

ORDERS—Mason County Commission, W. Va.

TERMS _____

AUG 27 2026

CASTO & HARRIS, INC., SPENCER, WV RE-ORDER NO. 7393D-99

THE COUNTY COMMISSION OF MASON COUNTY met in the Commission meeting room of the courthouse on Thursday, August 27, 2026, at 2:00 p.m. in regular session. Present were Rick Handley, President; Sam Nibert, Commissioner; Chris Johnson, Commissioner; Diana Cromley, County Clerk; and Heidi Wood, Administrator.

Rick Handley called the meeting to order. Diana Cromley gave the opening prayer and Halston Matthew Hendrick led the pledge of allegiance.

The Commission introduced and congratulated Mason County 4-H Pageant winners, including Little Miss Mason County: Ava Roach, Little Mister Mason County: Halston Matthew Hendrick, Junior Miss Mason County: Maggie Hussell, and Young Miss Mason County: Claire Thompson.

Diana Johnson and Darlene Haer appeared before the Commission in support of Battle Days. Upon motion by Nibert and unanimous agreement, the Commission presented a donation of \$1,000 to the Battle Days Committee.

Greg Fowler updated the Commission on the Mason County Family Resource Network activity and indicated their hopes of adding Point Pleasant Junior Senior High School to their program. Hannan High School principal Dr. J.R. Carlisle appeared in support of the program and PPJSHS principal Bill Cottrill was also present to request more support. Commissioner Johnson asked about obtaining assistance from Peers Recovery Support.

Upon motion by Johnson and unanimous agreement, the Commission approved a contribution of \$10,000.00 for the Point Pleasant Junior Senior High School program. Upon motion by Johnson and unanimous agreement, the Commission also approved a contribution of \$670.00 to the FRN to help with the costs of the Mason County Prevention Day at this year's Mason County Fair. Both contributions are to be funded with Opioid settlement funds.

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Upon motion by Johnson and unanimous agreement, the Commission approved Oaths, Estate Appointments, Affidavits for Small Estates, Orders Appointing Fiduciary Commissioners, Waivers of Final Settlement, Reports of Receipts and Disbursements and Commissioner's Reports of Claims and Final Settlement, along with Applications for Corrections of Erroneous Assessments, copies of which are attached hereto.

Upon motion by Nibert and unanimous agreement, the Commission minutes from the previous meeting were approved with no omissions or corrections thereto.

The Commission executed the Bills and Purchase Orders as required.

Cromley provide the Commission with the Board of Education Levy language, a copy of which is attached.

Upon motion by Nibert and unanimous agreement, the Commission approved moving Izzy King from full-time to part-time status and hiring Luke Thomas as a work base employee for the Extension Office beginning September 1, 2026 with an hourly rate of \$12 per hour. The Commission also approved a pay increase for previously hired work base employee, Ava Roach, to \$12 per hour.

The Commission tabled consideration of an updated 911 Tower Lease Agreement (Salt Creek area) until the September 10, 2026 meeting.

Upon motion by Johnson and unanimous agreement, the Commission approved the hire of Lisa Stewart to a full-time position with the Assessor's office.

Given the emergency need for staffing at the Mason County Animal shelter, upon motion by Nibert and unanimous agreement, the Commission approved the trial work of Felicia Bush this weekend on an unpaid, volunteer basis with the potential for hire to part-time position with the Animal Shelter beginning September 2, 2026 at \$12 per hour.

The Commission was updated on progress of the remediation project in the magistrate walkway and the repair of a small leak that was found.

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Thoroughbred Construction Group has also progressed on the courthouse roof reconstruction project and will be starting on Phase II soon.

The Commission was also updated on the project to dry and repair the gun room and bathroom in the Sheriff's Department.

HealthNet representative and current EMS Manager, Jeff White, appeared before the Commission on new hires and other EMS matters.

Upon motion by Nibert and unanimous agreement, the Commission approved the following EMS hire: J. R. (Larry Jr.) Spencer from a part-time employee to full-time Senior Supervisor position effective September 1, 2026, James Hinman from a part-time to full-time EMT position effective September 1, 2026.

The Commission also accepted the resignations of Dewayne Christian and Austin Ohlinger from the EMS and Karria Matheny from the 911 Center.

Upon motion by Nibert and unanimous agreement, the Commission approved a change in the EMS payroll method effective September 15, 2026. Attached is a copy of a notice to all EMS employees and a transition schedule outlining the same.

Upon motion by Johnson and unanimous agreement, the Commission approved the EMS General Operations Manual, a copy of which is attached. The Commission instructed that all employees sign an acknowledgement indicating their receipt of a copy of the manual.

The Commission discussed Jackson County EMS's truck replacement schedule and the availability of two trucks to give to the Mason County EMS. Upon motion by Nibert and unanimous agreement, the Commission accepted two EMS trucks from Jackson County and directed Wood to send correspondence thanking them for the donation.

The Commission was updated on the need to purchase new heart monitors for the EMS, with the cost of replacement and service contract with the current

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provider projected to be \$233,109.00. However, HealthNet Aeromedical Services can obtain 5 new monitors with service contract at a bulk rate of \$106,250.00, not including trade-in value. Upon motion by Nibert and unanimous agreement, the Commission approved the purchase of 5 new cardiac monitors for the EMS through HealthNet's bulk service contract.

Upon motion by Nibert and unanimous agreement, the Commission canceled the October 29, 2026 Commission meeting, moved the October 15 meeting to October 8, moved the October 22 meeting from 2:00 p.m. to 4:00 p.m, moved the November 12 meeting to November 5, moved the November 19 meeting from 2:00 p.m. to 4:00 p.m, canceled the November 26 meeting, moved the December 10 meeting to December 3, moved the December 17 meeting from 2:00 p.m. to 4:00 p.m. and canceled the December 24 meeting.

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8. If a majority of the voters at the general election to be held on November 3, 2026 approve the proposed additional levies for the fiscal years beginning July 1, 2029, July 1, 2030, July 1, 2031, July 1, 2032, and July 1, 2033, the Board will not issue bonds in connection with the proposed additional levies.

9. In the event the Board shall obtain additional money by grant or otherwise from the state or federal government, or from any agency of either, or from any other source, for the purposes aforesaid, such additional money may be used either in substitution for, or in addition to, the sums obtained from such additional levies as the Board may from time to time determine. In the event that any specific library, school facility or organization that is named in the above-stated purposes closes, ceases operation or is otherwise unable to accept excess levy funds, the Board, in its sole discretion, may reallocate funds that were originally allocated to those specific library, school facility or organization, as the case may be, to any of the other above-stated purposes.

10. The Board is hereby authorized and empowered to expend, during the term of this levy and one additional year, the surplus, if any, accruing during the term of this levy in excess of the amounts needed for any of the above-stated purposes, for the enrichment, supplementation, and advancement of all education programs in Mason County, school facility capital improvements, and/or other purposes pertinent to the operation of the schools within the Mason County School District, as Board may determine from time to time, in its discretion.

11. In the event that the actual amount collected is less than the amounts noted for the above-stated purposes for any one or more fiscal years, the Board is hereby authorized and empowered to determine, in its discretion, which one or more of the above-stated purposes shall be reduced for each such fiscal year, and the amount of each such reduction for such fiscal year; provided, that the total of all such reductions shall not exceed the amount of such collection shortfall each year; provided, further, that if any such reduction for one or more of the above-state purposes is necessary, the Board shall not reduce the funds allocated for **Professional and Service Salary Supplements, Personnel Taxes and Benefits**.

12. Notice of said election to authorize the renewal of such additional levies shall be given by publication of notice thereof at least once a week for two successive weeks within fourteen (14) consecutive days next preceding the election in the *River Cities Register* and *River Cities Tribune*, each newspapers of general circulation in Mason County, as qualified by the West Virginia Secretary of State.

13. The official ballot to be used in the election herein provided shall be in form as follows:

FORM OF BALLOT

OFFICIAL BALLOT

ORDERS—Mason County Commission, W. Va.

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General Election on November 3, 2026 to Authorize
Additional Levies According to the Order of
The Board of Education of the County of Mason
Adopted and Entered on August 11, 2026

Special election to authorize additional levies (the "Excess Levy") for the fiscal years beginning July 1, 2029, July 1, 2030, July 1, 2031, July 1, 2032, and July 1, 2033 in the approximate average amount of \$9,923,215 annually for the purpose of the payment of the general current expenses of The Board of Education of the County of Mason (the "Board"), including for the purposes hereinafter set forth; all according to the Order of the Board entered on the 11th day of August, 2026, and as more particularly described below.

PURPOSES FOR WHICH ADDITIONAL FUNDS ARE NEEDED	ANNUAL AMOUNT FOR EACH PURPOSE
Professional and Service Salary Supplements, Personnel Taxes and Benefits – Including, but not limited to, school nurse health services above state aid funding, supplemental salaries for dual credit courses, existing county supplements, salaries or personnel in excess of 200 days, supplemental co-curricular and extracurricular salaries (academic, arts, and athletic), staff attendance incentives, FICA taxes, unemployment taxes, workers' compensation taxes, and/or retirement, dental and/or vision insurance.	\$3,000,000
Textbooks, Supplies, and Equipment and Insurance – Including, but not limited to, free textbooks and textbook-related materials, duplicating paper, computer paper, writing paper, notebook paper, instructional supplies and equipment, including library, office operating expenses and/or accident insurance for all county students during school and school related activities.	\$1,400,000
Extra and Co-Curricular activities – Including, but not limited to, field trips, school competitions, free admission for secondary students into their home school activities, free sports passes available to veterans, first responders and senior citizens with appropriate identification, and/or other extra and co-curricular expenses.	\$450,000
Construction and Repair, Maintenance and Building Utilities – Including, but not limited to, construction, building repairs, roof replacement, asbestos projects, structural repairs, fire code corrections, Americans with Disabilities Act compliance, equipment maintenance, paving, safety and	\$2,942,594

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<i>security systems, lawn maintenance, lease purchases and/or all utilities and utility-related costs.</i>	
Computer Technology – Including, but not limited to, technician salaries and related benefits, computer purchases, repair, upgrades, software, and/or contracting.	\$150,000
Student Transportation – Including, but not limited to, maintenance of equipment, vehicle replacement, gasoline tanks, transportation equipment, fuel and/or tools.	\$633,121
School Safety and Security – Including, but not limited to, the employment of one or more school security officer(s) and/or other school safety and security measures, equipment and improvements.	\$1,000,000
Mason County Career Center – Including, but not limited to, funding related to CTE curriculum, programming, supplies, equipment and/or capital improvements.	\$250,000
Supplemental Support of the Following Agencies:	\$97,500
Mason County Library \$42,500	
WV Cooperative Extension \$30,000	
Mason County Fair \$25,000	
TOTAL	\$9,923,215

The amounts set forth above are the anticipated average annual amounts for each purpose. The actual amounts for each purpose likely will vary from one fiscal year to the next. If any item in the above-stated purposes is declared unconstitutional or invalid due to judicial or legislative action, then any affected funds will be distributed among the remaining constitutional and valid itemized purposes.

In the event the Board shall obtain additional money by grant or otherwise from the state or federal government, or from any agency of either, or from any other source, for the purposes aforesaid, such additional money may be used either in substitution for, or in addition to, the sums obtained from such additional levies as said the Board may from time to time determine. In the event that any specified library, school facility or organization that is named in the above-stated purposes

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closes, ceases operation or is otherwise unable to accept excess levy funds, the Board, in its sole discretion, may reallocate funds that were originally allocated to such specified library, school facility or organization, as the case may be, to any of the other above-stated purposes.

The Board is hereby authorized and empowered to expend, during the term of this levy and one additional year, the surplus, if any, accruing during the term of this levy in excess of the amounts needed for any of the above-stated purposes, for the enrichment, supplementation, and advancement of all education programs in Mason County, school facility capital improvements and/or other purposes pertinent to the operation of the schools within the Mason County School District, as the Board may determine from time to time, in its discretion.

In the event that the actual amount collected is less than the amounts noted for the above-stated purposes for any one or more fiscal years, the Board is hereby authorized and empowered to determine, in its discretion, which one or more of the above-stated purposes shall be reduced for each such fiscal year, and the amount of each such reduction for such fiscal year; provided, that the total of all such reductions shall not exceed the amount of such collection shortfall each year; provided, further, that if any such reduction for one or more of the above-stated purposes is necessary, the Board shall not reduce the funds allocated for **Professional and Service Salary Supplements, Personnel Taxes and Benefits**.

The Board reserves unto itself as the levying body the right and authority to reduce the rates of the excess levy, in its sole discretion, if increased assessments would produce funds beyond projected needs in any fiscal year specified in the levy call.

The additional levies, in cents per \$100 of assessed value on each class of property, shall be on Class I property **22.95 cents**; on Class II property **45.90 cents**; on Class III property **91.80 cents**; and on Class IV property **91.80 cents**.

That the proposed years to which the additional rate of levies shall apply are the fiscal years beginning July 1, 2029, July 1, 2030, July 1, 2031, July 1, 2032, and July 1, 2033.

INSTRUCTION TO VOTERS:

Those favoring the additional levies, mark in the square "FOR THE LEVIES"; and those against such additional levies, mark in square "AGAINST THE LEVIES".

☐ FOR THE LEVIES

☐ AGAINST THE LEVIES

END OF FORM OF BALLOT

14. The Secretary of the Board with the assistance of the Clerk of the County Commission of the County of Mason, which said Clerk is hereby designated and appointed as an

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RICK L. HANDLEY, President
POINT PLEASANT, WV

DIANA N. CROMLEY, Clerk
POINT PLEASANT, WV



CHRIS A. JOHNSON, Commissioner
LETART, WV

SAM D. NIBERT, Commissioner
GALLIPOLIS FERRY, WV

THE COUNTY COMMISSION OF MASON COUNTY
COURTHOUSE - 200 SIXTH STREET SUITE 2
POINT PLEASANT, WEST VIRGINIA 25550

PHONE (304) 675-1110

FAX (304) 675-4982

August 27, 2026

All EMS Employees:

Mason County EMS will be transitioning all hourly non-exempt employees to a payroll model based on actual hours worked during a designated pay period. The transition to this model will be completed by January 1, 2027. This change is being made to provide a timelier and more consistent method of calculating compensation based on hours worked during each pay period as discussed in the employee meeting on Monday, August 24, 2026.

Another benefit of this change is that since the pay period will conclude before paychecks are processed, applicable overtime pay (hours worked over forty hours in each workweek) will be included on the paycheck for that pay period.

To allow for a smooth transition, the August 31 payroll and the September 15 payroll will be handled as follows:

- **August 31, 2026 Payroll:** Employees will be paid according to the previous model and will be paid for 86.66 hours. Any necessary adjustment related to the August 15 payroll will be reflected on the August 31 paycheck.
- **September 15, 2026 Payroll:** Non-exempt employees will transition to being paid hourly based on the hours worked during the applicable pay period. In this model, each work week will run from Sunday through Saturday and overtime will be paid for hours worked over forty hours in each work week. Time coded as Paid Time Off will be paid at the employee's regular hourly rate.

Employees are encouraged to carefully review their August 31 and September 15 pay statements as the transition begins, and all pay statements thereafter.

If you have questions regarding how this change will affect your individual paycheck, please contact Administration. Enclosed is a pay period schedule for your reference. We appreciate everyone's cooperation and patience as we implement this change and work to ensure the transition is accurate and as seamless as possible.

Sincerely,

The Mason County Commission

Handwritten signature of Rick Handley in black ink.

Rick Handley, President

Handwritten signature of Sam Nibert in black ink.

Sam Nibert, Commissioner

Handwritten signature of Chris Johnson in black ink.

Chris Johnson, Commissioner

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EMS Payroll Transition

Pay Cycle Start	Pay Cycle End	Days in Pay Cycle	Pay Date	Payroll Due By
8/27/2026	9/9/2026	14	9/15/2026	9/10/2026
9/10/2026	9/23/2026	14	9/30/2026	9/25/2026
9/24/2026	10/7/2026	14	10/15/2026	10/9/2026
10/8/2026	10/21/2026	14	10/30/2026	10/27/2026
10/22/2026	11/4/2026	14	11/13/2026	11/9/2026
11/5/2026	11/18/2026	14	11/30/2026	11/23/2026
11/19/2026	12/2/2026	14	12/15/2026	12/10/2026
12/3/2026	12/16/2026	14	12/30/2026	12/23/2026
12/17/2026	12/31/2026	15	1/15/2027	1/12/2027
1/1/2027	1/15/2027	15	1/29/2027	1/26/2027

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**Mason County
Emergency Medical Services**

***General
Operations
Manual***

ORDERS—Mason County Commission, W. Va.

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GENERAL OPERATIONS MANUAL

Original Release Date

July 13, 2026

Applicability

All operations conducted by Mason County Emergency Medical Services

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Section 1:

Administrative Operations

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ACUTE ILLNESS AND MEDICATIONS

Mason County EMS members who develop an acute illness while on, or just prior to duty, shall consult a physician to determine fitness for duty. The physician consulted shall thoroughly evaluate the team member's signs and symptoms and consider all aspects of job requirements prior to approval for duty.

Prior to or while on or duty team members must not take medication that alters sensorium.

AGILITY REQUIREMENTS FOR TEAM MEMBERS

Objective

To ensure Mason County EMS crew members possess basic physical skills, which may be needed within the E911 transport environment.

Procedure

An agility test in an annual basis given during competencies will include;

- Log rolling mannequin to spine board and secure
- Lift spine board and mannequin to lowered cot
- Lift lowered with spine board and mannequin to upright position
- Transfer spine board and mannequin in lateral move to secondary cot

In the event a team member is unable to complete a portion of the agility test, the Base Leader and employee will complete a corrective action form and plan for successful completion within 30 days of first attempt. If second attempt is unsuccessful, team member will be removed from duty.

Crew members are encouraged to participate in a physical conditioning or physical activity program, even if they meet the guideline set forth within this policy.

BASE GROUNDS MAINTENANCE

There may be occasions when Mason County EMS crew members will be asked to perform base ground maintenance under approved OSHA/ANZI standards utilizing standard lawn care equipment, i.e. gasoline trimmer, lawnmower, tractor, etc. Grounds maintenance is defined as any activity associated with the maintenance and upkeep of the base appearance not including building repair, i.e. grass cutting, snow removal, etc.

Personal Protective Equipment

General Personal Protective Equipment (PPE):

The appropriate PPE must be selected based on hazard conditions presented to the crew member following OSHA 1910.132.

Eye & Face Protection:

The appropriate eye and face protection must be worn anytime there is flying debris or any risk of injury to the eyes or face per OSHA 1910.133. All glasses or face shields must meet current ANZI standard for safety equipment.

Hearing Protection:

The appropriate hearing protection must be worn anytime the crew member will be in a "high noise" environment exceeding the permissible decibel levels outlined by OSHA 1910.95. All hearing protection must meet current ANZI standards.

Lawnmower and Gasoline Trimmer Operations

Check equipment condition prior to each use.

Know how to stop the equipment and shut it down quickly and safely.

Avoid rotating blades.

Keep shields and guards in place.

Refuel with care:

Refuel only outdoors in a well-ventilated area with engine in OFF position and cooled down.

No smoking near gasoline or while fueling the equipment.

Gasoline will be stored in and distributed for refueling from an approved safety gasoline can.

If the blade hits any hard object, stop the mower immediately, shut down the mower and inspect the blade. Arrange for necessary repairs before continuing.

CHARITY POLICY

Patients who meet the West Virginia Department of Human Resources income and resources guidelines, but who are not categorically eligible for Medicaid, will be considered medically needy and eligible for charity care.

Income Guidelines

Income Assets

Size of Family Unit	Gross/Year	Gross Monthly
1	\$22,344.00	\$1,862.00
2	\$30,264.00	\$2,522.00

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3	\$38,184.00	\$3,182.00
4	\$46,104.00	\$3,842.00
5	\$54,024.00	\$4,502.00
6	\$61,944.00	\$5,162.00
7	\$69,864.00	\$5,822.00
8	\$77,784.00	\$6,482.00
9	\$85,704.00	\$7,142.00
10	\$93,624.00	\$7,802.00

Asset Guidelines (\$50,000 Gross)

Examples of assets, which may be considered, are:

- Real Property
- Automobile
- Recreational Vehicles
- Bank Accounts
- Rental Property
- Other Investments

For those applicants who possess assets in excess of \$50,000 the following criteria will be considered:

- The applicant's ability to pay based on income
- The applicant's ability to borrow against assets to satisfy an outstanding debt
- The applicant's willingness to sell an asset to settle an outstanding debt
- The applicant's ability to pay a portion of the outstanding debt

Applicants with personal assets exceeding \$50,000 in value will be reviewed on an individual basis. Cases involving catastrophic medical claims/medications (roof required) will be considered for charity assistance only after consideration of A, B, C, and D above.

Cases in which patients fail to meet both the established income and asset guidelines will not be eligible for consideration except in special circumstances determined by collection supervisory/management.

Applicants who do not qualify under the guidelines will be notified so they can make arrangements for paying their outstanding debt.

Real Property

A patient may exclude the family home and only one private car from the determination of liquid assets up to a maximum of \$50,000.

Personal Property

The patient's family may exclude liquid assets of \$1,500 for each additional person up to ten.

Provision of free or below-cost care to any individual who does not meet established guidelines does not exempt the same or any other individual from applicability of the guidelines at any time.

Bankrupt patients will be considered for charity care upon receipt of a bankruptcy notice. When the bankrupt individual meets the charity care guidelines, a proof of claim must be filed except when the bankruptcy notice indicates there are no assets from which any dividend can be paid.

All patients applying for charity care will be required to provide Mason County EMS with proper documentation of their income/assets in the form of pay check stubs and/or income tax returns, and property tax receipts on all applications, if requested. Mason County EMS will conduct credit investigations and verification of employment and resources. Charity care will not be approved without proper documentation. The application for charity care will be completed and reviewed by the Mason County EMS Patient Accounts Department to make eligibility determinations.

For patients who have multiple transports yearly, the initial application will be reviewed after each transport to ensure all information is accurate and a new credit check will be run for each.

Patients who have a third party insurance (health, auto, homeowners) but meet other income asset guidelines will not be considered for partial charity until Mason County EMS receives payment from the third party payer.

MEDICAL RECORDS

Objective

To ensure accurate and appropriate record of all patient care activities rendered, ensure accurate historical record for later reference, and to enhance billing and reimbursement efforts.

Procedure

Any time a patient is encountered, a Mason County EMS Patient Care Record (PCR), and all billing information must be completed and the chart locked before the end of the shift. The only exception is if there are multiple back-to-back transports at the end of the shift and team members are unable to complete the PCR. In this case, team members must contact their leader and advise them of the situation. All charts must be completed within 24-hours of patient care being rendered.

All original documentation (face sheets, EKG strips, medical releases, authorizations, etc.) must be scanned into the PCR.

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MEDICAL SUPPLIES ON AMBULANCE

Mason County EMS carries all equipment, supplies, and medications as prescribed by the West Virginia Department of Health, Office of Emergency Medical Services.

A standardized list is made available at each base for daily inspections.

PATIENT TRANSPORT CARE PROVIDERS

It is the policy of Mason County EMS to have a minimum of two care providers on every patient transport. This policy allows Mason County EMS to remain in compliance with the West Virginia Department of Health standards.

PREGNANCY OF MEDICAL TEAM MEMBERS**Objective**

The purpose of this policy is to provide safety and minimize risks to the medical team member and the fetus.

