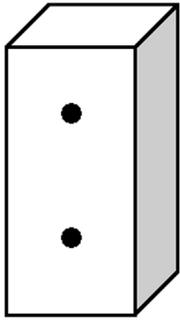
- Mechanical
- Radiant
- Chemical
- Thermal
- Electrical



DOMINO 3: Domino 3 refers to the immediate causes or symptoms. These are usually the obvious things and generally attributable to individuals and the actions they take or the conditions within which they operate. Domino 3 comprises many of the classic human errors.

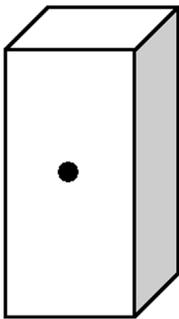
These include substandard practices or sub-standardized conditions. Significant Domino 3 human errors include:

- Failed to follow instructions.
- Blundered ahead without knowing how to do the job.
- Bypassed or ignored a rule, regulation, or procedure to save time.
- Failed to use protective equipment.
- Didn't think ahead to possible consequences.
- Used the wrong equipment to do the job.
- Used equipment that needed repair or replacement.
- Didn't look.
- Didn't listen.
- Didn't recognize physical limitations.
- Failed to use safeguards or other protective devices.
- Didn't pay attention.



DOMINO 2: Domino 2 refers to the basic causes of incidents. Sometimes these causes are referred to as root causes or indirect causes. Basic causes are frequently classified into two categories: Personal Factors and Job Factors. The basic causes referred to as Personal Factors explain why people engage in substandard practices. Similarly, the basic causes referred to as Job Factors explain why substandard conditions are created or exist. These hazards usually affect many people in the organization. They may include for example:

- Incomplete training for employees in proper patient transfers
- Serviceability of equipment issued to emergency crews
- Management pressure to complete calls as quickly as possible. (production)
- Absence of formal vehicle operator training



DOMINO 1: Domino 1 refers to lack of control or leadership dysfunction. In this context, control refers to one of the following five classical functions of management.

Planning: Defining organizational goals, strategies for achieving those goals, developing a hierarchy to integrate and coordinate activities

Organizing: Determining the structure, outlining the tasks, who will do them, how they are grouped, who reports to whom, where decisions are made. Directing: Motivating subordinates, directing activities, selecting modes of communication, conflict resolution, directing change.

Controlling: Assuring things are going as they should, comparing actual performance with previously set goals and objectives. If deviations exist, taking action to correct them. Controlling also includes routine evaluations, such as safety audits.

The Domino Theory provides a structured process for understanding the cause of accidents. In addition, it furnishes a framework for implementation of measures developed to counter the actual or potential effects of hazards associated with EMS operations. It is a process that should be used by Safety/Risk Managers and other management personnel to assist in hazard identification and management. Not only does it explain the cause of accidents, more importantly it provides a means of correcting those things that are likely to cause an accident.

Appendix B

Daily Emergency Vehicle Inspection Checklist

DAILY EMERGENCY VEHICLE INSPECTION CHECKLIST

Name:				Date:		
Vehicle Identification		Location:		Time:		
Area of Inspection	Item	SER	UNS	Item	SER	UNS
Walk Around	Head Lights	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Lights	<input type="checkbox"/>	<input type="checkbox"/>
	Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>	Flood Lights	<input type="checkbox"/>	<input type="checkbox"/>
	Running Lights	<input type="checkbox"/>	<input type="checkbox"/>	Body Condition	<input type="checkbox"/>	<input type="checkbox"/>
	Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	Wheels	<input type="checkbox"/>	<input type="checkbox"/>
	Flasher	<input type="checkbox"/>	<input type="checkbox"/>	Windshield	<input type="checkbox"/>	<input type="checkbox"/>
	Tire Condition	<input type="checkbox"/>	<input type="checkbox"/>	Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>
	Tire Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Doors (Front and Rear)	<input type="checkbox"/>	<input type="checkbox"/>
Inside Vehicle	Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>
	Seat Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	Communications	<input type="checkbox"/>	<input type="checkbox"/>
	Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	Siren/Audibles/Horn	<input type="checkbox"/>	<input type="checkbox"/>
	Outside Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	PA System	<input type="checkbox"/>	<input type="checkbox"/>
	Interior Lights	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>
	Windshield Wiper	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>
	Inner Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	Accident Report Pack	<input type="checkbox"/>	<input type="checkbox"/>
	Registration	<input type="checkbox"/>	<input type="checkbox"/>	Insurance Cards	<input type="checkbox"/>	<input type="checkbox"/>
Under Hood	Hoses	<input type="checkbox"/>	<input type="checkbox"/>	Oil Level	<input type="checkbox"/>	<input type="checkbox"/>
	Radiator (CK Cold)	<input type="checkbox"/>	<input type="checkbox"/>	Steering Fluid	<input type="checkbox"/>	<input type="checkbox"/>
	Windshield Washer	<input type="checkbox"/>	<input type="checkbox"/>	Brake Fluid	<input type="checkbox"/>	<input type="checkbox"/>
	Battery	<input type="checkbox"/>	<input type="checkbox"/>	Transmission Fluid	<input type="checkbox"/>	<input type="checkbox"/>
	Belts	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Runup Checks	Head Lights	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Quantity	<input type="checkbox"/>	<input type="checkbox"/>
	Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>	Alternator Check	<input type="checkbox"/>	<input type="checkbox"/>
	Running Lights	<input type="checkbox"/>	<input type="checkbox"/>	Temperature	<input type="checkbox"/>	<input type="checkbox"/>
	Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	Oil Pressure	<input type="checkbox"/>	<input type="checkbox"/>
	Flasher	<input type="checkbox"/>	<input type="checkbox"/>	Brake Action	<input type="checkbox"/>	<input type="checkbox"/>
	Tires	<input type="checkbox"/>	<input type="checkbox"/>	Front Heater/Air	<input type="checkbox"/>	<input type="checkbox"/>
	Doors	<input type="checkbox"/>	<input type="checkbox"/>	Rear Heater/Air	<input type="checkbox"/>	<input type="checkbox"/>
Dynamic Vehicle Inspection	Steering	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>
	Unusual Noises	<input type="checkbox"/>	<input type="checkbox"/>	Suspension	<input type="checkbox"/>	<input type="checkbox"/>