Procedure

Upon receiving confirmation of pregnancy, the employee must inform her direct leader and Medical Director.

When the employee or employees' physician feels active duty should cease, one of the following will occur:

- If at all possible, other assignments will be provided within the county.
- As needed and based on personal circumstances, employee initiates PTO or short-term disability application process.

SAFETY COMMITTEE**Objective**

To promote safe working environment in a high-risk industry, Mason County EMS established and maintains a safety committee.

Presentation

The committee must consist of, at a minimum, the following members: director, communications representative, team member; and as necessary, the medical director and Mason County Administrator.

Roles and Responsibilities

At a minimum, the committee must meet on a quarterly basis. All incident reports are to be reviewed and corrective action steps developed to avoid further incidents. Minutes from the meetings will be shared with clinical staff.

In concert with the HealthNet Aeromedical Services Director of Education, provide in-depth education and training to all new clinical personnel using standard orientation materials. Recurrent training will be provided annually with documentation maintained.

Purpose

- To seek methods to promote Mason County EMS' Safety Management System (SMS);
- To offer recommendations to improve the SMS;
- To encourage safe practices;
- To provide accident prevention and safety recommendations to the Mason County Commission;
- To assist in the administration of the SMS;
- To assist in implementing safety policies/procedures;
- To assist in managing Mason County EMS' Post-Accident Incident Plan (PAIP) and Emergency Response Plan (ERP).

Desired Outcomes

Mason County EMS expects the Safety Committee to bring forth recommendations for safer work practices, and/or concerns that haven't been resolved at lower levels. Well thought out suggestions to resolve concerns are paramount. Mason County EMS' SMS will:

- Provide an avenue to report safety issues and concerns;
- Empower employees to resolve safety issues at all levels;
- Give ownership of the SMS to employees at all levels;
- Provide additional safety information in the workplace
- Help improve safety in work areas;
- Improve feedback to employees with concerns; and
- Allow employees to be involved in the decision making process.

Time of Meetings

The Safety Committee routinely meets monthly at a time agreed to by members.

Minutes

Minutes should be brief, to the point and serve as the primary means to convey the committee's findings, recommendations and corrective actions. Open action items will be kept on the preceding minutes until the items are closed. Any formal recommendations to be presented to the County Commission for approval shall be in writing.

Safety Committee Members Responsibilities

- Review summaries of hazard and incident reports and

- propose corrective actions
- Review safety inspection reports/audits and recommend corrective actions
- Provide recommendations or direct actions on safety problems brought before the committee
- Review the effectiveness of the safety program elements and make recommendations for improving them
- Participate in incident/accident investigations
- Routinely survey their work areas to identify hazards
- Meet monthly to process open safety items
- Meet as necessary to process any urgent or serious safety related issues
- Assist in safety training programs, distribute safety-related information to their work areas and promote safe operations in their area of responsibility

SAFETY TIME-OUT STANDARDS

Policy

It is the policy of Mason County EMS to allow any team member the ability to mitigate fatigue while he/she is on duty following recommended national recommendations. Any crew member will have the ability to contact the on-duty supervisor if operational safety is deemed compromised and develop a mitigation plan.

Purpose

To establish standard procedures that assure safe clinical operations.

Procedure

Duty shifts will only be scheduled for 24 hours. Any overtime must be scheduled after a minimum of 8-hour downtime. Crew members may strategically utilize caffeine and strategic napping to combat the effects of fatigue. Fatigue education will be provided to all crew members as part of the initial hire process and during continuing education sessions.

If any crew member feels operational safety is compromised, they will contact the on-duty supervisor and develop a mitigation plan.

SCOPE OF CARE

Mason County EMS promotes excellence in the delivery of clinical care through a patient first focus. This philosophy is built on maintaining safety as the top priority, continuous improvement of quality of care, and operating in a cost-effective manner. Patient care is delivered in accordance with the value and mission statements of Mason County EMS. Quality care is defined by standards and validated for the customer, peer professionals and the Mason County Commission through a planned, systematic, and ongoing process of monitoring and evaluation of quality and appropriateness of patient care as measured by patient outcomes.

The Mason County EMS scope of practice encompasses care

provided to pediatric, adolescent and adult patients as part of a regional emergency medical system. Services are available on a twenty-four hour basis to provide rapid response and the highest level of care to critically ill and injured patients within Mason County and surrounding communities for mutual aid. Patient encounters are limited to E911 responses.

The Mason County EMS personnel adhere to a high degree of ethical conduct at all times. Patients, customers, and co-workers are treated with the utmost respect and dignity as a matter of course in the daily performances of work activities.

Mason County EMS strives to keep the patient first by serving all age groups and patient populations without regard to age, race, sex, sexual orientation, and/or the ability to pay. Mason County EMS does not provide extrication, search and/or rescue services. Further, Mason County EMS operates in accordance with all regional, state, and federal guidelines to assure the safest possible working environment and most appropriate care to our patients.

SOCIAL MEDIA / BLOGGING GUIDELINES

Personal Participation as Individuals

The following are guidelines for employees and/or those under contract to Mason County EMS who participate in personal blogs and other websites, including social networking sites like Facebook or others. These guidelines apply whether individuals are posting to their own sites or commenting on other sites:

Follow all applicable Mason County EMS policies. For example, you must not share confidential or proprietary information about Mason County EMS and you must maintain patient privacy. Among the policies most pertinent to this discussion are those concerning government affairs, mutual respect, political activity, computer, email and internet use, photography and video, release of patient information to media and patient confidentiality.

Write in the first person. Where your connection to Mason County EMS is apparent, make it clear that you are speaking for yourself and not on behalf of Mason County EMS. In those circumstances, you must include this disclaimer: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer." Add this language in an "About me" section of your blog or social networking profile.

If you communicate in the public about Mason County EMS or Mason County EMS-related matters, disclose your connection with the organization and your role. Use good judgment and strive for accuracy in your communications; errors and omissions reflect poorly on Mason County EMS, and may result in liability for you or Mason County.

Use a personal email address (not your work address) as your primary means of identification. Just as you would not use Mason County EMS stationery for a letter to the editor with

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your personal views, do not use your work email address for personal views.

If your blog, posting or other online activities are inconsistent with, or could negatively impact Mason County EMS's reputation or brands, you must not refer to Mason County EMS, or identify your connection to Mason County EMS.

Be respectful and professional to fellow employees, business partners, and patients. Avoid using unprofessional online personas.

Ensure that your blogging and social networking activity do not interfere with your work commitments.

If you have questions about what is appropriate to include in your blog or social networking profile contact Mason County EMS Administration. Remember that if you wouldn't want your leaders or others at Mason County EMS to see your comments, it is unwise to post them to the internet. Failure to follow this policy can result in discipline or termination.

Institutional Participation

Some staff may be interested in engaging in internet conversations for work-related purposes or may be asked by leadership to participate in support of Mason County EMS's organizational objectives. Such engagement on behalf of Mason County EMS, including establishment of official external sites representing Mason County EMS must be approved and coordinated through Mason County EMS Administration. Use of external websites for work-related purposes (e.g. photo sharing through Flickr.com) must be first approved by Administration.

In addition to the policies governing personal participation in conversations on the internet, the following code of ethics applies, both in Mason County EMS-sponsored sites and in comments on other sites.

Code of Ethics

- All blog posts and comments will be accurate and factual
- Acknowledge and correct mistakes promptly
- Corrections are made by utilizing the strike-through to maintain integrity
- Delete spam and/or comments that are off-topic
- Reply to emails and comments when appropriate
- Link directly to online references and original source materials
- Disclose conflicts of interest and do not attempt to conceal your identity or that you work for Mason County EMS

Criteria for Official Corporate Social Media Participation

For new blogs or social media sites, a sufficient critical mass of contributors with appropriate expertise must be identified to ensure freshness of content. For example, at minimum, a new post should be added to the blog at least once per week. Blogs are an authentic personal form of communication, and posts should not be ghost written.

When contemplating new blogs or other social media sites, advocates and Administration should first determine whether the goals could be accomplished by joining an existing social medial site. This will help to both build critical mass of attention and to keep content fresh.

STAFF DRESS / UNIFORM CODE

A professional and uniform appearance of all personnel is expected at all times. The EMS team dress code has been designed to present a professional image and to provide personal protection and safety. The administration and outreach dress code has been designed to present a positive and professional image of the organization to customers and business associates alike.

Purpose

To identify the standard apparel to be worn by the Mason County EMS team which will be the red polo shirt, navy pants, and navy job shirt.

To assure all Mason County EMS personnel wear appropriate, protective, professional and safe apparel, which includes all issued uniform shirts, pants and outerwear.

To identify the standard apparel to be worn by administrative staff.

To identify the standard apparel to be worn during outreach education sessions.

Mason County Approved Uniform

- Grey polo
- Navy pants
- Black boots
- White, Navy or Grey undershirt
- Navy job shirt

Mason County Special Event Uniform

Due to the nature of Mason County special events, visibility and rapid access is critical, the approved uniform for special events is:

- Red Mason County EMS T-Shirt
- Navy pants
- Black boots
- Navy job shirt

Optional Apparel

Mason County EMS team members may wear service awards on uniforms. Further uniform decoration is prohibited.

Gray, navy, or white cotton short or long sleeved t-shirts may be worn under the transport uniform.

A designated Mason County EMS apparel team hat may be

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worn. Other hats are prohibited.

Alternative Uniform

All Mason County EMS team members should be encouraged to keep an extra uniform at the base for replacement should contamination occur. In the event that another uniform is not available, the Team Leader should be contacted. Arrangements will be made for coverage or an alternate uniform.

Administrative Staff Apparel

It is the intent that all administrative staff will represent the organization in a positive and professional manner. Therefore, the acceptable dress for all administrative staff will be business casual. In specific limited circumstances, it is acceptable to wear more casual attire. This is primarily limited to casual meetings or physical work events where members of the public and customers are not expected to attend. All general daily operations require business casual dress.

Outreach/Internal Education Dress

It is the intent of Mason County EMS that dress for all outreach and internal education programs will represent the organization in a positive and professional manner. While business casual dress is recommended and preferred for these activities, it is understood that certain courses and/or locations may require staff to wear more casual attire. This casual attire can be approved for special events by the leadership team.

STRESS MANAGEMENT: CRITICAL INCIDENT STRESS MANAGEMENT

Stress is that normal state of physical and psychological arousal which we all need in order to function. Without stress, we would lack challenges in life and fail to be motivated. However, stress can be difficult to live with when the stress is the result of a bad or difficult experience.

Medical team personnel and communicators face stressful events everyday. The work they choose to perform can be emotionally difficult, physically draining, and a threat to their personal safety. The work we do presents the EMS team with a constant dose of low to moderate level stress and an occasional dose of high-level stress. It is this high level stress that can cause the team member to have symptoms of a stress reaction including fatigue, nausea, intestinal upsets, memory loss, concentration problems, problem solving difficulties, anxiety, fears, depression, identification with victim, nightmares, flashbacks and a fear of repetition of the stressful event.

It is for this reason that our "Stress Management (Critical Incident Stress Management) Policy" was created. "A critical incident is any situation faced by the crew that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function, either at the scene or later." J.T. Mitchell, Ph.D.

Examples of critical incidents include, but are not limited to: any near miss, suicides, death of an emergency worker or team member, serious injury of an emergency worker or team member, media interest in the event, prolonged events, injury or death of children, mass casualty incidents, threats to the team's safety and natural disasters.

Medical personnel or communicators may call for a "debriefing" for any reason, at any time. However, we at Mason County EMS feel that there are certain incidents that require immediate stress management. The following guidelines are established to help prevent a very stressful incident from becoming a "critical incident." In the event of a near miss with another vehicle or mechanical failure:

- Stop the vehicle immediately as safety permits.
- Abort current response.
- Defuse/discuss incident with all personnel involved.
- When emotions allow, return to home base.

After you return to base and re-group, if the team member feels able to finish shift, you may return to service. If, however, the incident proves very stressful to any team member, remain out of service until another team member can report. Any team member can then call for a formal "debriefing" if desired.

In the event of an obstacle of any type causing damage to the ambulance, special consideration should be given to the following:

The vehicle is immediately out of service (OOS).

All involved team members are off-duty until a formal debriefing is completed.

Non-duty team members are encouraged to participate in a debriefing (separate).

The vehicle will remain OOS until mechanically worthy or a spare vehicle is available and all new team members are available for duty.

These guidelines are placed to help team members to deal with stressful incidents and to help keep our highly trained team from experiencing 'burn out' and keeping them comfortable with their responsibilities. We realize that what may be stressful for one individual may not be stressful for another and some things are more stressful at different stages of life depending upon family/work situation at any given time.

All debriefings are completely confidential and may include involved team members, trained peer support personnel and mental health providers, if desired. The services of the medical director or CISD team can be utilized. If the transport team, communicators, or debriefing team feels more stress management is needed, Mason County EMS shall offer counseling for employees through the Employee Assistance Program (EAP). Furthermore, all team members are encouraged to participate in stress reduction programs. These programs may include EAP, exercise programs, and/or education offerings.

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Section 2: Operations

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DECONTAMINATION

It is the policy of Mason County EMS that all team members properly clean and disinfect reusable equipment to minimize the possibility of infection during treatment. Cleaning and disinfecting decreases the likelihood of infections by reducing the amount of disease causing organisms present on equipment. Cleaning is defined as the removal of foreign materials from objects. Equipment for invasive procedures which require sterilization will not be used by the organization. The organization will provide comparable equipment that is single patient use only. These items will be disposed of after each use as if they were contaminated waste.

This policy describes the decontamination procedures of equipment and clothing. This procedure outlines cleaning and disinfecting procedures for emergency medical equipment that may be contaminated with potentially infectious agents.

Contaminated Equipment Transport

Before transporting contaminated equipment from a scene or hospital to a designated cleaning area, these items shall be placed in a red biohazard bag. If the item is too large for the bag, care should be taken to ensure the item does not cause secondary contamination of equipment, supplies or persons.

Disinfecting Equipment

Equipment contaminated by blood or other potentially infectious material (OPIM) shall be decontaminated through cleaning and disinfecting or disposed of as contaminated waste. Environmental surfaces soiled with blood or OPIM must be cleaned and disinfected using a one-step EPA List N- approved germicidal detergent (i.e. DisCide® wipes). Team members decontaminating and disinfecting equipment must wear appropriate personal protective equipment (PPE) and use disposable paper towels to remove gross contaminants. Items used to clean blood or OPIM shall be disposed of as if they were contaminated waste. If using DisCide® wipes, follow the manufacturer directions on the container for disinfection/decontamination procedures.

Reusable medical equipment must be cleaned with soap and hot water to remove all foreign materials after patient contact. If equipment is contaminated with a patient's blood or OPIM, it must be decontaminated after use. Decontamination shall be accomplished by utilizing supplied germicidal/disinfecting wipes. This process will inactivate microorganisms such as HIV, HBV, Tuberculosis and MRSA. The disinfected area should then be allowed to air dry.

All equipment shall be checked daily for cleanliness and operational readiness.

Items which come in contact with patients will be given special attention to have them as clean as possible prior to use. The following areas shall be checked on a daily basis:

- Oxygen and EMS Bags

- Spine Boards
- Suction Unit
- Cardiac Monitor
- Intubation Kits
- Ventilator
- IV Pumps
- Automated CPR Device
- BP Cuff and Stethoscope: clean with soap and water, check for blood and emesis, especially along the seams
- Finger Pulse Oximetry: clean with alcohol prep pad or disinfectant wipe
- Cot and Straps: wipe all surfaces with disinfectant wipes, check surfaces for blood, emesis or other body fluids

If cleaning is necessary, follow the recommendations below:

Oxygen/EMS Bags - Bags shall have all surfaces cleaned with soap and water. Dirt and debris will be removed and contents will be orderly and not overstocked.

Spine Boards - Clean with soap and water. Follow disinfecting directions listed above.

Suction Unit - Clean with soap and water to remove blood, emesis, or other particles. Follow disinfecting directions listed above.

Cardiac Monitor- Cables should be cleaned after each use. Exterior should be cleaned and free from contaminants, dirt, and debris. Carrying case should be cleaned with soap and water.

Intubation Kits - Cleaning of these items will follow directions listed in this section. Particular attention should be given to laryngoscope blades. Handles may be cleaned with soap and water.

DRIVING STANDARDS**Use of Headlights**

Headlights are to remain on whenever vehicle is in motion. All lights must be turned off when vehicle is powered off.

Systematic Eye Movements

Drivers should search for, identify and anticipate potential hazards by scanning the near, middle and distant areas in front of and to the sides of the vehicle.

Constant Rate Acceleration

Drivers should move their foot slowly from the brake to the accelerator, gradually rolling the vehicle forward, thereby overcoming inertia forces, gradually and smoothly.

Smooth Braking

The driver should anticipate braking situations early and reduce speed ahead of time by releasing pressure from the

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accelerator. The engine compression will gradually slow the vehicle. The driver then applies the brake gradually and, just before the vehicle comes to a complete stop, reduces brake pressure so the vehicle does not jerk to a stop.

Following Distance

When traveling at less than 40 MPH in ideal daytime conditions, the driver should maintain a four second following distance, choose a vehicle in front of the ambulance and observe it passing a stationary object. The ambulance driver then counts "1001, 1002, 1003, 1004" and should not pass the same object until four seconds have elapsed. When traveling at speeds above 40 MPH, increase the cushion of safety to five seconds.

Double the Distance: When a patient is on board and when driving in darkness, rain, fog, smoke, or limited by other factors such as fatigue.

Triple the Distance: When the road surface has snow, packed snow, ice, or black ice.

This added space allows a driver additional reaction time to safely navigate any obstacle or hazard.

Ten-Second Lane Change

Drivers should anticipate and plan for lane changes in advance. They should signal in advance to advise other drivers of their intention. After signaling, the driver then drifts towards the centerline and, before entering the lane, makes a second check of both mirrors and over their shoulder for vehicles in their blind spots. Sit forward in your seat while checking mirrors to minimize ambulance blind spot. Gradually and smoothly move to the next lane.

Rear and Side-Space Cushion

Through systematic eye movements, a driver should remain aware of vehicles and objects surrounding their vehicle. By adjusting their speed or position, they maintain a cushion of space on all sides and to the rear of their vehicle.

Avoiding Rear-End Collisions

Rear-end collisions can be avoided by maintaining a safe following distance, thinking and looking far enough ahead so that you can anticipate the need to stop, controlling your speed, and not allowing your vehicle to roll backwards into another vehicle.

To avoid rear-end collisions, the driver must practice the use of safe following and stopping distances. In order to understand the problem and what the emergency vehicle driver must do to avoid rear-end collisions, they require a total understanding of the following:
Rear-end collisions are the third most common type of collision, responsible for 15% of all ambulance accidents.

A driver must know the distance required to allow the vehicle to stop before, or steer around, an object that suddenly appears or another vehicle that suddenly stops in front of the vehicle.
Following distances: To drive safely the driver must maintain adequate following distances and understand the three (3) factors that make up your total stopping distance.

- Perception distance
- Reaction distance
- Braking distance

Stopping Distances at Various Speeds in Ideal Conditions

Vehicle Speed	Stopping Distance
10 MPH	18 Feet
20 MPH	52 Feet
30 MPH	100 Feet
40 MPH	169 Feet
50 MPH	280 Feet
60 MPH	426 Feet

Stopping at Controlled Intersections

Always stop your vehicle so that your front bumper does not extend into or over a "Pedestrian Lane" or the first "white line" in front of your vehicle. Stop your vehicle so that you can see a minimum of two feet of road surface between your vehicle and the first "white line" in front of your vehicle.

Stopping in Traffic at Controlled Intersections:

- Use the "Rear Tire Concept."
- Remain far enough behind (12 – 15 feet) a vehicle stopped in front of your vehicle to observe the front vehicle's rear tires and a small amount of pavement. This provides adequate room to turn the vehicle around without backing up.
- In either case, when stopped, keep your right foot on the brake pedal with pressure applied. Do not take your right foot off the brake pedal and start to accelerate until the vehicle in front of you has started to move and is accelerating. When starting in traffic, anticipate the vehicle in front of you will make a sudden stop.

Backing Policy

While backing, one (1) individual is positioned eight to ten (8 – 10) feet behind the left rear of the vehicle and maintains visual and voice contact with the driver.

The driver of any county vehicle is responsible for the safe backing of the unit. The driver shall not place the unit in the reverse gear and start backing until the following procedures have been completed:

- The unit has come to a complete stop.
- A spotter is in place eight (8) to ten (10) feet at the left rear of

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the unit. Eye contact has been made with the spotter through the left-hand side rear-view mirror and voice and hand communications have been established with the spotter. The spotter helps guide the driver to slowly back the vehicle. This practice greatly reduces the possibility of backing mishaps.

Spotter must get out of the unit and survey the right side and rear area for obstacles that would damage the unit, or be damaged by the unit, if contact were made during the backing process. If the spotter is exiting into a congested area they should wear reflective vest.

Drivers are cautioned never to be in a hurry when backing up or parking. They are instructed not to start to back up or park when they are unsure of the area behind the vehicle. When no employee is available to be a spotter, the driver must visually survey the area and back slowly using extreme caution, with the back-up alarm on.

Should a patient on board the spotter should be at the rear window calling directions to the driver.

Parking the Ambulance

The driver of any county vehicle is responsible for the safe and prudent parking of the vehicle. Always park the vehicle in a safe area to protect the crew, patient and the unit. When parking to the operator's blind side, use a spotter. Do not pull forward into a parking space or driveway. Always back into the parking area, so that you have a safe and efficient exit. Nose-in parking is strongly discouraged unless no other option exists. Always be aware of overhangs and low clearances when operating or parking any vehicle.

Use caution when parking at scenes with multiple responding vehicles (fire, police), assuring that the ambulance is not "parked in" by others. It is the responsibility of the driver to park in a location that will allow prompt patient transport. If you are unsure of the best place to park at a scene, consult dispatch as needed.

Emergency Driving Standards

The following standards should be utilized as a guideline to follow in addition to the driving standards found above. Remember, you are the person who is most in control of safety when responding or transporting on a priority. Emergency Driving Standards will follow WV state code §17C-2-5.

Use of Warning Devices

Headlights should be on at all times. When driving in an emergency, the driver activates all emergency lights (excluding the four-way flashers) and the siren. The siren must be sounded and sustained as long as the emergency lights are on. Do not "chirp" the siren. This warning is not adequate for others to hear you and react.

Passing Vehicles

When an ambulance approaches another vehicle traveling in the same direction as the ambulance, the driver positions the ambulance three (3) to four (4) feet further to the left and advises motorists of their intention to pass them on the left, using the siren.

Approaching an Intersection Facing a Red Light

When the ambulance is located 150 feet before an intersection, the driver lifts his foot off the accelerator and transfers it to the brake pedal. Even with the siren on, the driver must bring the ambulance to a complete stop before entering the crosswalk and intersection. When the driver can see every lane with either a vehicle stopped and eye contact made with its driver or the ambulance crew can see far enough down a vacant lane (usually 150 feet) to eliminate any threat from approaching traffic, the ambulance operator can proceed with extreme caution.

Lane Control Under Emergency Operation

When driving on an emergency, the ambulance should be in the far left lane of traffic in the direction you are traveling. An exception to this guideline is one-way streets and avenues. In these cases, you should travel in the center lane as it provides the most space for you to maneuver and to allow other vehicles to move out of your way.

The general public is required by law to pull to the right, nearest curb on one-way streets and avenues, when they see or hear an emergency vehicle approaching from the front or rear of their vehicle and the emergency vehicle is on an emergency response.

The left turn lane should not be used as a response lane. The only exceptions are:

- Clearing an intersection, before proceeding through under the law of "due regard"
- Heavily congested traffic
- Directed by a police officer
- Construction zone

Never pass on the right unless necessary or directed to do so by a law enforcement officer.

When passing on the right, use the following guidelines:

- When you have no choice but to pass on the right, it shall be done with the utmost caution and under the law of "due regard."
- Expect and anticipate other vehicles will move to the right when you are passing on the right. They will!

When approaching an intersection under emergency operation, do not attempt a right turn from the left lane until other vehicles have stopped and acknowledged that you are taking a right turn. Stay in the left lane and use your partner to

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clear you on the right and stop traffic as you cautiously make the right turn. This procedure will reduce the chance that the other driver will drive into your side as you turn to the right in front of their path.

When stopped in traffic, attempt to leave one or two vehicle lengths between your vehicle and the vehicle in front of you in case you are dispatched to an emergency call.

Safe Following Distances for Emergency Vehicles Following Other Emergency Vehicles

When operating in an emergency, the operator of the vehicle will stay back a minimum of 300 feet or allow a buffer zone of 300 feet between their vehicle and other emergency vehicles in front of their vehicle. When approaching an intersection, other drivers may hear only one siren, not both.

Most drivers will enter the intersection as soon as the first emergency vehicle clears, not realizing that there is another emergency vehicle immediately behind.

A significant following distance will also provide the operator of the following vehicle more time to react if the first emergency vehicle is involved in an accident going through the intersection. There could be other emergency vehicles responding from your left or right, and you may not be able to hear or distinguish their siren from the emergency vehicle in front of you. Try to utilize a different tone on your siren from the vehicle in front of you to help other drivers discern the presence of a second emergency vehicle.

The law mandates that no vehicle shall follow an emergency vehicle closer than 300 feet.

If you are involved in an intersection accident and you are the second emergency vehicle, you could be found negligent and guilty of failure to use "due regard." Remember the following:

- Other drivers must be able to hear and see you.
- You must give sufficient warning to other drivers, so they may stop in time.
- You do not have the right of way; you can only request other vehicles yield to you, allowing you to proceed with "due regard."

Maximum Speed

When traveling in the emergency mode, the ambulance driver must not exceed speeds greater than reasonable and prudent with due regard for weather, visibility, the traffic on, and the surface of the roadway. In no event should a Mason County EMS vehicle be driven at a speed which endangers the safety of persons or property. At no time may a vehicle be driven at a speed greater than that needed to maintain constant control of the vehicle (i.e., speeds much less than the posted speed limit may be warranted for inclement weather, traffic and other restrictive conditions).

Route of Travel

Before leaving on an emergency response, the driver must first establish the most appropriate route of travel.

Drivers consider factors such as street conditions, time of day, one-way versus two-way streets, traffic patterns, height restrictions, construction zones, not overly winding to make your patient ill, and pedestrian traffic.

Pre-Call Preparation

Emergency vehicle drivers must make every effort to assure that they maintain a constant state of readiness. Every detail must be attended to, from backing the vehicle into its parking spot, to having every aspect of the vehicle and equipment inspected, to being able reach the vehicle rapidly.

DUTY, REST AND ATTENDANCE

Duty shift will be scheduled for a maximum of 24 hours. Crews are encouraged to use the "time-out" policy as applicable or directed. Overtime will require 8-hour downtime prior.

Crews will report for duty rested and ready to respond to a transport request.

Crews must have minimum of eight (8) hours uninterrupted rest prior to scheduled shift. Crew members must complete the company fatigue assessment at the beginning of each shift and must meet an acceptable level.

Crew members must not consume alcoholic beverage in the eight (8) hours prior to beginning of scheduled shift.

Crew members will not report for duty while taking any medication that could impair alertness or coordination. This includes but is not limited to prescribed medications.

Crew rest is permitted and encouraged during duty hours providing vehicle is clean, stocked and response ready.

Sleep areas are assigned and provided at each base of operation. Where crew are assigned for a 24 hour shift, additional rest areas available at all bases.

Notification to be called off scheduled shift will be at the earliest possible time by the team leader or his/her designee.

EXPOSURE NOTIFICATION FOR NON-COMPANY PERSONNEL

If during the course of treating a patient, there is a concern for, or suspicion of, a possible exposure to non-company personnel this policy outlines the guidelines for what should occur.

The purpose of this policy is to protect those who are not Mason County EMS employees after exposure to any infectious disease.

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After completion of a transport with a potentially infected patient, the medical crew will contact the Office of Infectious Disease or similar office at the receiving facility.

The receiving facility will be provided with all information pertaining to the personnel on scene, including all public safety personnel (police, fire, EMS, etc.), their agency name, county location and unit numbers.

The medical team will notify both the direct leader and administration.

After the receiving facility is notified, it will become their responsibility to process the exposure in accordance with the Ryan White Act of 1990.

EXTREME TEMPERATURE TRANSPORT WHEN HEATING / AIR CONDITIONING SYSTEM IS INOPERABLE

Mason County EMS clinical team members must prepare for optimal patient care during transport when temperatures are extreme and the heating and/or air conditioning system(s) is/are inoperable or unavailable.

A multifaceted approach must be taken in regards to diverting, aborting or not accepting a response when the air conditioning and/or heating system(s) is/are not functioning. The following must be considered:

Patient Types: Cardiac, hyperthermia or hypothermia, and pediatric patients are particularly prone to complications without a temperature-controlled environment.

Patient Condition: If a patient has a life threatening condition and the risk of the transport clearly outweighs the benefit of getting the patient to definitive care quickly, then the transport should proceed.

If no other squad is available to respond immediately and/or to transport with due regard to patient condition, then you must complete the call and handle conditions as best as you can manage for transport to nearest hospital. After transport, contact supervisor immediately for direction.

A thermometer will be placed inside the rear cabin of every squad so internal cabin temperatures can be monitored. The cabin temperature will be recorded at least once for every transport in emsCharts as a custom vital sign

For cabin temperatures less than 55 degrees Fahrenheit or greater than 95 degrees Fahrenheit, patient condition and corrective actions implemented to alleviate the extreme conditions will be documented in the patient record.

For extreme heat, the following guidelines should be followed:

Remove all unnecessary clothing and blankets, always

providing for patient privacy.

Open all available windows and fresh air vents to allow for airflow to stream through the ambulance. Make certain that open windows or air vents allow a gentle flow of air to assure that objects are not pulled from the ambulance.

Additional Cooling Methods: Cool washcloths or cold packs could be applied to the forehead and axillary space to provide for cooling effects. Use caution to prevent cold pack from coming in direct contact with patient's skin.

For extreme cold, the following guidelines should be followed:

Circumferentially wrap the patient with the inclement weather blanket. Provide hot packs inside of the blanket, making every effort to keep the hot packs from coming into direct contact with the patient's skin.

Keep head covered to prevent further loss of body heat.

Utilize warm IV fluids; and utilize warmed, humidified oxygen if available.

Limit patient exposure to only necessary procedures.

It is the expectation that heating and air conditioning will be utilized dependent on environmental temperatures. If a problem with either the heating and/or air conditioning develops, the team leader will be notified as soon as reasonably possible.

GROUND OPERATIONS

Ambulance Co-Pilot Responsibilities

It is the policy of Mason County EMS to provide safe, quality transport to all patients.

The purpose of this policy is to provide defined tasks for the co-pilot to perform reducing the work load on the driver and enhancing safety.

When there is a second crew member (co-pilot) riding in the cab of the ambulance, the co-pilot shall perform the following duties to reduce the work load of the driver:

- Conduct all communication by radio, phone or intercom.
- Operate the siren/air horn at the direction of the driver.
- Make any needed entries into the GPS unit.
- Adjust climate control as needed.
- Keep eyes out of the cab and call out hazards to the driver when possible.
- Any other tasks which will reduce the work load of the driver.

Accident / Incident Investigation and Debrief Policy

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This policy allows the organization to determine root causes and develop corrective actions that will prevent recurrence of incident.

Procedures

All Mason County EMS employees are encouraged to report all issues, near misses, and incidents as soon as possible but no later than 24 hours following the event.

This is not a finger-pointing, fault-finding, or blame placing process.

An initial "debrief" must be completed within 24 hours of the event.

Any and all persons who have knowledge and information pertinent to the event are required to:

As soon as possible, document all facts to the best of their recollection.

Make themselves available for a debrief within 24 hours of the event.

Preferably, debriefs will be conducted face-to-face, but as an alternative, they may be completed via teleconference.

The contracted Director of Safety or his/her designee will lead the "debrief" process. Additionally, management personnel will not be a part of the initial debrief unless they have firsthand knowledge of the event.

A complete review of chain of events will be conducted.

Root causes will be determined and corrective action developed.

Each root cause will be assigned a risk value by the contracted Director of Safety or his/her designee. Appropriate individuals will be assigned responsibility to complete corrective actions.

All corrective actions will be tracked by the contracted Director of Safety or his/her designee and maintained on an electronic platform.

Corrective actions will be evaluated to determine their effectiveness.

A draft of the debrief will be circulated for leadership review within seventy-two hours of the initial debrief.

Once approved, the contracted Director of Safety or his/her designee will issue a document addressing the highlights of the event along with causes and corrective actions.

A copy will be sent to all Mason County EMS Safety Committee Members, who will be responsible for posting a copy at each base.

It is an expectation that all team members and communicators review the document during the next duty shift.

Ambulance Accident Procedures

It is the policy of Mason County EMS to investigate and address all ambulance accidents in a rapid and professional manner.

This standard is designed to provide an outline to follow in the event of an accident, provided the crew is physically able.

The crew in the ambulance shall:

Contact Mason County 911 Center by radio or phone and give the location, type of incident, and specify what assistance is needed.

Provide emergency aid to any person or persons that may be injured until assistance arrives.

If a patient is on board, arrange for continued transport.

Do not openly or readily admit fault in the accident. Any statement provided at the scene must only be given to the investigating officer. An accident report with statement will also be taken upon arrival to the base.

Complete a driver's report of motor vehicle accident which are available in each ambulance. If no report is available, obtain the exact location of the accident, the name of the investigating law enforcement agency, the officer's name, and the date and time of the accident.

Take pictures of the accident scene from all angles, with all vehicles and property involved included in the shots. Pictures will not be taken of victims or bodily injury. Use the company truck phone provided to take pictures. If you note that the camera isn't in the vehicle, please contact the Team Leader for a replacement.

It shall be the responsibility of the Emergency Vehicle Operator and clinical staff to report, at the earliest opportunity, to the nearest hospital or urgent care location for purposes of submitting samples necessary for drug testing. It is understood that emergency healthcare needs of the Emergency Vehicle Operator and clinical staff take priority.

Upon returning to assigned base the crew shall:

Report to the Supervisor/Director.

File a written report which is to contain, but is not limited to, the following information:

- Location of the accident.
- Date and time of the accident.
- Names of all persons involved.
- Investigating agency.
- Investigating officer's name.
- Any witnesses to the accident.
- A detailed description of the accident.

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- A diagram of the accident scene.
- Weather report at time of accident.
- Images of the scene.

Provide a copy of the written report and related documents to the Supervisor/Director. Crew will participate in RCA investigation.

Ambulance Breakdown Procedures

It is the policy of Mason County EMS to address all ambulance mechanical failures in a rapid and professional manner.

The purpose of this standard is to provide an outline to follow in the event of a breakdown of the ambulance.

Procedure

The crew in the ambulance shall:

Contact respective Mason County 911 Center by radio or phone and give the location, type of incident, and what assistance is needed. The Mason County 911 Center will activate the Post Accident/Incident Plan for ground incident/accident.

If a patient is on board, arrange for continued transport with the help of the Mason County 911 Center.

Contact your Team Leader if possible. The Team Leader will direct the crew with how to proceed and contact a towing company, if necessary.

Do not leave the vehicle in an unsecured condition.

Upon return to base, complete an incident including events leading up to the breakdown and any other related information. Forward the report to your Team Leader.

Care Under Protocol / Medical Direction

It is the policy of Mason County EMS to provide care under standard West Virginia Office of EMS (WVOEMS) Patient Care Protocols.

Mason County EMS is committed to providing high quality care to our patients in a compassionate manner. The patient is our first priority and the focus of every aspect of our endeavors.

Electronic or paper copies of WVOEMS ALS, BLS, and C3-IFT protocols and/or guidelines shall be located in each ambulance for reference.

All operational communications during transports should be routed through the Mason County 911 Center. This will allow for quality assurance and digital recording.

Cleaning and Stocking Ambulances

It is the policy of Mason County EMS to maintain ambulances in clean condition and response ready at all times.

This section allows the organization to provide vehicles that project a favorable image of Mason County EMS and ensure that all equipment and supplies are available and comply with WV Office of Emergency Medical Services (WVOEMS) standards.

The vehicle operator will be responsible for ensuring the ambulances are washed upon return to base. The only exception will be if the temperature is below 40F and indoor washing facilities are not available.

In the case of rain, the truck can be hosed off rather than a full wash unless the vehicle is stored at an indoor facility, then the vehicle will be washed inside upon return to base.

Vehicle interiors should be spot cleaned as needed and be completely cleaned weekly.

The vehicle operator is responsible for cleaning the entire cab area.

The crew must make sure the patient care area is cleaned and/or disinfected after each patient transport. All soiled or biohazard items must be disposed of in a biohazard container. (Disinfectants must meet OSHA or equivalent standards.)

The interior of the ambulance, including storage areas and compartments, must be kept clean in compliance with OSHA (or equivalent) standards. Cleaning shall ensure the compartments are free of dirt, grease, biohazards or other noxious material.

The exterior of the vehicle shall have no evidence of penetrating damage to the body that would allow exhaust gases or fumes to enter the patient compartment.

Items used on a transport will be restocked upon return to the base by the medical crew.

Stock levels are determined and will be in compliance with the Supplies and Equipment list established by the WVOEMS. In the event that a crew is unable to restock any equipment or supplies for any reason, contact Team Leader immediately for direction.

HANDLING OF CONTROLLED SUBSTANCES

The purpose of this policy is to adhere to safe, responsible, and accountable procedures that ensure Mason County EMS' commitment to our mission statement and patients.

Each base has:

Obtained and maintains a current DEA registration, specific to that base, under the contracted Medical Director's license. Renewal required every five (5) years. This license is posted for display at each base in a visible location. Also on location will be a copy of DEA Regulations, West Virginia Pharmacy Law Manual, and Mason County EMS DEA Help Book.

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The organization has established Power of Attorneys (POA) - who has represent the Medical Director for duties to include but not limited to DEA 222 form completion, ordering and receipt of controlled substances, inventory of controlled substances, proper documentation and accountability for all items related to the DEA license. DEA 222 forms are property of the United States Justice Department- they are kept locked in a secure location with the narcotics. POAs receive extensive training on the correct documentation of the 222 and will maintain required copies of completed 222s on site in compliance with federal guidelines.

Utilize a county assigned narcotic/controlled substance safe. This safe has two keys; one of which is kept by the Team Leader or POA at all times. The other key can be kept in a safe location at the base. The double lock safe is kept in a secure location within the base behind a locked door. This safe holds the perpetual inventory of the base, as well as documentation item, stock 222 forms, completed 222 forms, invoices from purchased controlled substances and other documentation relevant to the safe, secure storage of controlled substances. Access to this safe is limited to: restocking of the base supply from suppliers, restocking of base safe and random audits on the accountability system. Any access to the safe for the above reasons require strict documentation that is verified by two signatures. Singular access to the safe is not acceptable under any circumstance.

Ordering of controlled substances is the responsibility of the POA and Team Leader. A Primary Wholesaler is established and orders are completed through this establishment. In the event of back ordering or shortage, secondary/tertiary suppliers are established as well. Online ordering of controlled substances, (CSOS), from the Primary Wholesaler is established and utilized as the preferred method. Password protection of the CSOS information is in conjunction with stringent training and adherence of the POAs for each location. Each location has designated a specific computer with the software installed that must be used for each online order.

Ensure that receipt of ordered controlled substances will follow the training provided to each POA. Narcotics must be delivered to the base and placed behind a locked, secure door. The POA will arrive at the base to add inventory to the base safe. Assurance will be made that the invoice matches that which was ordered. Line item initialing of the invoice will be completed. Completed 222 is stapled to and kept with the invoice. Base safe record will be updated.

In the event a base-to-base transfer is necessary, a 222 form will be completed in accordance with DEA guidelines. Base transfers will be made as a last resort, in emergent shortage situations. This requires Team Leader approval. Base A becomes the wholesaler. Base B, which is the requester, fills out a 222 utilizing Base A as the wholesaler. Inventory at both bases must be adjusted accordingly.

Maintain the mandatory shift change narcotic count in the highest regard. Off going crew will NOT leave the base unless a full count is concluded with the oncoming crew. Oncoming

crew will not leave for a transport without completing the daily count. Signatures are obtained on appropriate documents; there shall be no discrepancies or added signatures at a future time.

Recognize that a "Diversion" shall be considered any time that the count is off. This is to include if the count is EXCESSIVE or TOO FEW. This is to include the ambulance safe or the base supply safe.

If during the daily count of the ambulance or anytime that the base safe is accessed by the leadership of the base and a "diversion" is noted, the Supervisor is to be notified immediately who will then notify the Director. The Medical Director, in conjunction with the Team Leader, will enact one of the two options after discussion.

Any medical crew member who worked at the base within the last seven days will be subject to a random drug test involving an oral swab test kit.

OR Any employees who have worked at the base in the last seven days will be sent to a "MedExpress" or "Urgent Care" facility for urine testing. The employees will take with them a Random Drug Test form which will be maintained at the base for such event. Mason County EMS will cover any and all costs. If the base supply safe is the safe showing a discrepancy, the signatures of the last three entries will be subject to the above options.

After a thorough internal investigation and discussion, if the missing or extra narcotic is not reconciled, a DEA Form 106 will be filed.

Drug Storage

It is the practice of Mason County EMS to ensure that all pharmaceutical products are stored in the proper manner. Proper storage is vital to not only ensure security of scheduled drugs, but to guarantee potency and effectiveness of all products.

All medications are stored, maintained and monitored in accordance with all federal, state, and local laws and regulations.

All pharmaceutical products must be checked regularly for expiration date.

Once per day the internal cabin temperature of the ambulance must be noted and logged. (Note: does not include vehicles located in a temperature controlled garage.)

May 1 - September 30 – When the temperature inside the ambulance rises above 76 degrees Fahrenheit, appropriate action must be taken to prevent temperature sensitive pharmaceuticals from becoming excessively hot. Insulated pouches with blue ice (change regularly), refrigeration, air conditioning, etc. may be used to maintain a controlled environment.

October 1 - April 30 – When temperatures inside the ambulance drop below 40 degrees Fahrenheit, appropriate

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action must be taken to prevent temperature sensitive pharmaceuticals from becoming excessively cold.

Heating pads, space heaters or movement to temperature controlled environment may be necessary.

NOTE: Anytime excessive temperature changes may affect drug products, appropriate corrective action must be taken to protect the integrity of the product.

HAZARDOUS MATERIAL INCIDENT RESPONSE

Patients who have been exposed to or contaminated by hazardous materials (HazMat) may require specialized treatment and decontamination to prevent further injury and the spread of the contaminant to the medical care providers and aircraft. Federal guidelines mandate that response personnel achieve specific levels of training in hazardous materials incidents prior to becoming involved in such an incident.

Failure to follow established guidelines may result in patient, and/or hospital personnel injury and/or death. To prevent Mason County EMS personnel from becoming involved in activities outside the scope of team member training, the following procedures must be followed.

Patients will not be accepted for transport or care by Mason County EMS personnel unless proper decontamination procedures have been implemented by an appropriately trained EMS, fire, or HazMat responder.

If the ambulance or medical team is inadvertently contaminated, either the Hazardous Incident Response Team or the receiving facility will be notified to determine the decontamination process. An incident report must be completed in the event medical personnel are exposed or contaminated.

If a member of the medical team is injured or requires decontamination, or if the ambulance requires extended out-of-service time for decontamination the Team Leader or his/her designee should be notified.

INCAPACITATED TEAM MEMBER POLICY

It is the policy of Mason County EMS to maintain a work flow plan to be utilized in the event a Team Member becomes incapacitated while on duty. This standard ensures the safety of staff and patients alike during all phases of duty.

Incapacitated Team Member at Base, Administration or Outreach Site

- Assist team member per established clinical guidelines.
- Dial 911 to summon other emergency medical services.
- At the earliest opportunity and as appropriate, notify leadership.

Incapacitated Team Member While on Scene

- Assist team member per established clinical guidelines.
- If necessary, contact Mason County 911 Center to request backup ambulance.
- Arrange transport to the nearest appropriate medical facility.
- At the earliest opportunity and as appropriate, notify leadership.

Incapacitated Team Member While in Route – No Patient on Board

- Assist team member per established clinical guidelines.
- Notify appropriate medical command center of the emergency.
- If necessary, contact Mason County 911 Center to request backup ambulance.
- At the earliest opportunity and as appropriate, notify leadership.

Incapacitated Team Member While In Route – Patient On Board

- As space and equipment availability allows, assist team member and patient per established clinical guidelines.
- Notify appropriate medical command center of the emergency.
- If necessary, contact Mason County 911 Center to request backup ambulance.
- As appropriate, assist in arranging alternate transport for the patient and/or team member.
- At the earliest opportunity and as appropriate, notify leadership.

INTERFACILITY TRANSFER (IFT) OPERATIONS

Purpose

Mason County EMS has a contract with Rivers Health to provide interfacility transports (IFT) — moving patients between Rivers Health and other facilities. This operational section outlines the process for completing these interfacility transports.

Call Requests

Every IFT request — no exceptions — comes from the county 911 Communications Center, the same as a 911 call. The hospital calls Dispatch, not you directly. If hospital staff ever try to flag you down or call the station directly to arrange transport, tell them to call it in through 911 Dispatch instead.

Dispatch will give you:

- Patient info and pickup location (facility/unit/room)
- Destination facility
- Level of care needed — BLS, ALS, or C3
- Priority (see below) and any special notes (isolation, bariatric, behavioral health, etc.)

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911 Calls Always Come First

Your job is 911 response first, interfacility transports second. Dispatch will not assign you a routine transfer if it leaves the area uncovered.

- Emergent/Critical transfers (e.g., stroke or STEMI needing a higher level of care) are handled like a 911 call — go now.
- Urgent transfers (needed within ~1-2 hours) are worked in as coverage allows.
- Scheduled/Routine transfers (discharges, appointments) are the first thing bumped if a 911 call comes in unless being covered by a call in crew.

If you're on a non-emergent transfer and get pulled to a 911 call, follow Dispatch's instructions — that may mean handing off care at the nearest appropriate point or finishing the transfer first, depending on the situation. When in doubt, contact your supervisor or Dispatch.

BLS vs. ALS

- BLS: patient is stable, no cardiac monitoring, IV meds, or advanced airway needs expected en route.
- ALS: patient needs monitoring, IV/medication management, or airway management — must be staffed with a paramedic.
- C3 ALS: patient needs monitoring, specialty IV/medication management, or airway management — must be staffed with a paramedic.
- Class 0: Crew staffed with facility nurse and Mason County Crew.
- If the patient's needs are beyond what your crew or unit can handle (e.g., vents, drips beyond protocol, critical care) — call your supervisor and Dispatch immediately. Do not transport outside your certification level.