SER = Serviceable
 UNS = Unserviceable

Appendix C

Vehicle Preventive Maintenance Schedule

VEHICLE PREVENTATIVE MAINTENANCE SCHEDULE

Date: _____ Mechanic: _____

Location: _____

Unit No.: _____ Current Mileage: _____

Miles to Next Maintenance Due: _____

Service	Mileage Interval			
	2500	5000	10,000	20,000

Service	2500	5000	10,000	20,000
Oil & Lubricants				
Change Oil and Oil Filters	XX			
<i>Lubricate the following:</i>				
All Chassis Fittings	XX			
King Pins	XX			
Universal Joints	XX			
Ball Joints	XX			
<i>Inspect the Following:</i>				
Front and Rear Suspension	XX			
<i>Check the following:</i>				
Brake Fluid Level	XX			
Power Steering Fluid Level	XX			
Transmission Fluid Level	XX			
Differential Fluid Level	XX			
<i>Replace the following:</i>				
Engine Air Filters			XX	
Fuel Filter			XX	
P.V.C. Filter			XX	
Differential Fluid				XX
Re-Pack Wheel Bearings			XX	
Transmission				
<i>Change the following:</i>				
Transmission Fluid			XX	
Transmission Filter			XX	
<i>Inspect the following:</i>				
Leaking around Pan	XX			
Linkage	XX			
Down Shifting	XX			

Service	Mileage Interval			
	2500	5000	10,000	20,000

Electrical System							
<i>Check the following:</i>							
Battery Water Level per Cell	xx						
Battery Gravity Level per Cell	xx						
Dual Battery Switching System			xx				
Battery Isolator System					xx		
Distributor Cap and Rotor					xx		
Spark Plug Wiring System					xx		
Battery and Starter Voltage Draw							xx
DC to AC Power Inverter			xx				
Alternator Out Put	xx						
<i>Replace the following:</i>							
Battery and Starter Cables							xx
Spark Plugs							xx
Check all Battery Cables	xx						
Diesel Engines							
Change Oil Filter	xx						
Add Fuel Treatment	xx						
Check Water Separator	xx						
Check Tension on Alternator Belts	xx						
Fuel System							
<i>Inspect the following:</i>							
Filter Caps (Must be Original Equipment)	xx						
Fuel Lines	xx						
Fuel Leaks Around:	xx						
Carburetor	xx						
Filter Cap Area	xx						
Fuel Tanks	xx						
Fuel in the Air Cleaner	xx						
Fuel Lines in Engine Compartment	xx						
Air Condition/Heating							
<i>Turn System on for 10 minutes. Change the following:</i>							
Coolant System and Hoses	xx						
Operating Temperatures	xx						
Coolant Fluid Level	xx				xx		
Freon Level					xx		
Radiator Thermostat							xx
<i>Inspect the following:</i>							
All Parts of A/C System			xx				
Radiator Cap			xx				
Radiator for Leaks			xx				