At the Sending Facility

1. Check in with the nurse/provider and get a verbal report.
2. Confirm any orders, equipment, and infusions match what your unit and crew can safely manage.
3. Grab the transfer paperwork/records to bring with the patient.
4. If something doesn't add up (missing orders, equipment not compatible, patient looks worse than reported) stop, call your supervisor, and don't leave the facility until it's resolved.

LATEX ALLERGIES

Patients and team members can and do have allergies to products made from latex therefore, it is an important health consideration to refrain from using latex products around any patient or team member having known latex allergies.

If a patient or team member is identified as having known allergic reactions to latex, team member must utilize non-latex equipment.

MEDICAL TRANSPORT TEAM ORIENTATION AND EDUCATION

Initial medical team orientation centers around developing the individual's confidence, blending their medical knowledge and skills with the operational facets of clinical care in a two-day academy style format. This is a two-part program consisting of a two-day classroom and a 48-hour transport environment experience. Topics addressed in the two-day classroom portion are consistent with current transport team education and orientation to standards. Additionally, Mason County EMS requires topic specific education as listed below.

Classroom**Day One**

On-boarding, executive presentation. Just Culture, infection control in the transport environment, Crew Resource Management, introduction to software systems and their application in the transport environment. Medical Command and dispatch. EMTALA-COBRA-HIPPA and other legal considerations in the transport environment. EPCR introduction and transport documentation.

Day Two

NAEMT EMS Safety course, safety culture, Mason County EMS Safety Management System, threat and error management, fatigue (stress recognition and management).

Field Experience

Each medical team member who enters the academy is required to complete a 55-item field orientation checklist (see attached). The checklist addresses the clinical and operational considerations of the medical transport environment through the lens of the three learning domains. All field experience is completed as a third care provider under the direction of a field training officer (FTO). Written evaluations and final recommendation for primary care provider ground assignment by an FTOs are reviewed by the Team Leader and contracted Director of Education prior to the individuals release into the fleet.

Continuing Education / Credential Maintenance Requirement

All EMS team members are required to complete Annual Skills Competencies at Mason County EMS. All required skills are demonstrated utilizing in-situ scenario based patient presentations. Additionally, all credentials required by state regulatory and accrediting bodies will remain current.

Continuing Education / Skills Maintenance

Mason County EMS EMTs and Paramedics represent Mason County EMS in a wide variety of situations. It is the system's philosophy to continually ensure delivery of the very highest quality care.

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To that degree, all medical transport personnel must maintain all certifications as required by the West Virginia Department of Health and the Office of Emergency Medical Services. All transport personnel must maintain all institutional competencies as required by policy. (See attached Continuing Education, Skills Maintenance, and Skills Maintenance check off form.)

MEDICAL SUPPLIES ON AMBULANCE

Mason County EMS carries all equipment, supplies and medications as prescribed by the West Virginia Department of Health, Office of EMS, as well as those necessary to provide care during standard operations.

A standardized list is made available at each base for daily inspections.

OPERATIONS AND SAFETY CONSIDERATIONS

It is the policy of Mason County EMS to operate an EMS transport service that provides consistent safety and quality.

This standard ensures that operations of the service provide optimal patient care to ill or injured patients while providing safety to our crew, patient and patient's family during the transport.

Seat Belts

Shall be worn at all times by all occupants in the vehicle. If a team member must remove the seatbelt to render patient care, the driver must be notified and made aware prior to the removal of the restraint.

The driver will make every provision to pull off the road or ensure heightened level of awareness.

Upon completion of rendering patient care, the medical crew member must resume seatbelt use.

Emergency Lights and Audible Siren

Shall be used only when time is critical to patient outcome. This shall be determined by the crew based on initial report of illness or injury by Mason County 911 Center and/or physical condition of the patient with such information relayed to the Emergency Vehicle Operator.

While operating the vehicle using emergency lights and audible siren, the ambulance shall abide by state laws and come to complete stop at intersections with a stop sign in place on the vehicles route of travel or at red lights.

The vehicle may advance through the intersection or red light

once traffic is stopped and right of way is granted and eye contact is made with opposing driver(s).

Traffic Laws

The Emergency Vehicle Operator will obey all traffic laws.

Cell Phone

Cell phone use by the Emergency Vehicle Operator is strictly prohibited. Only in events determined by patient status, crew safety or traffic emergencies will use of cell phone be permitted. It is expected that during these conditions a crew member other than the Operator should use the cell phone.

Sending text messages while driving will not be permitted at any time.

Accident Scene Outside Mason County

If the Mason County EMS operated vehicle arrives at the scene of an accident outside of Mason County and no EMS or fire agencies are on the scene, the ambulance shall stop to assess for injuries.

Upon arrival, the operator must assure safety of the Mason County EMS team by assessing the scene for hazards and positioning the ambulance to provide safety to the team and victims.

The operator shall notify the local 911 center either by phone or radio dependent on location of incident.

All crew members, including the driver, shall immediately don the high visibility vests while rendering assistance on any highway scene.

When local EMS arrives on the scene and assumes care of the injured patient (s), the Mason County EMS team will resume transport of their patient.

Any delay in transport of the assigned Mason County EMS patient will be documented on the clinical record.

If local EMS is not available or patient status requires a higher level of care and the Mason County EMS vehicle does not have a patient on board, the Mason County EMS team will then notify the responsible Medical Command Center and transport the patient to the closest appropriate facility.

OVERVIEW OF SERVICE

Mason County EMS policy is to operate 911 response ambulances.

Mason County EMS provides various EMS services with the level of care being dependent on the crew configuration. Our focus is to provide a, emergency 911 transport service to convalescent adult, pediatric, neonate and/or obstetric patients. Our primary customer service area will encompass the local response area Mason County, WV.

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Requests for a response will be handled by the Mason County 911 Center.

After receiving an emergency call the communication dispatcher will notify the ambulance crew via radio to respond.

OXYGEN SAFETY

To prevent accidents and incidents, all oxygen cylinders, whether full or empty, must be secured in the appropriate manner in accordance with all federal regulations.

Facility

Oxygen cylinders will be secured in the designated oxygen supply area in compliance with National Fire Products Association code and Occupational Safety and Health Administration regulations.

Questionable cylinders, valves, and regulators must be immediately removed from service and brought to the attention of the Team Leader or his/her designee for replacement.

Patient Cot

Portable oxygen cylinders must be safely secured to patient cot during movement to and from the ambulance.

PATIENT COMPARTMENT TEMPERATURE MONITORING

It is the policy of Mason County EMS to provide climate controlled transport to all patients.

This policy ensures that patient compartment temperatures are monitored during transport.

The primary care provider will record the temperature reading on the thermometer in the patient compartment at the beginning and end of each transport.

REFLECTIVE VEST USAGE POLICY

To ensure the safety of team members on highways and to meet state and federal requirements, Mason County EMS adheres to the following standard:

Policy

Federal Requirements CFR 634:

- Reflective vests are required for all workers within the right of way of a "federal-aid highway."
- All workers must wear appropriate "high-visibility" safety apparel.
- Workers are defined as "people on foot whose duties place

them within the right of way of a "federal-aid highway."

West Virginia Office of Emergency Medical Services Requirements:

- EMS Responders must wear ANSI 107-2010 Class 3 safety apparel when responding to accidents located within the "right of way" of a "federal-aid highway."

Mason County EMS Requirements:

- A minimum of four (4) sets of Class 3 reflective vests must be stored on each "in service" vehicle.
- All crew members are required to wear Class 3 reflective vests when responding to service requests within the "right of way" of a "federal-aid highway."
- All crew members must don reflective vests immediately before departing the vehicle and may remove them after safely entering the vehicle.

REQUIRED CLINICAL RECORD COMPONENTS

It is the practice of Mason County EMS to maintain a list of data points which must be collected to memorialize each patient encounter and build ongoing consistency in clinical records, meeting appropriate national and state standards, as well as program quality improvement requirements.

The following data points must be included in each clinical record and the record is constructed to ensure that each point is mandatory completion field:

- Patient Demographics including date of birth, insurance information, and social security number
- Referring Facility/Agency
- Receiving Facility
- Receiving Physician
- Mechanism of Injury/Nature of Illness (As appropriate)
- Time Record for all Request/Transport Components
- History of Present Illness/Injury (As appropriate)
- Care Provided Prior to Arrival
- Medications Administered Prior to Arrival
- Narrative Including All Basic and Advanced Procedures Completed
- Vital Signs Trending with First Blood Pressure Taken Manually
- Improvement/Deterioration in Patient Condition

The above data points will be included in the minimal quality management reviews to ensure accurate, timely and adequate documentation on patient condition and clinical management.

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SECURITY OF VEHICLES AND BASE SITES

This standard ensures the security and integrity of the Mason County EMS owned or leased ambulances, medical equipment, drugs, supplies and base sites.

Mason County EMS ambulances will be located in a secure location while at the base of operations. By law, because of containing controlled substances, the ambulances must be under double lock at all times. If the ambulance is parked outside the garage, the ambulance doors must be locked. That also goes for being parked at the hospital, restaurant, or anywhere other than inside a locked garage.

The ambulance, including equipment and supplies, will be inspected at the beginning of each shift and prior to each mission for any signs of tampering.

Keys to the base will be available to respective ground crew. Off duty personnel will be expected to make known to the on duty team their business if entering the ambulance while off duty.

The team is required to secure the base of operation prior to vacating the facility.

Suspicious or unusual activity shall be immediately noted, documented and reported to the local law enforcement agency. Signs of tampering include but are not limited to, vandalism, theft, movement of equipment or supplies, and/or items found out of normal place of reference. In the event of noted tampering involving a vehicle, the ambulance will be taken out of service until investigated and deemed safe to operate by appropriate authorities.

SHIFT CHANGE REPORT

A complete report of the day's activities, operational problems and issues are important and mandatory components of each shift change.

Verbal Report to Arriving Team:

- Complete status report on ambulance readiness to respond including:
- Vehicle fuel levels
- Missing and/or needed equipment
- Problems with radios, safety equipment, oxygen/suction, etc.
- Location of ambulance equipment left on or with patient
- Supplies to order
- Supplies or equipment to be cleaned
- Cleanliness of interior of ambulance, i.e., if blood or debris needs cleaned
- Status of portable oxygen tank, with empty tanks marked.
- Cleanliness and orderliness of storage closets
- Narcotics counted and signed by all participating crew members

TEAM MEMBER SAFETY: SAFETY AND RISK MANAGEMENT

Overview

The key to employee safety regarding the use of lifting equipment and the movement of patients is proper body mechanics. Before lifting the patient, the employee evaluates the situation, makes certain they are aware of what needs to be done and assures they have the necessary equipment and assistance to accomplish the task. The #1 injury in EMS is back injuries. The equipment is positioned by placing the stair chair, stretcher, or other equipment as close to the patient as possible and in proper alignment for the shortest and easiest transfer. Necessary adjustments are made by raising or lowering the equipment to bed level or vice versa, and by lowering any handrails or side rails. These steps minimize the amount of lowering or lifting required. The wheels on the chair or bed must be locked.

Transfer the patient by sliding them as far as possible on a draw sheet, then lifting them smoothly onto the stretcher or other equipment. Holding the patient close helps balance and reduces strain on the arms and back. Keeping the feet apart provides a stable base and helps maintain balance, leaving more energy for lifting. Employees should use their arms and legs in proper proportion. Bending the elbows to hold the patient close makes the lift easier.

Lifting is always done in unison. When working with others, everyone must know what to do in advance and move at the same time as a team. Counting out loud may help. Sudden, jerky movements are to be avoided.

Do not be a hero. Ask for help if needed, i.e., hospital personnel, the other crew, fire department.

Body Mechanics

Moving any object safely depends on knowledge and understanding of these basic guidelines:

Balance

It takes a certain amount of effort just to balance the weight of one's own body. Keeping a low center of gravity over a stable base expends less energy by balancing the load, making more energy available for lifting and carrying.

Pull and Push When Possible

Less energy is used to pull or push than to lift an object. When lifting or carrying, the force must be overcome and the load balanced at the same time. By pulling or pushing, it is only necessary to overcome the friction between the object being moved and the surface on which it rests. The strongest muscles should be used.

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Avoid Twisting

If it is necessary to turn while lifting or moving something, it is better to change the position of the feet than to twist at the waist. By moving the feet, it is possible to balance the load being carried and minimize the strain on the back and abdominal muscles.

Common Lifting Techniques and Equipment

The actual procedures used may vary slightly from those listed below, depending on the methods of training, the required movement, personnel and materials available.

Stryker recommends transporting the patient in as low a position as it is comfortable for the operators to maneuver the cot. Only use the wheel lock(s) during patient transfer or without a patient on the ambulance cot.

Five (5) point restraint must be on every patient.

Use properly trained helpers when necessary to control the cot and patient.

From Stretcher

When transferring a patient from the stretcher, it is necessary to adjust the height so it is even with the bed. The attendants should stand on either side of the patient and grasp the draw sheet at the patient's shoulders and hips. A third attendant may be needed to support a patient's legs. Pulling the draw sheet tight, the attendants move the patient across the stretcher to the bed. The same method should be utilized when transferring a patient from the bed to the stretcher.

To Wheel Chair or Stair Chair

When helping a patient from a bed or stretcher to a wheel chair, the attendant should lift the patient, holding the patient around the waist. Holding the patient close, the attendant lifts, helping the patient rise to a standing position. The attendant then turns the patient and lowers him into the chair. Another method that is commonly used is where one attendant approaches the patient from behind, coming under the arms and grasping the patient's wrists. The second attendant takes the patient behind the knees and lifts the patient on a verbal count.

Think Ahead

Attendants should always think ahead and be sure to assess each patient's medical condition, strength, mobility, etc. before attempting to lift or carry. The patient should be informed exactly as to what is going to happen, so as to calm any fears and encourage their cooperation.

Don't Guess

Only those procedures with which the employee is familiar are to be used. Guessing what the procedure is, improvising, or failing to exercise proper judgment when lifting or moving a patient may be harmful to everyone.

Read all labels and instructions on the cot before using the cot. Use a minimum of two (2) operators to manipulate the cot while a patient is on the cot, if additional assistance is needed.

Do not adjust, roll or load the cot into a vehicle without advising the patient. Stay with the patient and control the cot at all times.

TRANSPORTING FAMILY MEMBERS

The policy of Mason County EMS is to transport family members of our patients in a safe manner, without compromising quality patient care.

This standard establishes guidelines for the transportation of patient family members on ground transports.

One family member will be permitted to ride in the transport vehicle. The transport team reserves the right to make the decision concerning family members on all transports.

Family members will ride in the front right passenger seat with a seat belt on at all times. However, if the family member is a home care provider to the patient or is being allowed to ride because of separation issues with a parent and child, the parent may be allowed to ride, at the discretion of the transport team, in the rear of the ambulance with a seat belt on at all times.

PATIENT / PASSENGER PERSONAL ITEMS TRANSPORTED BY GROUND AMBULANCE

Mason County EMS recognizes that patients/passengers may have personal items that must accompany them on transport. This policy outlines the appropriate steps to ensure all patient belongings are secured and safe for transport in the ambulance.

These procedures will reduce the likelihood of property loss, cluttering in the transport team's work area and eliminate possibility of transporting hazardous materials.

Patient Search Guidelines

To ensure the safety of the transport team, if warranted, a patient may be searched for contraband, concealed weapons and/or hazardous materials prior to being loaded aboard the ambulance. (Check shoes/boots) This procedure must be carried out by a transport team member with support by the Emergency Vehicle Operator as required.

The search should be conducted in conjunction with the patient's initial medical assessment. In cases where the patient is restrained to a backboard or injuries prevent a thorough search of the back area, medical teams are to use their best judgment in the completion of the search.

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When considering carry-on belongings, the transport team shall ask the patient's permission to search accompanying baggage for hazardous materials. If the search is denied, the baggage must not be taken on board the ambulance.

Management of the Patient's Personal Belongings

Whenever possible, the patient's personal belongings should be reduced to only those items that are critical for patient care. (i.e., medications, walking canes, personal identification, etc.) Responsible family members/friends shall be asked to retain the personal belongings of the patient.

When personal items are transported, they must be secured and clear of the transport team's work area. These items may be stored within the side compartments. Team members are not required to transport items that cannot be safely secured by other means.

Whether personal items are left behind or transported with the patient, they will be documented appropriately in the patient's clinical record.

Wheelchairs

Wheelchairs offer a special type of challenge. In order to transport a patient's wheelchair, you must be able to secure safely, with 9' straps, so as to not be a hindrance to patient care or becoming a flying object in an accident.

USE OF GROUND AMBULANCE FUEL CARD

It is the policy of Mason County EMS to have a fleet charge card available to ground transport crew or authorized users.

This card assists in purchase of fuel and emergency vehicle items and minor vehicle repairs.

When the card may be used:

- The card will be used for fuel purchases.
- The card may be used for towing services on ambulances.
- The card may be used for minor repairs to ambulances.
- The card may be used to purchase items for the ambulance at local retailers only in the event of an emergency.
- The card is to be stored in the ambulance and accounted for daily.

No other use of this card is permissible unless under emergency conditions and with prior approval of Team Leader.

VEHICLE MAINTENANCE

It is the policy of Mason County EMS that ground ambulances are maintained in the best condition possible.

This policy ensures the safety and reliability of the ambulances operated by Mason County EMS.

A daily maintenance check sheet will be completed by the crew and any deficiencies will be addressed through the following procedures:

Minor maintenance such as lights, wipers, loose screws, etc. may be completed by the crew on duty in cases where time allows and the crew is comfortable with the procedure. Major maintenance and preventative maintenance will be completed through the garage of choice per agreement. When a maintenance issue arises or routine service is due on any Mason County EMS operated truck, notify the Team Leader for direction.

The chosen mechanic or maintenance facility shall be certified to work on the make and model of the chassis.

Complete maintenance records on all Mason County EMS ground ambulances will be maintained by personnel at the respective maintenance facility. Records will be available for review as needed.

In the event of a vehicle breakdown, the duty crew will: Move vehicle to a safe location if drivable.

If Patient Is on Board

Notify Team Leader and responsible Mason County 911 Center of breakdown, giving common landmarks and location of vehicle.

Mason County 911 Center will notify and dispatch the closest appropriate ambulance for mutual aid assistance.

Secure back up ambulance prior to continuing transport by removing equipment and medications, then locking doors and compartments.

If No Patient Is on Board

If no patient is on board, the crew shall determine to the best of their knowledge what repairs are required based on the events of the breakdown.

Stay with vehicle until assistance arrives and either repairs or arrangement for the transportation of the vehicle is made.

If vehicle can be repaired by a roadside maintenance company, the repairs will be done per authority of the Team Leader.

If vehicle is not able to be repaired and requires towing, notify Team Leader. The leader will deploy the appropriate company to tow or transport the vehicle to the garage of choice.

If breakdown occurs on a highway, the crew will don high visibility vests and initiate utilization of the roadside marking system to alert oncoming traffic. The crew should remain inside the vehicle but if conditions prohibit this, the crew shall

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remain together and relocate to a safe area offering safer conditions but maintaining visibility of the ambulance.

STRUCTURE FIRE AND RESCUE STANDBY

Mason Co EMS will provide stand-by and scene rehabilitation for structure fire and other rescue events. It is recommended that staff and local fire organizations follow as closely as allowable to the current NFPA standards on rehab (NFPA 1584 - Standard on the Rehabilitation Process for Members During Emergency Operations and Training Exercises).

Rehabilitation areas

Rehabilitation areas should be set up in the warm or cold zone of the incident ensuring removal of the firefighter/rescuer from IDLH and hazardous exposure. Gear should be removed to begin active and passive cooling, hydration, electrolyte and nutrition as tolerated and available.

EMS Standby and Transport Requirements per standard

- **Transport Capability:** A minimum of Basic Life Support (BLS) transport-capable EMS must be present and dedicated on-scene at any working incident or formal rehab sector.
- **Standby Role:** EMS standby crews are tasked with immediate medical evaluation, treatment, and rapid transport for injured or ill firefighters.
- **Advanced Life Support (ALS):** While BLS is the mandatory floor, local protocols or high-risk incidents often mandate or prefer an ALS-capable unit on standby.

Rehabilitation (Rehab) Triggers and Rest Cycles per standard

- **Work-to-Rest Thresholds:** Mandatory entry into a formal rehab area is required after using two 30-minute SCBA cylinders, one 45- or 60-minute SCBA cylinder, or 40 minutes of intense work without an SCBA.
- **Rest Duration:** Initial rest in rehab must last a minimum of 20 minutes following heavy exertion or bottle changes, and at least 10 minutes for lighter self-rehab intervals.
- **Vitals and Evaluation:** EMS personnel in rehab must evaluate vital signs (including heart rate, blood pressure, and oxygen saturation) and screen for heat stress, cold stress, carbon monoxide exposure, and exhaustion

Specific vital sign cutoff numbers for pulling a firefighter from duty

Under NFPA 1584, while the standard dictates what to monitor, the exact numerical cutoff criteria for releasing a firefighter back to duty or holding them for medical treatment are determined by local medical protocol. However, NFPA 1584 provides strong baseline guidelines in its annex, and leading fire service medical authorities widely recognize the following specific vital sign limits for benching a firefighter:

1. Heart Rate (HR)

- **Return-to-Work Threshold:** ≤ 110 beats per minute (bpm) after 10 to 20 minutes of rest.
- **Pull From Duty (Bench):** > 110 bpm persisting after 20 minutes of rest. This requires extended monitoring for dehydration, heat stress, or cardiac events.

2. Blood Pressure (BP)

- **Return-to-Work Threshold:** Systolic 100–160 mmHg AND diastolic < 100 mmHg.
- **Pull From Duty (Bench):** Systolic > 160 mmHg or diastolic ≥ 100 mmHg.
- **ALS/Emergency Threshold:** Systolic > 180 mmHg or diastolic > 120 mmHg requires immediate removal from the scene and medical intervention.

3. Body Temperature

- **Return-to-Work Threshold:** Oral temperature < 100.6°F (38.1°C).
- **Pull From Duty (Bench):** ≥ 100.6°F. Firefighters must remain benched for active cooling protocols (e.g., forearm immersion, cooling vests).
- **Critical Threshold:** ≥ 103°F (39.4°C) or any altered mental status triggers emergency transport for exertional heat stroke.

4. Respiration & Oxygen Saturation (SpO₂)

- **Return-to-Work Threshold:** Respiratory rate 8–20 breaths per minute with an SpO₂ of ≥ 92% on room air.
- **Pull From Duty (Bench):** Respiratory rate > 24 breaths per minute persisting past 10 minutes, or SpO₂ < 92%. Personnel must be evaluated for smoke inhalation or bronchospasm.

Non-Negotiable Medical Red Flags

Regardless of numerical vitals, a firefighter is immediately pulled from duty and transferred to advanced medical care if they display any of the following symptoms: Chest pain, pressure, or shortness of breath

- Dizziness, confusion, or altered mental status
- Neurological changes (e.g., slurred speech, shuffling or altered gait)
- Persistent nausea or vomiting

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Section 3: Safety

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RISK MANAGEMENT

Risk Management is the identification, analysis and elimination (and/or mitigation to an acceptable or tolerable level) of those hazards, as well as the subsequent risks, that threaten the viability of an organization. HealthNet Aeromedical Services, Incorporated accomplishes this task by using, a Just Culture, risk assessment tools, Threat and Error Management tools/skills, Management of Change (MoC) and positive hazard identification. At times some risk may need to be analyzed, evaluated, and monitored and if necessary controls may need to be established to avoid a further mishap.