Service	Mileage Interval			
	2500	5000	10,000	20,000

All Hoses and Lines	XX						
Replace all Coolant Hoses and Lines							XX
Fall							
Flush Cooling System							
Replace Coolant Fluid							
Brake System							
<i>Inspect the following:</i>							
Brake Pads and Linings	XX						
Rotors and Drums	XX						
Wheel Cylinders	XX						
Brake Lines	XX						
Flexible Brake Hoses	XX						
Parking Brake System	XX						
Master Cylinder	XX						
Wheel Bearings					XX		
<i>Check the following:</i>							
Power Brake System			XX				
Braking System Fluid Levels	XX						
Brake Pedal for Left Foot Braking	XX						
Brake Pedal Pad Wear	XX						
Re-Pack all Wheel Bearings							
During Brake Jobs							
Emission Control System:							
<i>Inspect the following:</i>							
Canisters for Damage	XX						
Fuel Return Lines:							
From Carburetor to Canisters	XX						
From Fuel Tanks to Canisters	XX						
Pump Drive	XX						
Steering System							
<i>Inspect the following:</i>							
Power Steering Unit	XX						
Belts and Adjustments	XX						
Steering Gear Box			XX				
Play in Steering Wheel	XX						
Steering Linkage					XX		
Nuts and Cotter Pines					XX		
Wheel Alignment					XX		
Align the Front End							XX
Suspension System							
<i>Inspect the following:</i>							
Front and Rear Shocks					XX		

Mileage Interval

Service	2500	5000	10,000	20,000
---------	------	------	--------	--------

A-Frames				XX		
Spring Systems				XX		
Rear Spring Clamps				XX		
Motor Mounts				XX		
Tires						
<i>Inspect the following:</i>						
Tread Wear	XX					
Tire Damage	XX					
Inflation Level	XX					
Curb Rubbing Damage	XX					
Wheel Studs and Nuts	XX					
Wheel Damage	XX					
Broken Wheel Welds	XX					
Spare Tire	XX					
Engine						
<i>Inspect the following:</i>						
Condition and Tension of All Belts	XX					
Carburetor and Adjustment		XX				
Choke and Adjustment		XX				
Automatic Idle Advance System		XX				
Emission E.G.R. Valve			XX			
Emission Vacuum Lines			XX			
Water Pump			XX			
Alternator and Out Put		XX				
Starter Cables			XX			
All Bolts		XX				
Fluids Leaks and Damage	XX					
<i>Adjust the following:</i>						
Engine R.P.M.		XX				
Engine Timing		XX				
Exhaust System						
<i>Inspect the following:</i>						
Total Systems for Leaks				XX		
Patient Compartment for Fumes				XX		
Heat Shield between Muffler and Fuel Tanks	XX					
Outside Body						
<i>Inspect the following:</i>						
Mirrors	XX					

Service	Mileage Interval			
	2500	5000	10,000	20,000

Outside Body	xx					
Windshield and Windows	xx					
<i>Check the following:</i>						
Window Wipers	xx					
Wiper Blades				xx		
Condition of Paint and Wax				xx		
Adjustment of all Doors and Compartments			xx			
<i>Inspect and Lubricate</i>						
Body Mechanisms			xx			
Weather Stripping				xx		
Latches				xx		
Door Positioners				xx		
Hood Latch				xx		
Hood Springs				xx		
Spare Tire Door				xx		
Inside Body						
<i>Inspect the following:</i>						
All Cabinets and Doors				xx		
Adjust and Tighten Screws				xx		
Upholstery				xx		
Floor Mats				xx		
Patient Compartment				xx		
Lighting Systems				xx		
Operator/Driver Compartment			xx			
Patient Compartment			xx			
Patient Handling Equipment						
<i>Inspect, Clean, and Lube:</i>						
Main Stretcher	xx					
Folding Stretchers	xx					
Stair Stretcher	xx					
Chair-Cot Stretcher	xx					
Scoop Stretcher	xx					
Back Boards	xx					
Stretcher Securing System	xx					
Note: After all steam cleaning or high pressure cleaning of any patient handling equipment, lubricate with the manufacturer's recommended lubricants. See manufacturer's service manual or contact dealer service department direct for correct lubricants and service methods.						
Safety Systems						
<i>Inspect the following:</i>						
Back-Up Alarm	xx					