JUST CULTURE

Just Culture is an atmosphere of trust in which people are encouraged, even rewarded, for providing essential safety-related information, but in which they are also clear about where the line must be drawn between acceptable and unacceptable behavior. Ultimately it is a shared responsibility and a balance

between human factors, individual practice and system issues.

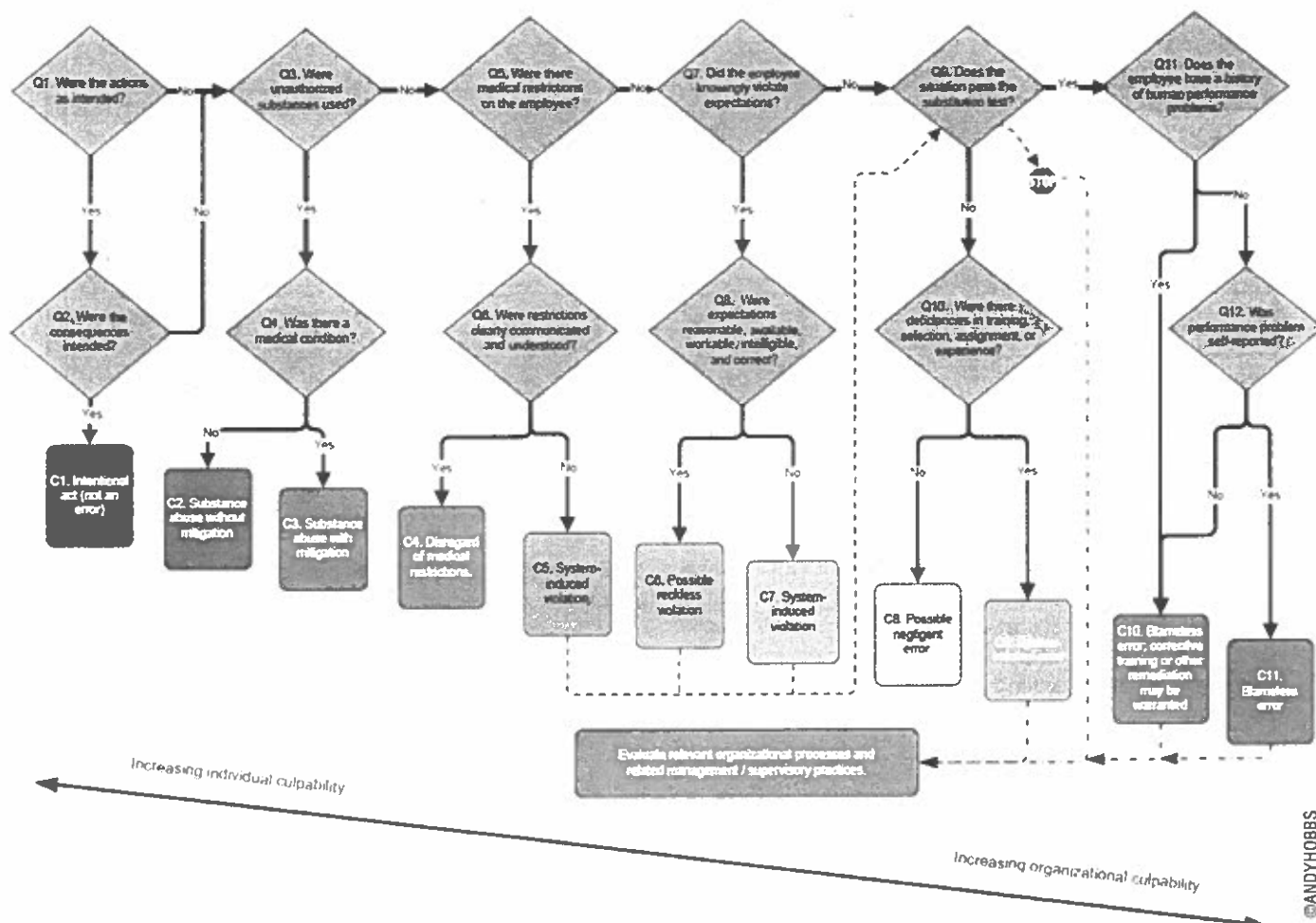
Procedures: When an employee identifies an event source or condition that is considered hazardous, he/she will use the appropriate reporting systems available to report the event. This allows any employee to report without fear of negative repercussions and allows HealthNet Aeromedical Services, Incorporated to learn positive lessons from mistakes. The Just Culture procedures are outlined in Figure C1.

Controls: The event source/condition will be managed by using the Risk Assessment Matrix (RAM) in Figure C2.

Process Measures: A Culture survey is conducted annually to validate the company's culture and to identify potential problems.

Responsibility/Accountability: All employees and contractors have shared responsibility/accountability for exercising a Just Culture.

Just Culture Process – Figure C1



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RISK ASSESSMENT

Risk Assessment involves consideration of both the probability and the severity of any adverse consequences; in other words, the loss potential is determined. In carrying out risk assessments it is important to distinguish between hazards (the potential to cause harm) and risk (the likelihood of that harm being realized within a specified period of time).

Definition of Terms:

- **Catastrophic** – Equipment destroyed. Multiple deaths.
- **Hazardous** – A large reduction in safety margins, physical distress or a workload such that the operators cannot be relied upon to perform their tasks accurately or completely. Serious Injury. Major equipment damage.
- **Major** – A significant reduction in the safety margins, a reduction in the ability of the operators to cope with adverse operating conditions as a result of an increase in workload or as a result of conditions impairing their efficiency. Serious incident. Injury to persons.
- **Minor** – Nuisance. Operating limitations. Use of emergency procedures. Minor Accidents.

- **Negligible** – Few consequences.
- **Frequent** – Likely to occur many times (has occurred frequently)
- **Occasional** – Likely to occur sometimes (has occurred infrequently).
- **Remote** – Unlikely, but possible to occur (has occurred rarely).
- **Improbable** – Very unlikely to occur (not known to have occurred).
- **Extremely Improbable** – Almost inconceivable that the event will occur.
- **Acceptable risk** – Acceptable as is. No further risk mitigation required. (Green Fields)
- **Acceptable based on risk mitigation** – Schedule performance of a safety assessment to bring down the risk index to the low (acceptable) range if viable. (Yellow Fields)
- **Unacceptable risk** – Cease or cutback operation promptly if necessary. Perform priority risk mitigation to ensure that additional or enhanced preventive controls are put in place to bring down the risk index to a moderate (acceptable based on risk mitigation) or low (acceptable) range. (Red Fields)

Risk Severity - Figure C2

Risk Probability	Catastrophic A	Hazardous B	Major C	Minor D	Negligible E
Frequent 5	5A	5B	5C	5D	5E
Occasional 4	4A	4B	4C	4D	4E
Remote 3	3A	3B	3C	3D	3E
Improbable 2	2A	2B	2C	2D	2E
Extremely Improbable 1	1A	1B	1C	1D	1E

Procedures/Controls:

Mason Co. EMS uses other risk assessment tools. These tools are required to be completed by emergency vehicle operators and medical crewmembers before every transport, before the start of a duty shift and/or if the medical crewmembers are planning to extend their shift beyond 24 hours.

Responsibility/Accountability:

- All employees and contractors whose job directly or indirectly is related to safe patient care.
- The contracted Director of Safety, Safety Officer directly oversees this process.

THREAT & ERROR MANAGEMENT (TEM)

TEM is based on the premise that threats and errors are an integral part of ongoing ground patient transports and must be managed by the transport teams thru specifically designed and studied mitigation techniques to address threats and their own errors.

Threats are defined as events that:

- Occur outside the influence of the crew (i.e. not caused by the crew);
- Increase the operational complexity of a transport; and
- Require crew attention and management if safety margins are to be maintained.

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Errors are defined as crew actions or inactions that:

- Lead to a deviation from crew or organizational intentions or expectations;
- Reduce safety margins; and
- Increase the probability of adverse operational events on the ground or during flight.
- Threats come "at" the crew.
- Errors come "from" the crew.
- Error Management has two components: error reduction and error containment. Error reduction comprises measures designed to limit the occurrence of errors. Since this will never be wholly successful, we also need error containment-measures designed to limit the adverse consequences of those errors that occur.

Procedures:

Mason Co. EMS has employed TEM in its day to day operations. This process starts when one's work-day begins and continues until it ends. As part of the Mason Co. EMS's culture, threats are identified continuously during our duty shift and are expected to be managed through reduction or containment.

Controls:

Some controls in place are:

- Daily use of Crew Resource Management skills.
- Use of current and up to date checklists
- Use and application of the risk assessment tools available
- Initial and recurrent crew training
- Equipment checks, trip planning, etc.
- Vehicle walk-around, monitor/crosscheck flight/ground conditions, manage workload/systems, etc.
- Re-evaluate plans/conditions, post trip debriefing, etc.
- This list will grow as more error reduction/containment measures are taken.
- Use of Ground Transport Risk Assessment and Ground Transport Fatigue Assessment.

Process Measures:

Employees are required to report any threats or errors on the Mason Co. EMS Ninth Brain reporting system. These submissions can be anonymous in nature.

Responsibility/Accountability:

- All employees and contractors should use continuous vigilance to recognize threats that could cause errors. Threats will be managed expeditiously through reduction or containment and thus assist in accident/incident reduction.
- Employees and contractors should always be vigilant at all times; recognize when something is not right; and once an error is identified manage through reduction or containment.

- The contracted Director of Safety and Safety Officer are responsible for providing timely feedback and designing reduction and containment strategies.

MANAGEMENT OF CHANGE (MOC)

Management of Change (MoC) is a system for managing operational, organizational and installation changes; and communicating those changes effectively. Each employee and contractor has a duty to consider the impact of any prospective change on safety and service delivery. Specific situations requiring MoC include (but are not limited to):

- Changes in ground vehicle
- Changes in software or electronic systems
- Changes in staffing levels
- Changes in operating limits in the workplace
- Changes in procedures
- Changes in facilities/infrastructure
- Organizational Changes
- Emergency Changes

Procedures:

Management of Change involves the following steps:

- Determine reason for the change.
- Determine the change to be made.
- Determine personnel (or groups) affected by the change.
- Involve representatives of all groups such as task forces/committees in the risk assessment changes.
- Develop a written work plan/project management plan that clearly specifies the timeline for the change and the control measures to be implemented (normally including procedure amendments, personnel training, corporate communications and briefings).

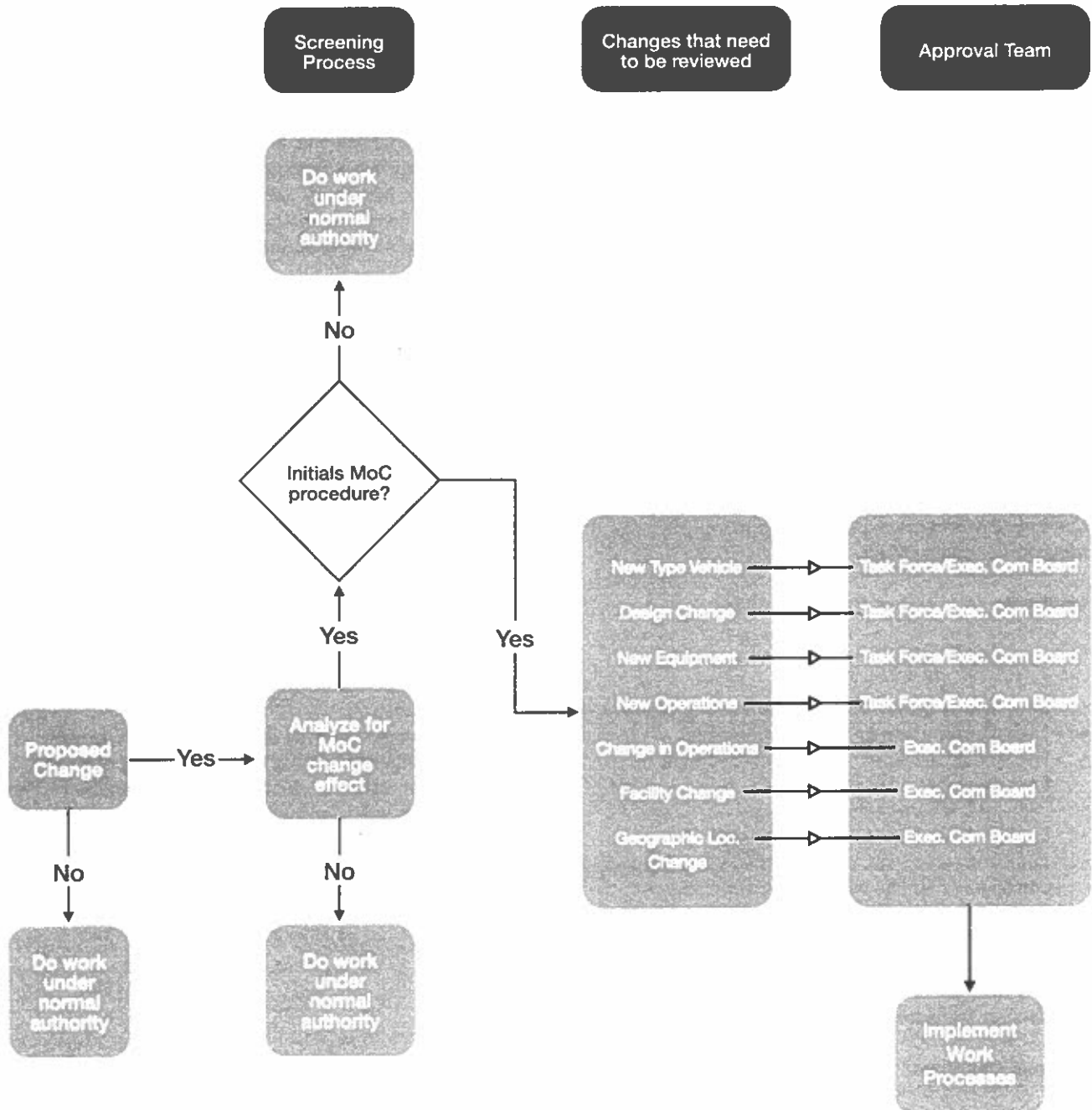
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Management of Change (MoC) Chart - Figure C3



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Controls:

- Hazard Identification and Risk Management Process
- Appropriate training
- Formulation of an appropriate task force
- Process Measures
- Change Survey
- Incident/Accident reports
- Employee feedback

Interface:

- Responsibility/Accountability:
- All members of the management team are responsible for the effective implementation of the MoC.

HAZARD IDENTIFICATION & RISK MANAGEMENT:

Hazard Identification and Risk Management includes analysis of risk, risk evaluation, establishing controls, risk mitigation, and risk monitoring. (See Figure 4a & 4b below)

Procedures:

As soon as a hazard is identified and brought to the attention of the contracted Director of Safety or Safety Officer, the seriousness of the consequences of the hazard will be evaluated by using the Risk Assessment Matrix (RAM) in Figure C2. If the RAM score is in the green range and the risk is within Mason Co. EMS's safety performance criteria, the consequent risk is acceptable. The employee will be notified of the findings and the incident will be considered closed. If the RAM score is in the yellow or red range, action will be taken to reduce the risk to an acceptable level and the hazard will be fully investigated. All parties involved with the hazard will then be interviewed as soon as possible to determine if there was adverse effect on equipment, property, people, or to Mason Co. EMS. Every effort will be made to find out more about the nature of the hazard and to get some ideas about a possible corrective action. If there was adverse effect, a root cause analysis will be conducted by the Root Cause Analysis Team. At a minimum, this team will consist of a team leader, facilitator, individuals involved in the event and any key stakeholders. The hazard will then be further analyzed to determine if the risk is tolerable and could be mitigated. As soon as all information is gathered, a Document of Recommendations will be sent to the contracted President/CEO for review and approval. Once approved the recommended corrective actions including establishing controls and risk monitoring will take effect. This information will then be shared with all partners in the form of a Safety Case and Lessons Learned.

Hazards can be identified and reported using the Ninth Brain reporting system.

Controls:

The Risk Assessment Matrix is designed to restrain emotional responses and to get desired results.

Process Measures:

Hazards will be placed in a database and the rate of exposure measured/recorded at a minimum of every six months.

Responsibility/Accountability:

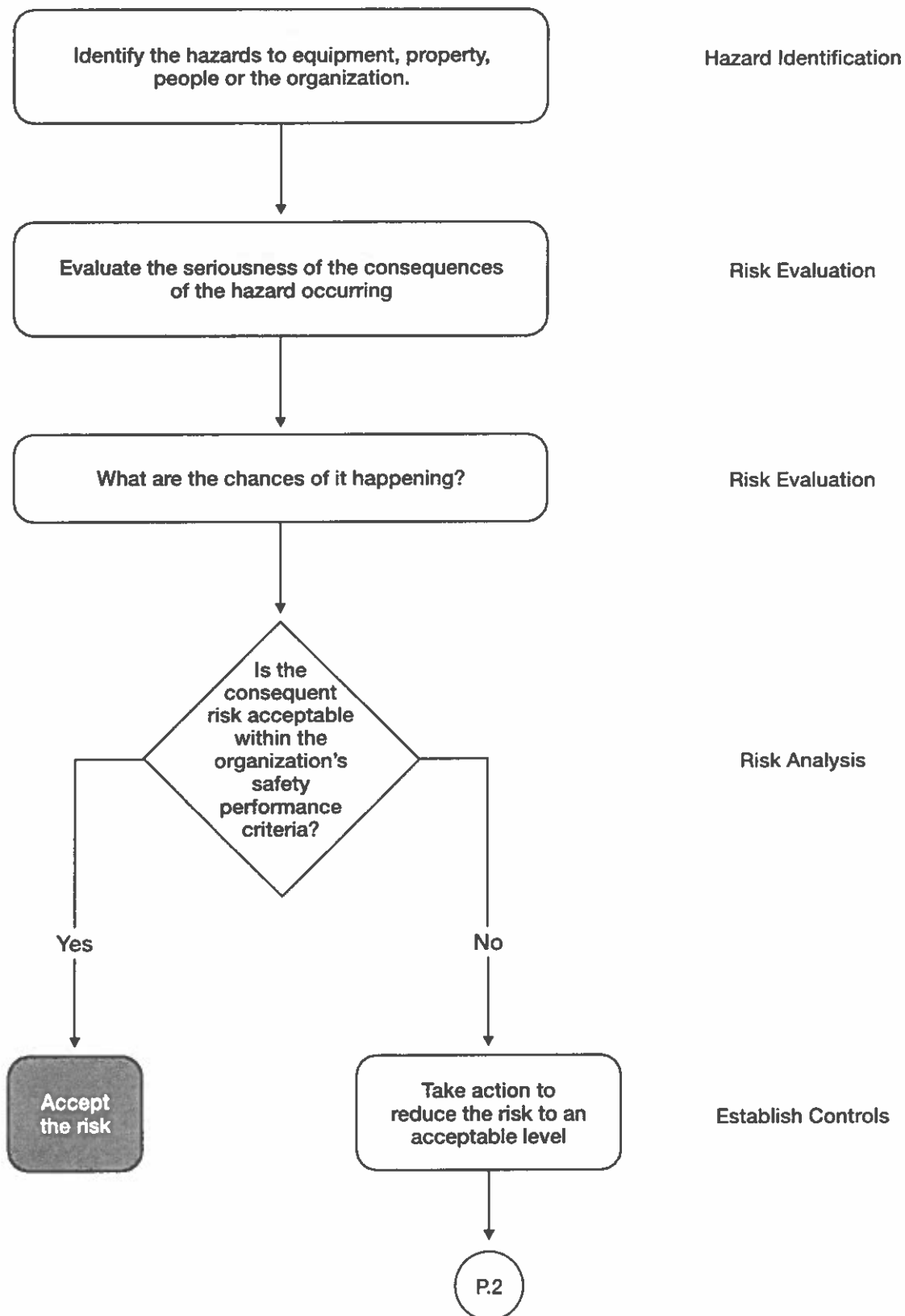
- All employees should use continuous vigilance to recognize hazards that have the potential to cause adverse consequences.
- The contracted Director of Safety and Safety Officer are responsible for providing feedback to the stakeholders.

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Hazard Identification & Risk Management - Figure 4A

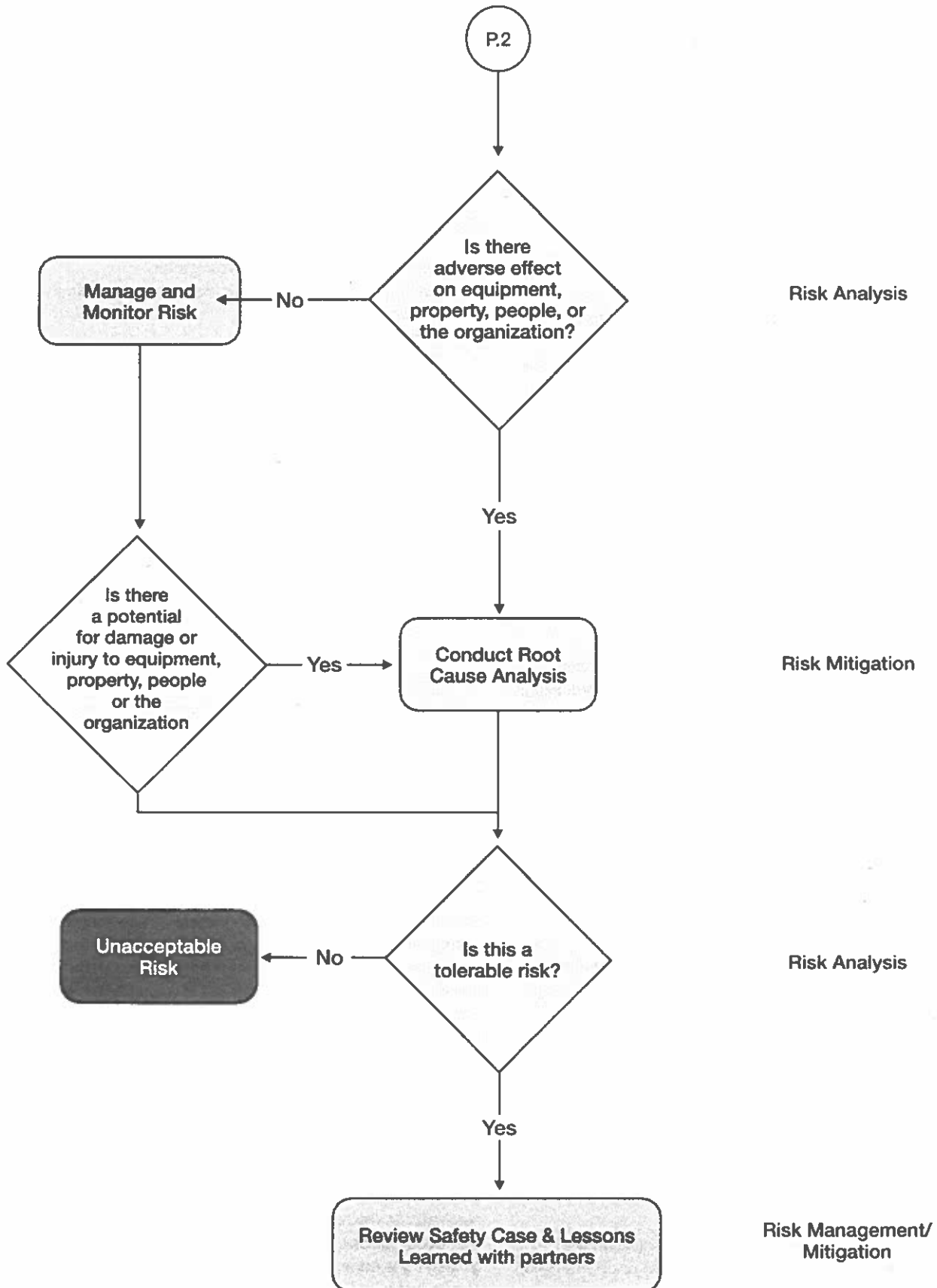


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Hazard Identification & Risk Management - Figure 4B



PERFORMING AUDITS

Base Safety audits:

- At the first of the month, the base safety representative performs the inspection report.
- This inspection report is completed by the 10th of the following month.
- The final report with corrective action is then submitted to the contracted Director of Safety
- The contracted Director of Safety then facilitates the correction of any open items that needs additional attention.
- If this is required, a corrective action report will be completed.

LOQA:

- The contracted Director of Safety will coordinate a meeting with the on-duty crew scheduled for the audit.
- Print out the checklist to be used for the audit and give a full explanation of the process.
- Complete the checklist with the affected personnel after the run is completed noting any discrepancies.
- Ensure the affected Supervisor develops a plan to ensure compliance with all noted discrepancies.
- Develop a formal written report including the following as applicable:
 - Routing sheet
 - Audit checklist
 - Background data and supporting documentation (if necessary)
 - Interview results (if necessary)
 - Findings/concerns (may be documented on the Corrective Action Responses (CARs) or on the report summary) (if necessary)
 - Recommendations (if applicable)
 - Conclusions (if applicable)
- Route the audit report to the responsible base for action (if there are findings/concerns) or information (no findings/concerns)
- Completed audit file is stored for 2 years.
- Develop follow up schedules for findings, as applicable.

QA Internal audits:

- The contracted Director of Safety will coordinate a meeting.
- Print out the checklist to be used for the audit and give a full explanation of the process.
- Complete the checklist with the affected personnel after the total mission is completed noting any discrepancies.
- Develop a formal written report including the following as applicable:
 - Routing sheet
 - Audit checklist
 - Background data and supporting documentation (if necessary)
 - Interview results (if necessary)
 - Findings/concerns (may be documented on the Corrective Action Responses (CARs) or on the report summary) (if necessary)
 - Recommendations (if applicable)

- Conclusions (if applicable)
- Route the audit report to the responsible base for action (if there are findings/concerns) or information (no findings/concerns)
- Completed audit file is stored for 2 years.
- Develop follow up schedules for findings, as applicable.

External audits: Per the consulting firm's requirements.

Follow up audits: Use previously developed Corrective Action Responses (CARs) or report summary.

IEP Investigation:

- Define the scope of the investigation.
- Determine which audit checklist will be used in the investigation.
- Identify resources needed.
- Develop the timeline and set a deadline for completion of the investigation.
- Brief Leadership as needed.
- Develop a formal written report including the following as applicable:
 - Routing sheet
 - Audit checklist (if applicable)
 - Background data and supporting documentation
 - Interview results
 - Findings/concerns (may be documented on CARs or on the report summary)
 - Recommendations (if applicable)
 - Conclusions

AMBULANCE VIDEO/AUDIO PROGRAM

Program Purpose

The purpose of the Ambulance Video/Audio program is multifaceted. The cameras are in place for crew protection and are placed in the operators' compartment and patient compartment. The purpose is to provide video evidence during investigations and/or claims. The operators' area camera records forward facing and inward into the cab area. The camera in the patient compartment is mounted on the bulkhead to overlook the entire patient compartment. These cameras remain HIPPA compliant due to West Virginia being a single party state, the patients or representatives sign acceptance and there are notices placed in the front and rear of ambulance indicating that audio and video recording is occurring.

Program Educational Use

The Ambulance Video/Audio system provides a cumulative risk score for each individual operator and each base separately. This data is used in conjunction with a desktop driving simulator to decrease the number of and severity of events that occur across the system. This allows the safety leadership to focus the education on high-risk areas and high-risk operators to improve the overall safety of the program.

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Program Monitoring

The Ambulance Video/Audio dashboard is reviewed daily by the safety department. Any video that has been added to the dashboard by Lytx is then assigned to the Team Lead for immediate coaching of the employee. The Team Lead have a maximum of fifteen (15) days to coach full-time employees and a maximum of thirty (30) days to coach casual employees. If the coaching is not performed in the allotted time frame, then the Team Lead will be subject to progressive discipline.

SAFETY REPORTING**Reporting Program**

The Mason Co. EMS reporting program is designed to prevent mishaps by identifying, controlling, and/or eliminating hazards. In order for these mishaps to be controlled and corrected promptly, effective reporting methods have been made available to all partners.

Procedures:**Post Transport Debriefs:**

All team members are required to complete the Post Transport Debrief questionnaire after completion of a transport. This requirement is mandatory since it allows leadership to pro-actively make corrections to issues raised by "sharp end" team members (those that are actively involved in the task at hand). There is a designated section for safety items and also an area to address additional concerns.

- The Safety Committee will review all debriefs and issue follow-ups weekly on Monday call and at the monthly safety meetings and recommendations will be made to the contracted Director of Safety.
- Everyone is encouraged to participate in the Safety Awareness program.
 - Anonymous Reporting: Anonymous Reporting forms are located in the Ninth Brain system under the SUBMIT A FORM section. These forms can be used to report safety or any other issue he partner wishes to report. These forms go directly the Team Leader and then distributed to Leaders/Directors directly involved with the situation.
 - Mason Co. EMS takes all reports of unsafe conditions seriously. Prompt attention will be given to all actual and potential hazards that have been reported. The Risk Assessment process and the Risk Assessment Matrix will be used to analyze and evaluate all potential hazards. The contracted Director of Safety will inform the reporting partner (if known) of the action taken to correct the hazard or the reasons why the condition was determined not to be hazardous. There will be no discrimination against any partner who reports unsafe working conditions or work place hazards. Indeed, partners are encouraged and required to do so.

Controls:

- Internal Evaluation Program
- Threat and Error Management
- Just Culture Process

Process Measures:

- Just Culture Survey
- Reports received that are safety related
- Base Scorecards

Interfaces:

- S.A.F.E.R. Reporting

Responsibility:

All employees have shared responsibility to report any unsafe activities, unusual occurrences or hazards that they are aware of immediately to the contracted Director of Safety.

Authority:

The contracted Director of Safety has the authority to change or revise any portion of this process.

S.A.F.E.R. (System Accountability/Factual Event Reporting) System

S.A.F.E.R. is a part of the Hazard Identification and Risk Management Plan. This system is designed for reporting the factual information of both near misses and actual loss-production events while incorporating a process to develop lessons learned and opportunities for improvement. Early identification is important so that prompt investigation can be initiated while information is still fresh and available. Mason Co. EMS utilizes the Just Culture process during the investigation and follow-up of an S.A.F.E.R.

A S.A.F.E.R. discloses factual investigation results due to any error, omission, incident, accident, or situation that could or did result in personal injury or damage to equipment or property. This may involve any individual present at Mason Co. EMS operations or any individual involved in operational activities of the Mason Co. EMS service.

Purpose:

- To implement a Threat and Error Management (TEM) process within our Safety Management System (SMS).
- To reduce risk to all Mason Co. EMS employees and contractors.
- To establish a mechanism for review, investigation and closure of any incident occurring in the Mason Co. EMS.

Procedures:

- All S.A.F.E.R.s will be documented, reviewed, distributed to the entire system, including vendors.
- All applicable Root Cause Analysis (RCA) investigative

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process will be use once and accident/incident has been reported.

- The Risk Assessment Matrix will be used to assess the level of risk and to determine the next steps.
- Once all written statements are received, personnel interviews obtained and investigations completed the S.A.F.E.R. will be documented, reviewed by all investigators and distributed.

Emergency Reporting:

- Some occurrences such as post-accident/incident plan (PAIP) activation may require immediate action.
- Other situations such as:
- Immediate danger events;
- Severe damage to equipment or property; or
- That could potentially cause harm to a population, may require emergency reporting.

Investigation and Follow-up:

The contracted Director of Safety will maintain all records of reporting, review and investigation. At the end of the process, these questions should have been addressed and answers formulated:

- Was the occurrence reflective of a systems/organization error or shortcoming;
- Was the occurrence reflective of human error;
- If this was a system error, what transpired for this event to occur, and;
- What steps have been taken to avoid this situation/problem in the future?

Problem-solving activities should be reflected by changes in operational policies and procedures where indicated and these changes and methodologies should be shared with employees using various modes of communication.

Process Measures:

The contracted Director of Safety and President/CEO will be responsible for maintaining effectiveness of the program by continuous monitoring of reporting, investigations and loop closure on recommendations made on S.A.F.E.R. reports.

Interfaces:

- Ninth Brain Anonymous Reporting
- Hazard Identification and Risk Assessment Plan
- Post-Accident/Incident Plan (PAIP)

Responsibility:

All team members have a responsibility for participating in any accident/incident for which they are involved.

Accident/Incident Investigation

All work-related accidents will be investigated in a timely

manner. Minor incidents and near misses will be investigated as well as serious accidents. A near miss is an incident, which, although not serious, could have resulted in a serious injury or significant property damage. Investigation of these instances may avoid serious accidents in the future.

Procedures:

Each leader must investigate all work-related accidents involving his or her personnel. After investigating an accident, the supervisor must ensure that the following paperwork is completed as indicated:

For personnel injury, complete the injury packet and send to the Team Leader within 48 hours.

Injury Packet includes:

- Employee's Report of Incident and Injury
- Statement of Witness to Employee Accident
- First Report of Injury, Occupational Disease or Death (if indicated)

For a vehicular incident complete an Accident Report and send to the contracted Director of Safety within 24 hours.

All accidents will be investigated as promptly as possible. In conducting his or her inquiry, the person investigating the accident/incident, at a minimum, shall:

- Visit the accident/incident scene as soon as possible. This will ensure that the facts are still fresh in the witnesses' minds;
- The investigator should interview the partner(s) as soon as he or she is physically and mentally able;
- Interview witnesses to the accident/incident either at the scene or as soon after the accident as possible;
- Obtain signed statements from witnesses;
- Document details graphically using photographs, sketches, or diagrams wherever appropriate;
- Save or preserve all physical evidence.

The contracted Director of Safety will ensure that the proper personnel are assigned responsibilities to take all steps necessary to correct the hazard and avoid similar accidents/incident in the future. Preventive action will include, if required:

- Replacing all defective or broken tools and equipment;
- Revision or addition to Mason Co. EMS policies;
- Re-training personnel;
- Monitoring the hazard to ensure that it remains corrected or controlled.

Controls:

- Standard Operating Procedures
- Team Member Safety Training
- Education, Awareness and Communication

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Process Measures:

Zero incidents/accidents

Responsibility:

All team members are responsible for safe workplace practices to the extent required to aid in the avoidance of any incidents or accidents.

The contracted Director of Safety is responsible for implementing and updating risk mitigation processes.

Authority:

The contracted President/CEO has the authority to change or amend any processes in this accident/incident investigation process.

ysis will be conducted if there was proven adverse effect as defined above. For example, when any serious threats/errors or near misses have occurred, a root cause analysis will be conducted.

In order for a RCA to be effective:

- The issue must be current
- The employee's recollection of the facts must be as detailed as possible
- The evidence must be available for analysis
- Employees must participate freely and in some cases act as process experts

These barriers to an effective RCA must be avoided in order to attain success

The wrong causes:

RCA teams that identify and fix only the proximate causes of an event will allow the same error to recur.

A blaming environment:

No RCA team will get much useful information from a partner who thinks the company is looking for someone to blame. This is a non-punitive process; it must involve a Just Culture.

ANNUAL BASE SAFETY AUDITS

The contracted Director of Safety is required to complete an annual safety audit of all operational base sites. The completed form will be maintained for a period of three (3) years. This audit will be comprehensive review of ambulance and culture at each location.

DETERMINING ADVERSE EFFECT AND CONDUCTING A ROOT CAUSE ANALYSIS (RCA)

At Mason County EMS we value safety above all. Safety is our culture and is evident in every aspect of our operation.

When we experience an accident or discover circumstances that could have an adverse affect on the company, we will conduct a thorough investigation of the experience or circumstances immediately in order to drill down to the root cause of the situation. Determining the adverse affect of a threat or error will be achieved within our Safety Management System through conduction of a Root Cause Analysis (RCA) of the threat or error.

In collaboration with contractors, Mason County EMS will provide a preliminary report, as soon as possible, to all employees, the County Commission, contractors and industry when there is adverse effect on the company.

Adverse effect is any threat or error that has the potential to or has caused damage or injury to people, equipment, property or the organization. These threats/errors need to be acted on as soon as possible in order to prevent a recurrence and to proactively correct problem areas.

Root Cause Analysis is a way to discover the causes of an event in order to prevent a recurrence. A Root Cause Anal-

Purpose

To gather information about the event through an in-depth approach of interviews, reports and brainstorming.

To identify the more fundamental reasons for the threat/error, create lasting change, and ensure improved safety through thorough analysis.

To develop recommendations, safety cases and lessons learned that could be beneficial to others.

To prevent potential or further injury or harm to employees and others.

Procedure

Procedures documented in following flowchart:

If it is determined by use of the flow chart above that an adverse effect has occurred, a root cause analysis will be conducted. The RCA team will consist of a team leader, a facilitator, and numerous participants.

Team Leader

This is the Team Leader of the area most directly involved in the event.

Facilitator

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This person is the contracted Safety Director or the Director of Education. For example, if the area of vested interest is clinical in nature, then the contracted Director of Education will be the facilitator.

Participants

These persons are key stakeholders, process owners, sometimes at least one peer that is familiar with that operation, as well as the individuals who were directly involved in the event.

Interview(s) or statement(s) from Ninth Brain will be obtained from all of the individuals that were directly involved in the event as soon as possible. If at all possible these interviews or statements must be obtained within seven (7) days of the event.

After interviews or statements are obtained, an event map will be created to map the timeline of the event. A preliminary report will then be disseminated to all employees, contractors and to industry, if required.

Within fourteen (14) days of the event, the RCA team will meet to brainstorm and analyze the event. The goal of the RCA team will be to discover:

What happened

- This is done through interviewing and getting statements. On occasion, essential documents, equipment, furnishings and other material may need to be secured to determine what happened.
- Review and discuss the details of the event as they are provided to you via narrative and event map.

Why it happened

- Very often, as you determine how an event happened, you will also be uncovering why it happened. Creating and mapping the time line is essential in order to show the sequence of activity leading up to the event. It is also very important that only the relevant facts are focused on.
- Brainstorm the key factors that contributed (negatively) to this event occurring. Key factors (also called causal factors) are factors that, if removed from the event, the event most likely would not have occurred.
- Analyze the key factors to determine “why” and by placing the factors in at least one of the following categories: people, policy, procedure, training, equipment.
- Use the Ishikawa (Fishbone) method to review and discuss the causal factors and for identifying common causes. Common causes are generally system and process issues that directly contributed to causal factors occurring.
- Compare any unusual occurrence trend report from email or Ninth Brain to the key factors and common causes identified in the event.
- Note any common trends.

Identify steps one must take to prevent it from happening again

- Develop document of recommendations to address each issue, including any trends.
- Publish the document of recommendations and send to the Team Leader for approval.
- After the document of recommendations is approved, the Safety Case and Lessons Learned will be shared with all employees, contractors and, if required, with industry.
- Publish to disseminate findings and lessons learned.

Controls

Post-Accident Incident Plan (PAIP)

NinthBrain reporting system

Medical Director Quality Assurance process

Process Measures

Event mapping

Tools

Brainstorming

Ishikawa (Fishbone) method

Findings and Analysis

Preliminary report

Document of Recommendations

Safety Cases and Lessons Learned

Interfaces

Mason County EMS Safety Committee

Mason County EMS Continuous Quality Improvement process

Responsibility / Accountability

Each member of the RCA team is responsible for:

- Identifying the underlying system and process issues that contributed to the event
- Ensuring that all aspects of the event are thoroughly explored
- Ensuring that recommendations for improvement are made and that they will have an impact that will significantly reduce the likelihood of the event occurring again
- Maintaining utmost confidentiality
- Avoiding finger-pointing and blaming

The Team Leader in collaboration with the contracted Safety Director and Director of Education is responsible for:

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- Obtaining any statements
- Providing any essential required documentation
- Making available any requested equipment, furnishings, and/or other materials
- Setting up the brainstorming session (debriefing)

The Facilitator is responsible for:

- Conducting the interview and the brainstorming session (debriefing)
- Creating and mapping the timeline of the event (event map)
- Publishing the preliminary report
- Preparing the document of recommendations, safety case and lessons learned

Resources / References

Root Cause Analysis Basics (A Resource Guide for Healthcare Managers) 2008 HCPro, Inc.

EVENT REPORTING

It is the policy of Mason County EMS to provide a pathway for operational event or occurrence reporting which do not include a corporate compliance issue which is reported through a different manner. Occurrences are reflected through Ninth Brain.

This allows team members a clear method of reporting of events and occurrences.

When a crew member is involved in an event or occurrence while on duty the following methods may be used to submit a report:

If the crew member wishes to submit an anonymous report, use the Anonymous Reporting Form in NinthBrain under "Submit a Form" in the forms section.

If the crew member is involved in a root cause analysis investigation, use the Root Cause Analysis (RCA) Incident Report Form in NinthBrain under "Submit a Form" in the forms section.

If the crew member is involved in an incident while on duty, use the "Submit an Incident" button in the QI section of NinthBrain. When this button is selected, choose the most appropriate category from the drop down box then enter the details in the form.

LEADERSHIP OPERATIONAL QA RIDE-ALONG PROGRAM

Overview

The purpose of a Leadership Operational QA Ride-Along program is an important proactive safety program designed to help develop countermeasures in operational errors discovered in a normal operating environment. It involves a structured program of non-punitive observations of front line

activities built around the Threat and Error Management (TEM) concept. It aims to identify threats to operational safety, identify and minimize the risks which are the origin of such threats, and implement measures to manage the human error aspects of the residual risk. It is highly focused on Crew Resource Management (CRM) strategies and the elements of human factors. The Leadership Operational QA Ride-Along provides a way to assess the level of organizational resilience to systemic threats in accordance with the principles of data-driven approach in attempts to decrease the frequency of understandable events and assessing the quality and usability of procedures.

Definitions

Threat and Error Management (TEM)

It is an overarching safety concept regarding operations and human performance. It is the practical application of human factors strategies in the management of threat and errors.

Threats

Occurrences outside the control of the crew, and increase with operational complexity and require crew attention and management if safety margins are to be maintained.

Latent Threat

A threat that is not apparent but is inherent in the system. It occurs when employees begin to disregard process steps that are felt unnecessary and management does not intervene.

Active Threat

A threat that materializes during actual line operations.

External Threat

A threat that occurs external the organization that the organization has no control over.

Error

Crew action of inaction that leads to a deviation from crew or organizational intentions or expectations, reduce safety margins, and increase the probability of adverse operational events.

Slips

Can be thought of as actions not carried out as intended or planned.

Lapses

Missed actions or omissions.

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Mistake

A specific type of error brought about by a faulty plan or intention.

Compliance

Changing pattern or process to improve safety or proficiency of process or pattern.

Conformity

Changing a pattern to avoid peer response or punitive actions.

Procedures

In order to scientifically and accurately evaluate a request for service, Mason County EMS will evaluate crew performance using the SHEL method:

S: indicates the software - the procedures and rules which have to be followed, i.e. checklists, symbology, etc.

H: is the hardware - the ambulance, its systems and equipment

E: is the environment in which the man/machine system operate

L: is the live-ware - the crew who operate the ambulance and interact with other personnel and patients

In studying the science of human factors and human behaviors we know that when a human is taught something, it will be almost completely forgotten within thirty (30) days if not reinforced. We also know that once something becomes a habit, the body completes tasks by muscle memory with thought given to the process and why you are completing each step. A leadership operational QA ride-along program attempts to identify where threats and errors enter into an operation and begin to break down the consistency of that operation.

The program improves safety by raising risk awareness, determines how group dynamics is affected, will monitor compliance vs. conformity, and monitors internal and external communication.

The following is a basic outline of what will occur during a ride-along:

- A trained leader will perform a ride-along at a randomly selected site, on a randomly selected day.
- The leader will brief all crew members on the program and the intentions of the inspector.
- The surveyor will ride along 12 hours day or night but will not ride for an entire 24 hour shift.
- The primary purpose of the survey is to observe and document any human factor that could potentially lead to an error, this leading to a threat. However, the surveyor will be trained medical crew member and can assist if the situation warrants.
- Once the ride-along is complete, any documented discrepancies will be placed into a report and directed to the Team Leader with a recommended corrective action plan.

Controls

A training system will be put in to train inspectors and prevent introduction of bias into the system. The education and selection system will be managed by the contracted Director of Safety.

The training will consist of recurrent TEM training, human factors training, process and documents training.

POST ACCIDENT / INCIDENT PLAN**Purpose**

The goal and purpose of this policy is to provide rapid response for the systematic search and rescue; comply with the National Transportation Safety Board Regulations Part 830; to eliminate misinformation related to any incident, accident, serious injury, and/or fatal injury; and to establish a procedure for notification of proper officials and agencies.

Procedure**Loss of Communications**

Attempt radio contact on all medical frequencies commonly used every five (5) minutes after the first fifteen (15) minutes have elapsed since the last required contact.

Contact the requesting person, dispatching agency or primary responder at the scene and request the last contact time with the ambulance and place of contact.

Notification of necessary administrative personnel should be brief and concise stating clearly only factual information. This should include:

- Point of departure
- Point of intended destination
- Last known position of ambulance
- Names of personnel on board
- Status of any patient
- Weather conditions in area concerned

Safety Management System

The Safety Management System facilitates proactive identification of hazards and to maximize the development of an improved safety culture as well as modifying behaviors to create a safer work environment.

Definition

The Mason County EMS Safety Management System (SMS) can be defined as a coordinated, comprehensive set of processes to direct and control resources to manage safety. The SMS takes unrelated processes and builds them into one coherent structure to achieve a higher level of safety

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performance, making safety management an integral part of overall risk management. SMS is based on leadership and accountability. It requires proactive hazard identification, risk management, information control, auditing and training. It also includes incident and accident investigation and data analysis.