Mileage Interval

Service	2500	5000	10,000	20,000
---------	------	------	--------	--------

Outside Body	XX					
Windshield and Windows	XX					
<i>Check the following:</i>						
Window Wipers	XX					
Wiper Blades				XX		
Condition of Paint and Wax				XX		
Adjustment of all Doors and Compartments			XX			
<i>Inspect and Lubricate</i>						
Body Mechanisms			XX			
Weather Stripping				XX		
Latches				XX		
Door Positioners				XX		
Hood Latch				XX		
Hood Springs				XX		
Spare Tire Door				XX		
Inside Body						
<i>Inspect the following:</i>						
All Cabinets and Doors				XX		
Adjust and Tighten Screws				XX		
Upholstery				XX		
Floor Mats				XX		
Patient Compartment				XX		
Lighting Systems				XX		
Operator/Driver Compartment			XX			
Patient Compartment			XX			
Patient Handling Equipment						
<i>Inspect, Clean, and Lube:</i>						
Main Stretcher	XX					
Folding Stretchers	XX					
Stair Stretcher	XX					
Chair-Cot Stretcher	XX					
Scoop Stretcher	XX					
Back Boards	XX					
Stretcher Securing System	XX					
Note: After all steam cleaning or high pressure cleaning of any patient handling equipment, lubricate with the manufacturer's recommended lubricants. See manufacturer's service manual or contact dealer service department direct for correct lubricants and service methods.						
Safety Systems						
<i>Inspect the following:</i>						
Back-Up Alarm	XX					

Driver Observation Report

Driver Name: _____ Date of Observation: _____

Observer: _____ Length of Observation: _____

I. Emergency Driving

A. Lights and Sirens used correctly Yes No

B. Speed: Yes No

(1) According to posted limit Yes No

(2) Reduced due to: Yes No

Intersection Yes No

Congested highways/roads Yes No

Schools/residential areas Yes No

Weather conditions Yes No

Passing civilian vehicles Yes No

C. Transversing Intersections

(1) Lights/sirens used correctly Yes No

(2) Correct Lane Yes No

(3) Complete stop before entering intersection Yes No

(4) Stop before each lane of intersection Yes No

D. Following Distances

(1) "Four" second rule followed Yes No

(2) Proper use of lights/sirens Yes No

E. Lane Changes

(1) Use left lane Yes No

(2) Lane change, turn signal (five clicks) Yes No

(3) Accelerate into lane changes Yes No

(4) Correct use of oncoming lane Yes No

F. Backing

(1) Is it necessary? Yes No

(2) Spotter used Yes No

(3) If no spotter, driver got out and looked Yes No

G. Parking

(1) Emergency lights on Yes No

(2) Doors closed Yes No

(3) Nose out Yes No

(4) Close to patient Yes No

H. Seat Belts

(1) In use Yes No

I. Patient Secured During Transfer

Yes

No

J. Other Comments:

II. Non-Emergency Driving

A. Speed

(1) According to posted limit

Yes

No

B. Following Distance

(1) "Four" second rule followed

Yes

No

(2) Distance to next vehicle when completely stopped

Yes

No

C. Lane Changes

(1) Signal Correctly

Yes

No

(2) Use of Mirrors

Yes

No

(3) Pause before change (blind spot)

Yes

No

D. Backing

(1) Is it necessary?

Yes

No

(2) Spotter used

Yes

No

(3) If no spotter, driver got out and looked

Yes

No

E. Parking

(1) According to state law

Yes

No

(2) Proper clearance

Yes

No

(3) Vehicle secured

Yes

No

F. Seat Belts

(1) In use

Yes

No

G. Patient Secured During Transfer

Yes

No

H. Other Comments

Recommendations for deficiencies:

Driver Observation Reviewed with Emergency Vehicle Operator

Operator: _____ Date: _____

Observer: _____ Date: _____

Appendix F

VFIS Drivers' Accident Reporting Packet Contents

<p>Damage: NOTE CAREFULLY _____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">#C DAMAGE TO PROPERTY OF OTHERS</p> <p>Owner _____ Phone _____</p> <p>Address _____</p> <p>_____ State Lic. _____</p> <p>Make of Car _____ Year _____</p> <p>Driver _____ Phone _____</p> <p>Address _____</p> <p>Chauffeur or Driver's License No. _____</p> <p>Is other car insured? _____ Name of Co. _____</p> <p>_____</p> <p>Damage: NOTE CAREFULLY _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">DETAILS OF ACCIDENT</p> <p>Date _____ Time _____</p> <p>Place of Accident (name streets) _____</p> <p>_____</p> <p>Road surface and condition _____</p> <p>Weather conditions _____</p> <p>_____</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 50%;">Our Car</th> <th style="width: 50%;">Other Car</th> </tr> </thead> <tbody> <tr> <td>Going Which Direction</td> <td></td> <td></td> </tr> <tr> <td>Speed (Miles per Hour)</td> <td></td> <td></td> </tr> <tr> <td>Which Side of Street</td> <td></td> <td></td> </tr> <tr> <td>Distance From Curb</td> <td></td> <td></td> </tr> <tr> <td>Signals (Horn or Hand)</td> <td></td> <td></td> </tr> </tbody> </table> <p>Indicate point of collision and briefly describe what happened: _____</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> </div> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		Our Car	Other Car	Going Which Direction			Speed (Miles per Hour)			Which Side of Street			Distance From Curb			Signals (Horn or Hand)			<p>(Additional Remarks cont'd.):</p> <p>_____</p> <p style="text-align: center;">Signature _____</p>																								
	Our Car	Other Car																																										
Going Which Direction																																												
Speed (Miles per Hour)																																												
Which Side of Street																																												
Distance From Curb																																												
Signals (Horn or Hand)																																												
<p style="text-align: center;">POINT OF IMPACT</p> <p style="text-align: center;">CHECK (X) FOR EACH</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">A</th> <th style="width: 10%;">B</th> <th style="width: 10%;">C</th> <th style="width: 10%;"></th> <th style="width: 10%;">A</th> <th style="width: 10%;">B</th> <th style="width: 10%;">C</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">(YOUR VEHICLE)</td> <td></td> <td></td> <td style="text-align: center;">Front</td> <td style="text-align: center;">(YOUR VEHICLE)</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Lt. Side</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Rt. Front</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Rear</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Lt. Front</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Rt. Rear</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Rt. Side</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Lt. Rear</td> </tr> </tbody> </table>	A	B	C		A	B	C	(YOUR VEHICLE)			Front	(YOUR VEHICLE)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Lt. Side	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rt. Front	<input type="checkbox"/>	<input type="checkbox"/>	Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lt. Front	<input type="checkbox"/>	<input type="checkbox"/>	Rt. Rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rt. Side	<input type="checkbox"/>	<input type="checkbox"/>	Lt. Rear		
A	B	C		A	B	C																																						
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lt. Front	<input type="checkbox"/>	<input type="checkbox"/>	Rt. Rear																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rt. Side	<input type="checkbox"/>	<input type="checkbox"/>	Lt. Rear																																						

WITNESSES

- 1. Name _____
Address _____
_____ Phone _____
Where was witness? _____
- 2. Name _____
Address _____
_____ Phone _____
Where was witness? _____
- 3. Name _____
Address _____
_____ Phone _____
Where was witness? _____

PERSONS INJURED

- 1. Name _____ Age _____
Address _____
_____ Phone _____
Nature of injuries _____
Where was injured person taken? _____
- 2. Name _____ Age _____
Address _____
_____ Phone _____
Nature of injuries _____
Where was injured person taken? _____
- 3. Name _____ Age _____
Address _____
_____ Phone _____
Nature of injuries _____
Where was injured person taken? _____



Agri-Business
Insurance Agency
Foundry Insurance Agency, Inc.
Geesey, Glatfelter
& Zarfoss Agency, Inc.
Municipal Service Agency
Robert S. Maxam, Inc.
VFIS

183 Leader Heights Road
P.O. Box 2726
York, Pennsylvania 17405
(717) 741-0911
Toll Free (800) 233-1957

A06:002 Rev. 4/95

ACCIDENT REPORT

Keep this form in the glove compartment of your car.
In case of an accident fill in an available information
right at the scene.

#A

DAMAGE TO YOUR VEHICLE

Name of Insured _____
Make of Car _____
Motor No. _____
Driver's Name _____
Address _____

Home Phone _____ Work Phone _____
Damage _____

Police Report? Yes No

Name of Police Dept. _____

If witness or witnesses are in another car and refuse to give their names, write down the license number.

License No. _____ License No. _____

#B

DAMAGE TO PROPERTY OF OTHERS

Owner _____ Phone _____
Address _____
_____ State Lic. _____
Make of Car _____ Year _____
Driver _____ Phone _____
Address _____

Chauffeur or Driver's License No. _____
Is other car insured? _____ Name of Co. _____

DRIVER'S ACCIDENT REPORTING PACKET

Contains:

Accident Report
Witness Cards
Pencil

WHEN AN ACCIDENT HAPPENS, STOP:

1. Aid the injured.
2. Notify Central Dispatch and advise of injuries. Central Dispatch should (a) notify police, (b) notify our headquarters, (c) notify medical aid to respond.
3. Obtain name and address of investigating police officer and badge number.
4. Obtain facts about damages to your vehicle.
5. Obtain facts about damages to other vehicle(s) and/or property damaged.
6. Get witnesses. Pass out witness cards and collect upon completion.
7. Obtain facts about injured person(s).
8. Describe the accident on the accident report.
9. Call your local insurance agent to report accident.
10. Do not discuss the accident except with police, or with your insurance company representative.

FURNISHED THROUGH THE COURTESY OF



183 Leader Heights Road
P.O. Box 2726
York, Pennsylvania 17405
(717) 741-0911
(800) 233-1957



C10:031 Rev. 3/98

Appendix G

Attorney Work Product Letter

February 23, 20xx

Good Ambulance Service
Main Street
Anytown, U.S.A.