Elements of the Mason County EMS Safety Management Team

- Management Plan
- Management's commitment
- Team Leader's responsibility
- Transport Team expectations

Safety Promotion

- Published statement of "Management's Commitment"
- Share lessons learned
- Feedback system
- Culture of fairness (Just Culture)

Document and Data Information

- Document and publicize policies and procedures
- Utilize document control
- Process to communicate changes to all employees
- Periodic review and update

Hazard Identification and Risk Management

- Proactive identification of existing and potential hazards
- Process to prioritize risk
- Method to tract hazard

Occurrence and Hazard Reporting

- Feedback to reporting person
- Process to analyze data
- Confirm effectiveness of corrective action
- Non-punitive policy for reporting hazards

Investigation and Analysis

- Utilize process that asks what and why, not who's to blame
- Utilize investigation team
- Identification of root causes (including organizational factors)
- Development of corrective actions to prevent recurrence

Safety Assurance Oversight Programs

- Conduct internal audits
- Utilize checklists which focus on professional and peer organizations
- Document results and corrective action
- Communicate results to employees

Safety Management Training Requirements

- Provide comprehensive safety orientation to all new employees
- Track training requirements
- Track training status

Management of Change

- Changes in location, equipment or operating conditions must be analyzed for potential hazards
- Define level of management that must approve change
- Communicate changes to all employees

Emergency Preparedness and Response

- Available to all bases
- Relevant and useful
- Updated regularly
- Briefed to all personnel
- Practiced periodically

Performance Measurement and Continuous Improvement

- Must be proactive and not reactive
- Be Specific, Measurable, Achievable, Results Oriented and Timely (SMART)

INFECTION CONTROL: BED BUG**INTRODUCTION**

Bed bugs are small, flat insects that feed on the blood of sleeping people and animals. Bed bugs are not known to transmit disease; however, they are a pest of significant public health importance. Bed bugs are blood-sucking ectoparasites similar to head lice. The health impact of bed bugs includes mild to severe allergic reaction to the bites; bites may lead to a secondary skin infection which may affect the mental health of those living in infested homes.

Bed bugs are usually transported from place to place as people travel. Bed bugs travel in seams and folds of baggage, folded clothes, bedding, furniture and anywhere else they can hide.

Bed bug infestations typically occur around or near sleeping quarters. Bed bugs are experts at hiding. They hide during the day in the seams of mattresses, box springs, bed frames, headboards, dresser tables, cracks or crevices, behind wallpaper and under any clutter or objects around a bed. Bed bugs may travel over 100 feet in one night and tend to live within 8 feet of where people sleep.

PURPOSE

To understand where bed bugs are found and how they move about.

To recognize signs on patients of possible bed bug infestation.

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To prevent bed bug infestations at Mason County EMS bases, detailing procedures for avoiding infestation are used. Control in bases is much more difficult as many people share these quarters.

The cost of eliminating bed bugs may be significant, requiring multiple visits by a licensed pest control operator.

PROCEDURES

Bed bugs can infest homes, ships, buses, and airplanes. Bed bugs hide in cracks and crevices and prefer to contact fabric, wood and paper surfaces. Bed bugs do not fly; they walk very fast, cling tightly to surfaces, and are easily transported from place to place.

Be alert, look for bed bugs. While performing head to toe assessment of patients, look to identify potential bed bug bite marks or bugs.

Bite marks may appear on the face, neck, arms, hands and any other body part. Bite marks appear similar to mosquito or flea bites – slightly swollen, red areas that may itch. Marks may be random or appear in a straight line. Ask patients, family, and other healthcare providers if the patient has bed bugs.

Examine sheets, blankets, clothing for signs of bed bugs – may see exoskeletons or visible bugs. Adult bed bugs have an oval shaped flattened body and are approximately 1/4 - 3/8 inches long.

A newly hatched bug (1/10 long) will be colorless until it feeds, it then becomes red; nymphs are yellowish to reddish brown.

If an emergent transport is required, the crews may consider the following after consultation with leadership:

Isolation gowns and shoe covers may be worn to protect uniform.

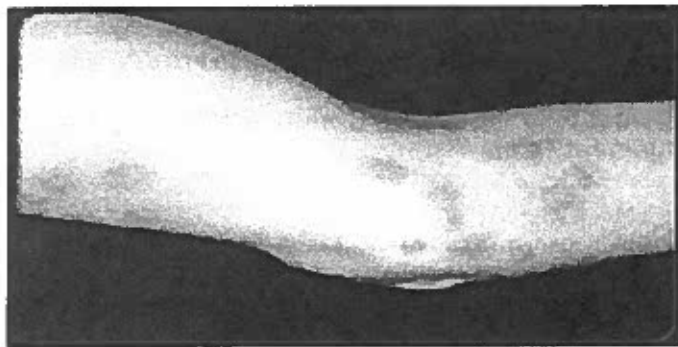
Communicate to the team the suspicion or sighting of bed bugs.

Place equipment and bags on protective plastic; do not place bags directly on the floor or patient bed; you may use plastic trash bags between the equipment bag and patient environment.

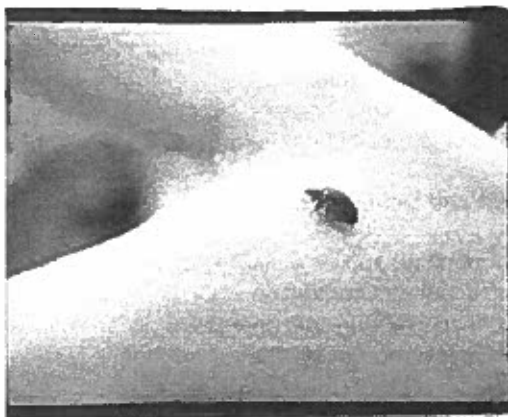
If transporting patient belongings, place in a plastic bag, twist tie neck closed, label the bag with patient identification to avoid disposal at the receiving facility.

Place clean sheet on gurney. Wrap/cocoon patient in a clean sheet before placing on gurney. Inspect for visible bugs before transferring to gurney; transfer to gurney on top of clean sheet; enclose patient in gurney sheet. A cadaver bag may be used to isolate patient.

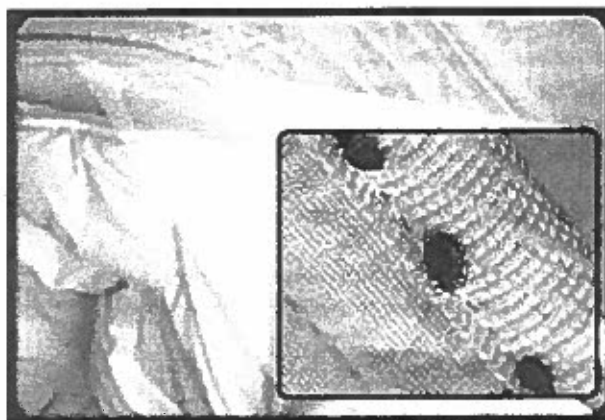
Inspect equipment closely for bugs before getting back in the ambulance.



Bed bug bites on an arm



Bed bug bites on a hand



Bed bug bites on a mattress



Bed bug on before and after eating

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Inform receiving facility of actual or suspected bed bugs. Upon arrival, bag all linen, twisting and secure bag closed. Place linen in facility's dirty laundry hamper.

Do not take your clothing, boots, or equipment into the base's living area. Inspect clothing and boots for bugs; if bugs are found, bag and seal everyone's clothing and boots. Clothing and boots should be placed in a clothes dryer set on high heat for 30 minutes.

Remove transport gurney from ambulance; inspect thoroughly in bright light – including mattress, straps, wheels and frame; wipe down with disinfectant wipes.

If one or two bugs are found, smash them. If multiple bugs are found, bag the gurney in plastic sheeting and notify Team Lead. A pest control company will be notified for remediation.

Inspect all cracks, crevices and surfaces of the ambulance; if bugs are found, notify Supervisor. A pest control company will be notified for remediation.

A vacuum can be used to remove bugs from cracks and crevices; be sure to take the bag out of the vacuum, seal and dispose of in an outside trash container.

Thoroughly inspect any equipment/bags used in patient care. To prevent bed bugs at the base – all mattress and box springs should be zippered into bed bug mattress protectors. Protective covers must be replaced if torn or the zipper will not remain secured.

Immediately report any signs of bed bugs to Team Lead. Pest control will be notified for remediation.

Controls

All team members will inspect equipment, base, ambulance for signs of pests.

Process Measures

Director of Safety, Base Safety Representative or any member of Leadership team will perform random base audits, which include inspection for signs of bed bug infestation.

Responsibility

Team members are responsible for inspecting equipment and ambulance/aircraft, notifying Team Leaders of any suspected infestation.

Team Leader will contact professional pest control company for inspection and remediation.

Resources / References

Joint Statement on Bed Bug Control in the United States from the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Environmental Protection Agency (EPA) http://www.cdc.gov/nceh/ehs/Publications/Bed_Bugs_CDC-EPA_Statement.htm
Bed Bugs: Get Them Out and Keep Them Out <http://www2.epa.gov/bedbugs>
Bed Bug Prevention for Emergency Facilities and Patient Transport (PDF) Author: Dini M. Miller, Ph.D., Department of Entomology, Virginia Tech Source: Virginia Department of Agriculture and Consumer Services

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ANNUAL CONTINUOUS
IMPROVEMENT INTERNAL AUDIT

DESCRIPTION	YES	NO	N/A
Ambulance			
1. Are the vehicles Insurance, Registration and WVOEMS Certificates present and current?			
2. Are there any maintenance discrepancies noted?			
3. Are the maintenance daily logs completed when required?			
4. Is there a survival kit in the vehicle?			
5. Is the emergency road equipment in good working condition? (i.e. flares, folding shovel, safety triangles, kitty litter, jumper cables, tool kit)			
6. Is the fire extinguisher inspection current? Is it operational?			
7. Is there a working flashlight in the vehicle?			
8. Are oxygen and air systems in good working condition?			
9. Have the compartments and interior been checked for cleanliness and cosmetics?			
10. Is the vehicle clean outside? (This is what the customer sees.)			
11. Are patient locking devices in good working condition? i.e. cot locks			
12. Are all seat belts and cargo tie-downs in good working condition?			
13. Does the vehicle have a current accident kit on board?			
Compressed Gas Storage			
1. Are cylinders stored in accordance with OSHA 29 CFR 1910.253 and NFPA 99?			
2. Are full and empty cylinders separated and clearly marked?			
3. Do any cylinders show any damage or wear?			
First Aid			
1. Is the emergency eye wash and shower facility within the immediate work area where employees are exposed to hazardous/corrosive materials? 29CFR1910.151(c), .1048 (i)(3)			
2. Are first aid kits easily accessible to the work area with necessary supplies available, periodically inspected and replenished as needed? 29CFR1910.157(e) (AED station)			
PPE: Eye and Face			
1. Is personal protective equipment provided and are all employees required to use PPE as needed to protect against eye and face injury? 29CFR1910.133(a)(1)			
2. Are protective goggles or face shield provided and worn where there is any danger of flying particles or corrosive materials? 29CFR1910.133(a)(1)			

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DESCRIPTION	YES	NO	N/A
3. Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions, or burns? 29CFR1910.133(a)(2)			
4. Are all employees required to use personal protective clothing and equipment when handling chemicals (gloves, eye protection, respirators etc.)? 29CFR1910.132			
Fire Extinguishers			
1. Are appropriate fire extinguishers mounted, located, and identified so that they are readily accessible to employees? 29CFR1910.157(c)(1)			
2. Are all fire extinguishers inspected and recharged regularly, and noted on the inspection tag? 29CFR1910.157(e)			
3. Are portable fire extinguishers provided in adequate number and type? 29CFR1910.157(d)			
Exits			
1. Are exits properly marked? 29CFR1910.37(q)			
2. Are exits kept free of obstructions? 29CFR1910.36(d)(1)			
3. Can exit doors be opened from the direction of exit travel without the use of a key or any special knowledge or effort when the building is occupied? 29CFR1910.165(d)(4)			
Material Handling			
1. Is there safe clearance for equipment through isles and doorways? 29CFR1910.176(a)			
2. Are containers stored, stacked, blocked, and limited in height so they are stable and secure? 29CFR1910.176(b)			
Employee Break Area(s)			
1. Does the number of restrooms conform to the federal standards? 29CFR1910.141(c)(1)			
2. Are personal hygiene facilities (basins) available? 29CFR1910.141(c) & (d)			
3. Are there separate toilet facilities for each sex? 29CFR1910.141(c)(i)			
4. Are all toilets and washing facilities clean and sanitary? 29CFR1910.141(a)(3)			
Environmental Tobacco Smoke			
1. Is there a smoking policy in place to control secondhand smoke?			
2. Are outdoor smoking areas located away from building ventilating system air intakes? No Smoking in the workplace policy			
3. Are outdoor smoking areas located away from doors, which non-smokers may have to pass through?			
4. Are outdoor smoking areas equipped with shelters and ashtrays to accommodate smokers?			

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DESCRIPTION	YES	NO	N/A
Postings			
1. Is a "Notice of employee polygraph protection act" poster present in a conspicuous area such as an employee break room or lounge?			
2. Is a "Job Safety and Health Protection" poster placed in a conspicuous area such as an employee break room or lounge?			
3. Is a "Family and Medical Leave act of 1993" poster placed in a conspicuous area such as an employee break room or lounge?			
4. Is a "Fair Labor Standards Act" poster (minimum wage) placed in a conspicuous area such as an employee break room or lounge?			
5. Is an EEO (Equal Employment Opportunity) Act poster located in a conspicuous area such as an employee break room or lounge?			
6. Is the OSHA 300A Form "Summary of Work Related Injuries and Illnesses" posted between January 31st and May 1st in a conspicuous area such as an employee break room or lounge? 29CFR1904.29			
7. Is a "Weapons in the Workplace prohibited" poster placed in a conspicuous area?			
Other OSHA and Fire Safety Requirements			
1. Does the base have a current copy of the Blood borne Pathogen exposure control program? 29CFR1910.1030			
2. Does the base have a current copy of the Hazardous Communication Program plan? 29CFR1910.1200			
3. Are in-use flammable materials stored in separate fireproof containers? 29CFR1910.39			
4. Are "in use" electrical power tools serviceable? 29CFR1910.242(a)			
5. Are electrical extension cords serviceable with no kinks or abrasions? 29CFR1910.334(2)			
6. Are electrical extension cords properly stored when not in use? 29CFR1910.334			
7. Are "in use" electrical extension cords properly routed to prevent any trip, electrocution or fire hazards? 29CFR1910.334			
8. Are protective guards present for machines with rotating parts? 29CFR1910.212(a)(3)(ii)			
9. Is the grinding material rest within 1/8" of the wheel? 29CFR1910.215(a)(4)			
10. Are hazardous materials and hazardous waste containers suitably protected from the elements? Are they properly grounded? 29CFR1910.1200			
11. Are oxygen and LOX bottles secured and segregated according to "full" and "empty"? 29CFR1910.104			
12. Are oxygen cylinders and LOX bottles stored at least 50 feet from any ignition sources? 29CFR1910.104			
13. Are "Oxygen", "No Smoking", "No Open Flame" signs posted around oxygen storage areas? 29CFR1910.104			

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DESCRIPTION	YES	NO	N/A
NFPA Safety Requirements			
1. Are exits marked with lit exit sign and emergency lights per NFPA 101?			
2. Are emergency exits clear of obstructions?			
3. If stairs are present, higher than 36", do they have a handrail?			
4. Are any extension cords in good condition and secured?			

NOTES:

BASE:

AMBULANCE:

MISCELLANEOUS HAZARDS:

GARAGE/PARKING AREA:

CULTURE:

Section 4:

Exposure Control Plan

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POLICY

Mason Co. EMS is committed to providing a safe and healthful work environment for all team members. In pursuit of this endeavor, this exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist the organization in implementing and ensuring compliance with the standard, thereby protecting team members. This ECP includes:

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

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

Mason Co. EMS is responsible for the implementation of the ECP. The contracted Safety Department will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Those team members who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

Individual team leaders will maintain and provide all necessary PPE, engineering controls (e.g., sharps containers, labels, and red bags) as required by the standard. Individual team leaders will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The contracted Infection Control Nurse will be responsible for ensuring that all medical actions required are performed and that appropriate employee health records are maintained.

The Safety Department will be responsible for training, documentation of training, and making the written ECP

available to employees, OSHA, and NIOSH representatives. Contact phone number: 304-340-8000.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job titles within the organization which have occupational exposure to blood or OPIM:

This list may not be an exhaustive list of all available positions due to the continuing growth of our organization.

- EMT
- Paramedic
- Mobile Critical Care Paramedic
- Advanced EMT
- Supervisor
- Team Leader
- Assistant Team Leader
- Safety Officer
- Director of Safety

METHODS OF IMPLEMENTATION & CONTROL**UNIVERSAL PRECAUTIONS (UP)**

All team members will utilize universal precautions. "Universal precaution is an approach to infection control in which all human blood and certain bodily fluids are treated as if they are known to be infectious."

Source: 29 CFR §1910.1030(b)

EXPOSURE CONTROL PLAN

Team members covered by the bloodborne pathogens standard received an explanation of this ECP during their initial training session. It is also reviewed in annual refresher training. All team members have an opportunity to review this plan at any time during their work shifts by accessing the File Cabinet section of Ninth Brain. If requested, the organization will provide a team member with a printed copy of the ECP free of charge and within 15 days of the request.

The contracted Safety Department is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised positions with potential occupational exposure.

ENGINEERING & WORK PRACTICES

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne

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pathogens. The specific engineering controls and work practice controls used are listed below:

- Needleless systems
- IV catheters with active safety systems (e.g. BD Autoguard™)
- Sharps disposal containers
- Blunt-fill needles for vial usage

Sharps disposal containers are inspected and maintained or replaced by clinical staff (EMT, Paramedic, AEMT) every shift or whenever necessary to prevent overfilling.

This organization identifies the need for changes in engineering control and work practices through a review of OSHA records, safety committee activities, infection control nurse reports, and team member interviews.

The organization evaluates new procedures or new products regularly at Safety Committee meetings using field team member input and incident information. Both front line workers and leaders are involved in this process via the Safety Committee. The contracted Safety Department will ensure effective implementation of these recommendations.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is provided to our team members at no cost to them. Training is provided by the contracted Safety Department in the use of appropriate PPE for the tasks or procedures team members will perform. The types of PPE available to team members are as follows:

- Gloves
- Surgical Masks
- Eye protection (i.e. splash shields)
- Respirators (i.e. N-95, see Respiratory Protection Plan for further)
- Isolation gowns

PPE is located on each ambulance in the Mason Co. EMS fleet as well as each base site's supply area. Extra PPE (in addition to the stock on each ambulance and at each base) may be obtained through the team leader. Each team member is responsible for ensuring their vehicle has the appropriate type and quantity of PPE. This check is to be performed at the beginning of each shift. All team members using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE which is not visibly contaminated with blood or OPIM may be disposed of in normal refuse containers. Used PPE which is visibly contaminated with blood or OPIM must be disposed of in approved biohazard disposal containers.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with

blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

The procedure for handling used PPE is as follows:

- Non-Visibly Soiled: Can be disposed of in regular trash
- Visibly Soiled/Contaminated: Must be disposed of in a regulated waste bin

HOUSEKEEPING

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

The procedure for handling sharps disposal containers is: Seal the sharps disposal container in accordance with manufacturer instructions. Place sealed sharps disposal container in the regulated waste container at your respective disposal site.

The procedure for handling other regulated waste is: Ensure all regulated waste is placed in a red biohazard labeled bag, sealed, and then placed in the regulated waste container at the respective base site.

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

Bins and pails (e.g., wash or emesis basins) are to be disposed of after becoming visibly contaminated.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

LAUNDRY

Contact your team leader for handling instructions

If soiled laundry must be transported in a company vehicle

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then place all soiled laundry in a red bag and seal the bag for transport

LABELS

The following labeling method(s) must be used in this organization for the following:

- Contaminated laundry, contaminated disposal medical supplies: Red bag, biohazard label
- Clean and contaminated sharps: Red sharps disposal container marked with biohazard label

The Team Leaders will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the contracted Safety Department if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

VACCINATIONS**CHILDHOOD VACCINES (VARICELLA, MMR, TDAP)**

An employee may provide a copy of these previous vaccinations to become part of their permanent health record. A copy will be kept with the employee file and in the "Employee Health" section of Ninth Brain. Employees may receive an additional Tdap while seeking treatment for any injury in which the skin is broken (puncture or injection exposure) and it has been more than ten (10) years since the previous Tdap vaccination.

HEPATITIS B

The contracted Safety Department will provide training to team members on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) Documentation exists that the employee has previously received the series, 2) Antibody testing reveals that the employee is immune, 3) Medical evaluation shows that the vaccination is contraindicated, 4) A religious exemption is requested and deemed appropriate.

However, if a team member chooses to decline vaccination, he or she must sign a declination form. Team members who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the team member health record on Ninth Brain, and with Human Resources.

Vaccination will be provided by each team member's local

health department and paid for by Mason Co. EMS.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the team member. It will be limited to whether he/she required the hepatitis vaccine, and whether the vaccine was administered.

INFLUENZA

Annual influenza vaccinations have been found to be both safe and effective in reducing the risk of influenza and health-care related transmission. The Centers for Disease Control and Prevention (CDC) recommends vaccination of all workers in health care settings. Research has shown that vaccination programs limited only to employees who actively seek the vaccine have lower effectiveness in protecting patients and employees.

General Requirements

All Mason Co. EMS employees that do (or have potential to) provide direct patient care are required to receive a flu vaccine or provide a medical or religious waiver by December 31st of each calendar year. The vaccine will be offered free of charge at various times to allow for 100% compliance.

Any employee who is not compliant with this policy will be placed on an unpaid administrative leave until documentation of vaccination or completed waiver is received. This is generally accomplished at annual competency training. If employment occurs after annual competencies, but during flu season, team members have 10 days to provide documentation of flu vaccination. If an employee is hired outside of the CDC determined flu season, they will be required to complete this requirement as soon the vaccine is available.

Records will be maintained documenting vaccinations and waivers in the Ninth Brain System. If a national vaccine shortage occurs, a temporary plan will be developed for mitigation.

Medical and Religious Waivers

A medical waiver must be signed by a health care provider and returned to the contracted Infection Control Nurse each calendar year.

A religious waiver must be signed by a religious/spiritual leader and returned to the contracted Infection Control Nurse each calendar year.

Employees who receive exemptions due to waivers (medical/religious) are required to wear masks when working in patient care areas, when within three (3) feet of patients during influenza season (October through May).

TUBERCULIN SKIN TEST (PPD)

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The PPD will not be a required test. If an employee has an exposure, he or she may request a PPD eight to ten (8-10) weeks post exposure. This exam will be completed at no cost to the employee at their local health department.

MEASLES

The Centers for Disease Control and Prevention (CDC) recommends measles vaccination of all workers in health care settings. If an employee has already received a vaccine, a blood test/titer is recommended to verify immunity.

POST-EXPOSURE EVALUATION & FOLLOW-UP

Should an exposure incident occur, each team member is responsible to contact their respective team leader (or his/her designee).

An immediately available confidential medical evaluation and follow-up will be conducted by a physician at whichever appropriate facility the team member is directed to by leadership. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the organization can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine
- HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
- Assure that the exposed team member is provided with the source individual's test results and with the information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect team member's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the team member does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed team member elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION & FOLLOW-UP

The contracted Infection Control Nurse ensures that health care professional(s) responsible for team member's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The contracted Infection Control Nurse ensures that the health care professional evaluating an employee after an exposure incident received the following:

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

The contracted Infection Control Nurse provides the team member with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The contracted Safety Department, in conjunction with the contracted Infection Control Nurse, will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (O.R., E.R., patient room, transport vehicle, etc.)
- Procedure being performed when the incident occurred
- Team member's training

The contracted Safety Department will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to be made, the contracted Safety Department will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

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EMPLOYEE TRAINING

All team members who have occupational exposure to bloodborne pathogens receive training conducted by the contracted Safety Department.

All team members who have occupational exposure to bloodborne pathogens receive training conducted by the contracted Safety Department. Contracted Safety Department leaders have years of healthcare experience which contribute to operational understanding of OSHA's bloodborne pathogen standard requirements as well as efficacy of various hazard control methods.

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

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

Training materials for this organization are available on Ninth Brain.