RE: Accident Reports and Other Documents Prepared in Anticipation of Litigation

Dear Executive Director:

Pursuant to our past discussion and as counsel for the Good Ambulance Service, I am writing you to emphasize the importance of keeping me fully informed about any accidents involving the Good Ambulance Service which result in personal injury, death, or serious property loss to a third party (the “Serious Incidents”). I advise all Good Ambulance Service personnel, employees, and agents to strictly follow the procedures in this letter when investigating Serious Incidents. In anticipation of litigation, I recommend that all Serious Incidents be investigated and that, in the first instance, the investigation results and formal report be reported directly to me. This procedure does not apply to investigations of incidents or accidents in the normal course of Any-town’s operation, but only to extraordinary Serious Incidents.

In the course of the accident investigation, all files, documents and papers prepared in connection with the accident investigation of Serious Incidents should be stamped or labeled clearly “Prepared in anticipation of litigation.” This practice should NOT be utilized with all Good Ambulance Service files, documents or papers, but should be used only for papers associated with Serious Incidents, which carry with them the substantial threat of litigation. In other words, the practice should not be done routinely to all Good Ambulance Service papers.

I also recommend that several copies of this letter be kept permanently on file in the Good Ambulance Service records in places where they can be readily referred to. If these procedures are followed correctly, the information gathered during the accident investigation will be better protected from discovery by third party claimants and the Good Ambulance Service can more safely gather information needed to prepare for anticipated litigation. The information gathered will also facilitate training of Good Ambulance Service members to avoid future accidents.

If you have any further questions in this regard or I can be of any further assistance, please do not hesitate to call me.

Sincerely,

John J. Doe
Attorney-at-Law

Appendix H

Vehicle Accident/Loss Investigation Report



Vehicle Accident/Loss Investigation Report

(This is not a claim form)

Fire Department _____ Date _____
 Address _____
 Name of Driver _____ Vehicle ID/Unit Number _____
 Type of Vehicle _____
 Date Driver Last Certified On Above Vehicle _____
 Date of Accident _____ Time _____ Date Reported _____
 Location of Accident _____

Roadway

- Straight _____
- Curve _____
- On Grade _____
- Level _____
- Hillcrest _____
- Dry _____
- Wet _____
- Muddy _____
- Snowy _____
- Icy _____
- Oily _____
- 2-lane
- 3-lane
- 4-lane
- Divided
- Rural
- Other _____
- Lanes marked
- Lanes unmarked
- No road detects
- Holes, ruts, etc.
- Loose material
- Other

Accident Occurred:

- At station
- Responding to emergency
- At emergency scene
- Returning from emergency
- Training
- Convention or parade
- Other _____
- Sleet

Type of Loss

- Personal injury
- Property damage
- Vehicle damage

Weather

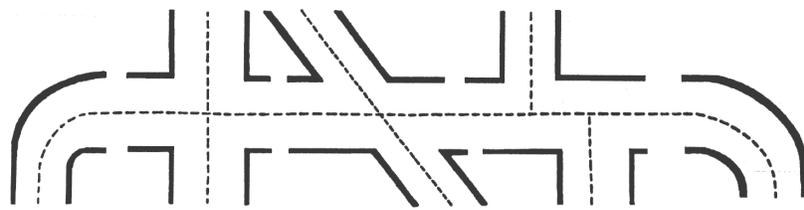
- Clear
- Rain
- Snow
- Fog
- Other _____

Description Of Accident _____

Motor Vehicle Diagram

Complete the following diagram showing direction and positions of automobiles involved, designating clearly point of contact.

Indicate North



Instructions:

1. Show vehicles and direction of travel
2. Use solid line to show path of each vehicle before accident dotted line after accident...

1 2

-over-

Safety Analysis

What acts, failures to act and/or conditions contributed most directly to this accident? (Immediate Cause)

What are the basic or fundamental reasons for the existence of these acts and/or conditions? (Fundamental Cause)

What action has or will be taken to prevent recurrence? Place "X" by items completed.

Safety Supervisor's Comment

Driver's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Safety Supervisor's Signature _____ Date _____

Appendix I

Collision Pool

Emergency vehicle operators should be responsible for the collision deductible of their vehicle if it is determined that an accident is their fault. If the organization is relatively small and the deductible is large (i.e., \$1,000.00), then the operators should be responsible for a portion of the deductible (i.e., 501/o). For example, the company would pay the first \$500.00 of the deductible. The driver of the vehicle involved in an “at-fault” collision would be financially responsible for \$100.00 of the remaining \$500.00 deductible. The remaining portion (\$400.00) would be divided among the Emergency Vehicle Operator Collision Pool members. Having other drivers in the company participate in the program will result in a number of things:

- a. The operator involved in the accident will be financially responsible.
- b. Having the other operators participate financially will make them aware of all accidents occurring in the organization and will help bring peer pressure to bear on all operators, encouraging them to drive safely. Developing peer pressure will heighten the awareness toward safe driving and cause this subject to be discussed routinely (daily) in the organization.
- c. The purpose is to affect the attitudes of the operators by involving all operators in the financial consequences of the “at-fault” accident.
- d. Drivers involved in not-at-fault collisions would not be required to participate in the deductible.

This program can, and should, be modified to

provide a positive motivation for safe driving. Those individuals in the organization who have experienced no “at-fault” accidents should be rewarded for their performance. One way of rewarding safe driving is reflected in the following modification to the basic EVOCP program:

- a. Prior to implementation, the company reviews all losses for the previous year and determines the amount of deductible paid during the year. This amount becomes the program base and is used to compute changes in deductible paid.
- b. The company budgets 50% of the program base during the coming year toward the cost of the deductible.
- c. Employees participating in the Collision Pool on an accident occurrence basis will pay the remaining 50% of the program base.
- d. At the end of the year, any company money not spent on collision deductible payments will be divided equally among employees participating in the Collision Pool who have experienced no “at-fault” accidents.
- e. When accident claims are sufficiently reduced, the company should consider implementing an annual incentive program that financially rewards vehicle operators with no “at-fault” accidents with a bonus. The amount of the program base may be used for determining the amount of the bonus.

To ensure fairness, minimum standards for driving exposure should be determined prior to program implementation. Miles driven, shifts worked, etc. are examples of ways to determine a standard.

It is the policy of (Insert Your Company Name) that all emergency vehicle operators assigned to drive company vehicles be responsible for the collision deductible of “at-fault” accidents provided on the insurance of said company vehicle. A plan has been developed to spread the “risk” of the collision deductible among those operators who wish to participate. The plan is called the Emergency Vehicle Operator Collision Pool (EVOCP).

All operators driving an ambulance or company owned vehicles are invited to join the EVOCP. Membership will begin upon receipt of a signed application (see sample page 20). Should you have any questions, please direct them to any member of the EVOCP Committee.

Background

Emergency vehicle operators who are assigned to drive emergency or company owned vehicles are responsible for the collision deductible under their Business Auto Insurance policy. Since the money represents a significant financial burden for an individual to bear, it was the general consensus that a pool should be formed to defray the cost of the deductible. Please note that the benefits of the following rules and procedures only apply if you are a pool member. If you do not become a member you will be responsible for the entire deductible amount stated above.

Pool Name

Emergency Vehicle Operator Collision Pool (EVOCP)

Pool Jurisdiction - The EVOCP scope of responsibility is limited to only those issues and problems involving the collision deductible. Furthermore, accidents not involving a member of EVOCP or a vehicle furnished to the member of the EVOCP are not within the jurisdiction of EVOCP or the EVOCP Committee.

Pool Committee - An EVOCP Committee consisting of and was appointed by (Insert Your Company Name) to develop and administer the rules and procedures. All voting by the Committee is confidential.

Pool Eligibility - All operators who are assigned to drive company vehicles are eligible.

Accident Rules and Procedures

The following guidelines for the three types of accidents apply in addition to complying with the Conditions section of the (Insert Your Company Name) insurance policy.

A. Not at Fault Accidents

1. If you are- involved in an accident involving another party, and that party or his carrier pays the damages, then EVOCP would not be involved.
2. If you are involved in an accident involving another party who is not insured and our insurance company determines that you were not at fault, but the deductible is not recovered, (name of organization) will pay the deductible.
3. If you are involved in a single car accident or an accident that you contend is hit and run and you believe that you were not at fault, you must present to a member of the EVOCP Committee a written request for a hearing within three (3) working days from the date of the accident, or as soon as practical. If you are found to be “at-fault” by the Committee, or if you fail to notify the Committee as soon as practical following the date of the accident, the procedure for “at-fault” Accidents will be followed.

B. At Fault Accidents

All accidents for which the operator is determined to be 100% at fault, the emergency vehicle operator will be responsible for the first \$200.00 of the collision deductible. Any remaining amount of the deductible would be paid by EVOCP in accordance with the assessment provision.

C. Partial Fault Accidents

This situation applies in an accident involving another party and the insurance companies agree that each party is partially at fault. For example, if you are found to be 60% at fault, then you would pay 60% of the At Fault first \$100.00 (\$60.00) and the remaining amount of the collision deductible would be paid by EVOCP.

Note 1: If there is a delay in finding out whether or not you were at fault, (Insert Your Company Name) will pay the deductible in the interim in order to have the vehicle repaired. Once it is determined which of the above three accident categories is applicable, (Insert Your Company Name) will be reimbursed accordingly by the EVOCP.

Note 2: If the outcome of an accident is not known at the time of termination of employment, you must pay in accordance with the At Fault Accident procedure prior to your last week of employment. The money will be held in escrow until the final outcome is known and any payment due you will be forwarded.

Assessment

When funds are necessary for a payment of a collision deductible, each member will be assessed a specified amount on a pro rata basis. Upon

written notification from the EVOCP Committee, the assessment must be paid to the (Insert Your Company Name) Accounting Department by the date specified on the notice.

Checks are to be made payable to the (Insert Your Company Name).

Membership

Membership in the EVOCP is immediate upon receipt by the Committee of your signed application form. You can resign from the pool by so advising in writing. The resignation will not be effective until the first business day the signed request is received. The pool operates on an “occurrence” basis. Even after resignation, should there be an assessment for an incident that occurred during your membership, you will be assessed responsibility.

Appendix J

Definition of Violations

Type A Violations

1. Driving while intoxicated.
2. Driving while under the influence of drugs.
3. Negligent homicide arising out of the use of a motor vehicle (gross negligence).
4. Operating during a period of suspension or revocation.
5. Using a motor vehicle for the commission of a felony.
6. Aggravated assault with a motor vehicle (grand theft).
7. Operating a motor vehicle without owner's authority.
8. Permitting an unlicensed person to drive.
9. Reckless driving.
10. Speed contest.
11. Hit and run (including bodily injury and property damage) driving.

Type B Violations

All moving violations not listed as Type A violations.



Street & Highway Driving Evaluation - Non-Emergency

Note: The Emergency Service Organization (ESO) should reference the state emergency vehicle laws and ESO policies and procedures. Non-emergency driving time can include any time the vehicle is driven: non-emergency call response and normal driving of any manner as approved by authority having jurisdiction (AHJ).

Driver / Vehicle Information

Driver's name:		Date of evaluation:
Evaluator's name:		Number of miles driven:
Vehicle number:	License number:	
Start time:	Finish time:	
Weather conditions:	Road surface:	
Driver's license number:	Expiration date:	Restrictions:
Type of evaluation: ___ Pre-Response ___ Non-Emergency		

S – Satisfactory

NI – Needs Improvement

U – Unsatisfactory

N/A – Not Applicable

Pre-Response

	S	NI	U	N/A
Conduct pre-response inspection (according to ESO guidelines)				
Complete documentation (according to ESO guidelines)				
Conduct walk-around (Circle of Safety)				
Adjust cab features				
Mirrors, seat, seat belt				
Secure seat belt driver				
Assure seat belt(s) are in place – crew				
Start engine properly (according to ESO guidelines)				
Check braking systems				
Test service and parking				
Build full pressure in air tanks (if applicable)				
Check instruments for normal readings				
Receive signal before moving				
Start unit moving smoothly				
Proper gear				
Use clutch properly (if applicable)				

Recommendations



Street & Highway Driving Evaluation – Emergency Call Response

The Emergency Service Organization (ESO) should reference the state emergency vehicle laws and ESO policies and procedures. **Emergency Mode can only be utilized during response to an actual emergency event.**

Vehicle/Driver Information

Driver's name:		Date of evaluation:
Evaluator's name:		Number of miles driven:
Vehicle number:	License number:	
Start time:	Finish time:	
Weather conditions:	Road surface:	
Driver's license number:	Expiration date:	Restrictions:
Type of evaluation: _____ Pre-Response _____ Emergency Call Response		

S – Satisfactory

NI – Needs Improvement

U – Unsatisfactory

N/A – Not Applicable

Pre-Response

	S	NI	U	N/A
Conduct pre-response inspection (according to ESO guidelines)				
Conduct walk-around (Circle of Safety)				
Adjust cab features				
Mirrors, seat, seat belt				
Secure seat belt – driver				
Assure seat belt(s) are in place – crew				
Start engine properly (according to ESO guidelines)				
Check braking systems				
Test service and parking				
Build full pressure in air tanks (if applicable)				
Check instruments for normal readings				
Receive signal before moving				
Start unit moving smoothly				
Proper gear				
Use clutch properly (if applicable)				

Recommendations

I, do hereby agree to participate in the (name of organization) Emergency Vehicle Operator Collision Pool. I understand that in so agreeing to join, I will become responsible for a pro rata share of any deductible owed by any member of the EVOCP. I also understand that I may terminate my membership at any time by written notice to the EVOCP Committee.

Signature: _____ Date: _____

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