RECORDKEEPING**TRAINING RECORDS**

Training records are completed for each team member upon completion of training. These documents will be

maintained for at least three years electronically on Ninth Brain. The training records include:

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

Team member training records are provided upon request to the team member or the team member's authorized representative within 15 working days. Such requests should be addressed to the contracted Safety Department.

MEDICAL RECORDS

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

Mason Co. EMS is responsible for maintenance or required medical records. These confidential records are kept for at least the duration of employment plus 30 years.

Team member medical records are provided upon request of the team member or to anyone having written consent of the team member within 15 working days. Such requests should be sent to the Supervisor/Director.

OSHA RECORDKEEPING

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

SHARPS INJURY LOG

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

- The date of the injury
- The type and brand of the device involved
- The department or work area where the incident occurred
- An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers redacted from the report.

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ECP APPENDIX A: HEPATITIS B VACCINE DECLINATION STATEMENT

Have you ever received the Hepatitis B Vaccine series?

☐ Yes ☐ No ☐ Unknown

If No or Unknown, would you like to receive the Hepatitis B Vaccine series at no cost to you?

☐ Yes (sign acceptance) ☐ No (sign declination)

If the employee signs the acceptance, he or she will be provided instructions to schedule receipt of the series at the local health department, provide documentation and proof of payment for reimbursement. The series must be initiated within 10 days with documentation sent to the Team Leader (or Human Resources) or it will be assumed the employee has transitioned to "declination" status.

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

Signed: (Team Member Name)

Date

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ECP APPENDIX B: POST-EXPOSURE GUIDELINES FOR POSSIBLE EXPOSURE TO N. MENINGITIDIS

HEALTHCARE WORKER EXPOSURE DETERMINATION

Healthcare workers are rarely at risk, even when caring for infected patients or processing lab specimens positive for N. Meningitidis. However, cases in healthcare workers and lab workers have been reported, and prophylactic medication is indicated in some instances.

Patients are considered infected with N. Meningitidis if:

- The patient has clinical and/or radiological evidence of N. Meningitidis infection AND has not received 24 hours of effective antibiotic therapy OR
- The patient is considered infected by the physician, as evidenced by diagnosis and treatment

Transmission of N. Meningitidis is normally via large respiratory droplets, which have a short airborne period. Therefore, transmission to healthcare workers requires close contact. Healthcare workers may have been exposed to an infected patient if they have had unprotected contact (i.e. no mask, faceshield or goggles) AND had direct face-to-face contact with the patient's respiratory secretions such as during:

- Mouth to
- mouth resuscitation
- Intubation
- Suctioning
- Bronchoscopy
- Coughing or respiratory secretions in the healthcare worker's face OR
- Direct exposure to blood or CSF by needlestick or contact with broken skin or mucous membrane

A healthcare worker who did not have significant unprotected contact with an infected patient's respiratory secretions or via blood/CSF as described above is NOT considered exposed and does not need follow-up with the Infection Control Nurse or to receive prophylaxis.

Prophylactic medication is considered most effective if given within 24 hours of a significant meningitis exposure but will be offered up to 14 days post-exposure

RECOMMENDED PROPHYLAXIS MEDICATION FOR N. MENINGITIDIS EXPOSURES

The recommended antibiotic for prophylaxis after a meningococcal meningitis exposure is Ciprofloxacin (Cipro). Persons who are pregnant or who have had an allergic reaction to Cipro or another quinolone (i.e norfloxacin, ofloxacin) must talk with the contracted Infection Control Nurse and/or Medical Director about alternative treatment.

1. Instructions for taking Cipro:

- a. Dosage of Cipro is 500 mg tablet by mouth x1 dose (adult dosage)
- b. Persons who are breastfeeding should wait 8 hours after the Cipro dose to breastfeed
- c. Take the medicine with a full glass of water. It is best to take this medicine 2 hours after a meal. However, you may take Cipro with food if it upsets your stomach.
- d. Don't take Cipro with foods containing large amounts of calcium such as milk, cheese, ice cream, or yogurt.
- e. If you are taking antacids (Maalox or Mylanta), vitamins, iron supplements, or Carafate, take them 2 hours after or 6 hours before taking the Cipro.

2. The following side effects have been reported with Cipro:

- a. GI disturbances such as nausea, diarrhea, stomach pains, and vomiting
- b. Dizziness, headache
- c. Allergic reactions (hives, shortness of breath, swelling of face, throat or lips, seizures)

3. Alternative prophylaxis medication for pregnancy or persons allergic to quinolones

- a. Alternative medication for exposed pregnant healthcare workers: Ceftriaxone (Rocephin) 250 mg single IM dose. Healthcare workers are advised to consult with their Obstetrician prior to receiving post-exposure prophylaxis.
- b. If you have had an allergic reaction to or are unable to take a quinolone, you will be offered an alternative medication (i.e. Rifampin 600 mg every 2 hours x 2 days).

ADDITIONAL INFORMATION

Call the contracted Infection Control Nurse or the contracted Medical Director if you develop any serious signs or symptoms of meningitis such as headache, stiff neck, fever, and sore throat within 2 weeks after your exposure.

Contact the contracted Infection Control Nurse or your team leader if you need additional information about your exposure.

ECP APPENDIX C: PERSONAL PROTECTIVE EQUIPMENT (PPE) USAGE & RESPIRATORY DISEASE PROCEDURES

PURPOSE

The purpose of the personal protective equipment (PPE) policy is to prevent infection and spread of disease. This prevention relies on the elements contained in this document including the appropriate use of PPE. Due to the lasting concerns of multiple serious respiratory diseases it is plausible that team members could have contact with patients or other healthcare workers who are infected

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with these and are not aware that they are infected. The standards set forth in this policy are intended to be utilized on all patient transports to limit this risk of exposure. Examples include but not limited to RSV, +B, Pertussis Flu, COVID Variants.

POLICY

PPE Usage

Additionally, it is expected that team members will obey all federal, state and local orders regarding mask usage while on-duty.

The organization provides appropriate three-ply cloth masks that can be obtained through your team leader. Gaiters, bandanas, turtlenecks, scarves, etc. are not approved as emerging data suggests that they do not offer the same levels of protection afforded by a three-ply cloth face covering.

Procedure or cloth face masks must cover the mouth and nose.

Operators of company vehicles, if they provide direct patient contact or transport (e.g., moving patients onto stretchers), will wear all recommended PPE in accordance with this document.

At a minimum, procedure facemask / surgical mask and eye protection (safety glasses, trauma glasses) are required for all patient contacts with respiratory medical conditions (i.e. Flu or RSV). Gaps between glasses and the face likely do not protect eyes from all splashes and sprays. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.

Patients should be wearing their own cloth face covering (if safe) prior to the arrival of personnel and throughout the duration of the encounter, including during transport. If they do not have a face covering, they shall be offered a facemask or cloth face covering. Facemasks and cloth face coverings should not be placed on children under the age of two (2), anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance.

- Intubated patients shall have a HEPA rated filter placed on the ET tube if not already in place, if possible.

If a nasal cannula is used, a facemask should be worn over the cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, reference the next section for additional precautions for aerosol-generating procedures.

N-95 respirators or respirators that offer a higher level of protection are used instead of a procedure facemask when the patient is known to have COVID-19 (or is suspected of having COVID-19). However, if not properly fit

tested you may not be fully protected. In addition to the facemask protection, wear:

- Eye protection that fully covers the front and sides of the face (safety glasses, trauma glasses). Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated. Use hand sanitizers or wipes to clean gloves prior to doffing or touching face, eye protection or respirators and masks.
- Note: N-95 respirators that have exhalation valves (i.e. 3M 8511) and half-mask respirators with canister filters allow unfiltered exhalation to exit the respirator. To provide source control each team member who is utilizing a filtering facepiece respirator with an exhalation valve shall don a surgical mask over the respirator after performing their respirator seal check.

Team members must avoid touching their face while working and strictly adhere to donning and doffing procedures. After completing patient contact and before entering the ambulance cab or aircraft, the vehicle operator or pilot should remove and dispose of PPE except for the appropriate mask (donning and doffing procedures: (https://www.cdc.gov/coronavirus/2019-ncov/downloads/A_FS_HCP_COVID19_PPE.pdf) and perform hand hygiene with soap and water or a 60% alcohol based sanitizer to avoid soiling the compartment.

If the transport vehicle (ambulance) does not have an isolated (separate) compartment, the vehicle operator of the transport vehicle should remove the protective eye wear and perform hand hygiene. An appropriate mask or respirator will continue to be used in accordance with these guidelines during transport by the operator.

The use of temporary partitions (sheets, blankets, plastic, etc.) is not approved in vehicles. The value of these variable materials in this application is currently unproven and may present additional hazards for ground/air modalities during flight or ground transport and during decontamination procedures on vehicles. The single most important risk mitigation strategy is the proper use of PPE in accordance with this guidance.

On arrival, after the patient is released to the facility and the vehicle or aircraft is decontaminated in accordance with vehicle decontamination procedures, affected staff should perform hand hygiene, remove and discard PPE and perform hand hygiene again. All personnel should follow appropriate donning and doffing procedures. Used PPE is discarded in accordance with routine procedures.

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PANDEMIC/INFECTIOUS DISEASE RESPONSE PLAN OVERVIEW

Epidemic and pandemic outbreaks have the potential to cause widespread illness and even death among Mason Co. EMS employees. This plan will be utilized to prepare for and respond to a threat of any declared pandemic that causes serious widespread illness. The contracted Director of Safety will serve as coordinator for the pandemic response plan.

The purpose of this plan is to address the following issues related to pandemics:

- Creating a culture of infection control in the workplace that is reinforced during the annual influenza season, to include, if possible, options for working off-site while ill, systems to reduce infection transmission, and worker education.
- Establishing contingency plans to maintain delivery of services during times of significant and sustained worker absenteeism.
- Where possible, establishing mechanisms to allow workers to provide services from home if public health officials advise against non-essential travel outside the home.
- Establishing partnerships with other members of the patient transport community to provide mutual support and maintenance of essential services during a pandemic.

DEFINITIONS

Cluster: An aggregation of cases grouped in place and time that are suspected to be greater than the number expected, even though the expected number may not be known.

Epidemic: An increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area.

Outbreak: Same as epidemic, but the term is often used for a more limited geographic area.

Pandemic: An epidemic that has spread over several countries or continents, usually affecting a large number of people.

(Source: U.S. Centers for Disease Control and Prevention)

PANDEMIC PLANNING ASSUMPTIONS FOR STAFFING

For planning purposes, the following assumptions are made regarding a pandemic event:

- The company will likely experience high rates of absenteeism
- The company may have to minimize operations, en-

act work-from-home strategies, and/or close specific facilities due to limited staffing, high absenteeism rates, or mandates from local, state, or federal public health agencies.

- Federal, state, and/or local public health agencies may issue mandates that include, but are not limited to: closure of schools, colleges, or businesses; cancellation of public events and gatherings; quarantine measures; and shutdown of public transportation systems.
- Staffing issues may persist for weeks or even months. Alternative work schedules and modified operations may be required to allow essential functions to continue.

ACTIVATION OF MASON COUNTY PANDEMIC & INFECTIOUS DISEASE PREPAREDNESS PLAN

The contracted Director of Safety will coordinate with leadership to activate the Pandemic and Infectious Disease Preparedness Plan based on information and direction received from federal, state, and local emergency management and public health agencies.

Phases of activation are intended to align with pandemic phases defined by the World Health Organization (WHO) or the U.S. Government. However, Mason County may enact any epidemic or pandemic prevention measure at the discretion of Leadership. Such actions may be taken in the absence of any directive from federal, state, or local emergency management or public health agencies.

All personnel are expected to comply with actions outlined in the Pandemic and Infectious Disease Preparedness Plan in the interest of limiting the spread of infectious disease and minimizing loss of life due to an epidemic or pandemic.

EMERGENCY MANAGEMENT ORGANIZATIONAL STRUCTURE

ORGANIZATION FOR PLANNING

The contracted Director of Safety coordinates the preparedness plan. Implementation of preparedness plans is determined by the Mason Co. EMS leadership team based on severity of incident.

EMERGENCY INCIDENT MANAGEMENT

To manage emergency incidents, including epidemics and pandemics, Mason Co. EMS utilizes a leadership consensus model based on the most current validated data.

EMERGENCY MANAGEMENT OPERATIONS

The Emergency Management Operations Group (EMOG) is made up of the following leadership, directors and those contracted services directly involved with infectious disease prevention:

- Contract Management

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- Medical Director
- Director
- Safety Officer
- Supervisors
- County Administrators

ASSISTANCE FROM OUTSIDE AGENCIES

Mason Co. EMS may call upon or consult with outside agencies as the situation warrants. Such agencies may include, but are not limited to, local, state, and/or federal organizations.

SUMMARY OF PREPARATORY & RESPONSE ACTIONS

This section of the Pandemic and Infectious Disease Preparedness Plan summarizes actions that all staff will take during the different phases of a pandemic as defined by the U.S. government (USG) and the World Health Organization (WHO).

The geographic location of the initial outbreak, as well as direction received from local, state, and federal public health agencies, will determine the initiation and progression of these phases.

The preparedness and response actions listed in this plan are general guidelines developed from best practices in pandemic planning. Leadership may direct actions above and beyond what is listed in this plan based on pandemic dynamics or guidance received from local, state, or federal public health authorities.

OPTIONS FOR ONGOING OPERATIONS

Depending on the severity and duration of an epidemic or pandemic situation, mandates from federal, state, and local agencies, and/or direction from Leadership, one or more of the following actions could occur during an epidemic or pandemic crisis:

- Business office may move to virtual or telework.
- Essential employees will be educated on PPE and processes in real time.
- Cancellation of some or all in-person recertification classes.
- Partial closure of bases with limited meetings, student riders and visitors.
- Limited operations using essential personnel only.
- PAIP/Command Center may be activated for real-time management of emergencies.

This list is not all-inclusive and may be modified as conditions warrant.

AGENCY TRAVEL

Employee travel may be limited to essential travel only.

There is potential for risk mitigation recommendations implemented if an employee travels to a known high-risk area as defined by the Centers for Disease Control (CDC) or World Health Organization (WHO).

PANDEMIC PHASES

The United States government has developed six phases of pandemic preparedness, response, and recovery that are aligned with the World Health Organization's pandemic phases. These phases may not proceed in a linear fashion depending on the geographical location of the outbreak and the speed with which the disease spreads.

Since pandemics have historically developed over time frames ranging from weeks to months, or even one to two years, it is not possible to definitively estimate how long each pandemic phase will last.

The following chart outlines WHO pandemic influenza phases and concurrent U.S. Government (USG) pandemic response phases.

The following chart outlines WHO pandemic influenza phases and concurrent U.S. Government (USG) pandemic response phases.

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WHO Phases		Federal Government Response Stages	
INTER-PANDEMIC PERIOD			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in at-risk country
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.		
PANDEMIC ALERT PERIOD			
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.	0	New domestic animal outbreak in at-risk country
		1	Suspected human outbreak overseas
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).		
PANDEMIC PERIOD			
6	Pandemic phase: increased and sustained transmission in general population.	3	Widespread human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

(Source: cdc.gov)

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GENERAL RESPONSE ACTIONS**INTER-PANDEMIC PERIOD (USG PHASE 0; WHO PHASES 1-2):**

- New domestic animal outbreak in at-risk country.
- No infection detected in humans (WHO Phase 1) or limited human infection (WHO Phase 2).
- Risk of human disease low (WHO Phase 1) to substantial (WHO Phase 2).

Mason Co. EMS Status: will function normally and monitor situation.

- Leaders will monitor the situation via informational releases from the Federal Emergency Management Agency, the Centers for Disease Control and Prevention, local health departments, and other relevant sources.
- Leaders will continue scheduled reviews of Pandemic and Infectious Disease Preparedness Plan, Continuity of Operations Plan (COOP)*, and Emergency Action Plan, and update as necessary.

PANDEMIC ALERT PERIOD (USG PHASE 0-1; WHO PHASE 3):

- Suspected or confirmed human outbreak overseas.
- Sporadic cases or small outbreaks in humans.
- No or limited human-to-human transmission, not sufficient to sustain community-level outbreaks.

Mason Co. EMS Status: will function normally and monitor situation. Initiate planning and preparation.

- Leaders will continue to monitor the overseas situation via informational releases from the Federal Emergency Management Agency, the Centers for Disease Control and Prevention, state and local health departments, and other relevant sources.
- Emergency Management Operations Group (EMOG) will receive, and provide to employees, updates on the situation as appropriate.
- Leaders should consider purchasing increased supplies (such as hand sanitizer and sanitizing wipes or sprays) and protective equipment (masks, gloves, etc.) in anticipation of supply chain disruption and shortages.
- Communications and remote access systems should be assessed to ensure operability for those who will need it.

PANDEMIC ALERT PERIOD (USG PHASE 2; WHO PHASES 4 AND 5):

- Confirmed human outbreak overseas.
- Evidence of significant human-to-human transmission able to cause community-level outbreaks.
- Significant increase of pandemic risk.

Mason Co. EMS Status: Will function normally and monitor situation. Planning and preparation will continue.

- Leaders should provide education and updates to employees. Team Leaders should review pandemic plans and procedures with employees.
- Contracted Marketing and Communications to begin distribution of information to the community regarding infection prevention and control.
- Test and exercise communication systems and alternative work methods (telework, teleconferencing, etc.).
- Work with health officials and local emergency management agencies to stay apprised of changing local conditions.
- Obtain sufficient supplies and personal protective equipment for essential personnel.
- Implement infectious disease control practices (see Appendix A of this plan).

PANDEMIC ALERT PERIOD (USG PHASES 3-5; WHO PHASE 6):

- Widespread human outbreak overseas.
- Outbreak in North America and/or United States.
- Increased and sustained human-to-human transmission in general population.

Mason Co. EMS Status: will function in a modified capacity based on local, state, or federal guidelines; or at the discretion of leaders based on the local situation.

- Telework will begin.
- Leaders will continue to monitor the overseas and domestic situation via informational releases from the Federal Emergency Management Agency, the Centers for Disease Control and Prevention, local health departments, and other relevant sources.
- Emergency Management Operations Group (EMOG) will convene as needed for situational updates, planning, and execution of appropriate continuity of operations (COOP)* actions as the situation changes.
- Implement infection control measures to prevent or minimize disease exposure on campuses.
- Implement alternative work arrangements (e.g., job sharing, flexible work schedules, telework) as directed.
- Contracted Marketing and Communications to disseminate information as appropriate to the staff, issue emergency notifications as appropriate, and send press releases to local media.
- Assess extra supply needs for safe operations, and other essential personnel, and order necessary supplies and protective equipment.
- Contracted Departments and divisions should consider cross-training designated staff so that staffing needs are covered during absences.
- Continue infectious disease control practices (see Appendix A of this plan).

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- Minimize person-to-person contact by increasing electronic communications for all departments and divisions (email, telephone, etc.).
- Continue to work with health officials and local emergency management agencies as appropriate.

RECOVERY AND PREPARATION FOR SUBSEQUENT WAVES (USG PHASE 6):

Mason Co. EMS Status: Return to normal operations as soon as is practical.

- Emergency Management Operations Group will coordinate reopening based on guidance from appropriate local, state, and federal agencies
- Departments and bases will prepare for reopening.
- Contracted Marketing and Communications on messaging for reopening, resumption of classes, and availability of counseling resources for staff.
- Senior leaders and Team Leaders will address staffing issues.
- Operations will assess and address utility and property needs.
- Contracted Safety Department personnel will coordinate an After-Action Review of the pandemic response process.

PHYSICAL LOCATION PLANNING

- Encourage employees to use doors with automatic openers, using their elbow rather than hand to activate.
- Adopt protective measures as recommended by public health officials.
- Discontinue outreach activities and utilize distance technologies where available.
- Explore options for work at home solutions with remote access.
- Limit or reduce travel to reduce risk of exposure.
- Postpone or cancel non-essential meetings, gatherings, and activities.
- Keep essential meetings short and maintain social distance.
- Continuity of Operations Plan (COOP) – This refers not to a written plan, but rather the ability for leaders to modify existing written plans while adjusting to an ongoing pandemic. Changes can be temporary or if long term guidance is needed, they may be written into the existing plan.

APPENDIX A: SPECIFIC RESPONSE GUIDELINES**STANDARD PRECAUTIONS**

- Perform Hand Hygiene
 - Wash with soap and water for a minimum of twenty (20 Seconds)
 - Rub in alcohol-based hand sanitizer until dry
- Use PPE whenever there is an expectation of possible exposure to infectious material
 - Utilize PPE required by patient type. N95 respira-

tors must be NIOSH approved (https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/n95list1.html) and each employee fit tested to each style of N95 utilized.

- Follow respiratory hygiene/cough etiquette principals
 - Cover your mouth and nose with a tissue when coughing or sneezing.
 - Use in the nearest waste receptacle to dispose of the tissue after use.
 - Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials.
- Properly handle and properly clean and disinfect patient care equipment and instruments/devices
 - Utilize FDA List N approved disinfectants (<https://cfpub.epa.gov/wizards/disinfectants/>)
 - Follow contaminant "kill-time" of each disinfectant
- Clean and disinfect environments appropriately
 - Daily cleaning of offices, base sites, and transport vehicles
 - Disinfecting transport vehicles after each patient based on contaminant
- Handle textiles and laundry carefully
- Follow safe injection practices
 - Utilize needleless systems where available
- Ensure healthcare worker safety including proper handling of needles and other sharps

CONTACT PRECAUTIONS

- Use contact precautions for patients with known or suspected infections that represent an increased risk for contact transmission.
- Ensure appropriate patient placement
 - In a single patient space or room if available in acute care hospitals.
 - In long-term and other residential settings, make room placement decisions balancing risks to other patients.
 - In ambulatory settings, place patients requiring contact precautions in an exam room or cubicle as soon as possible.
- Use personal protective equipment (PPE) appropriately
 - Including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.
- Limit transport and movement of patients
 - Outside of the room to medically necessary purposes.
 - When transport or movement is necessary, cover or contain the infected or colonized areas of the patient's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on contact precautions. Don clean PPE to handle the patient at the transport location.

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- Use disposable or dedicated patient-care equipment (e.g., blood pressure cuffs).
 - If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.
- Prioritize cleaning and disinfection of the rooms
 - Of patients on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily or prior to use by another patient if outpatient setting) focusing on frequently touched surfaces and equipment in the immediate vicinity of the patient.

DROPLET PRECAUTIONS

Use droplet precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking

- Source control
 - Put a mask on the patient.
- Ensure appropriate patient placement
 - In a single room if possible. In acute care hospitals, if single rooms are not available, utilize the recommendations for alternative patient placement considerations in the Guideline for Isolation Precautions. In long-term care and other residential settings, make decisions regarding patient placement on a case-by-case basis considering infection risks to other patients in the room and available alternatives. In ambulatory settings, place patients who require droplet precautions in an exam room or cubicle as soon as possible and instruct patients to follow respiratory hygiene/cough etiquette recommendations.
- Use personal protective equipment (PPE) appropriately.
 - Don mask upon entry into the patient room or patient space.
- Limit transport and movement of patients
 - Outside of the room to medically necessary purposes. If transport or movement outside of the room is necessary, instruct patient to wear a mask and follow respiratory hygiene/cough etiquette.

AIRBORNE PRECAUTIONS

Use airborne precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster).

- Source control
 - Put a mask on the patient.
- Ensure appropriate patient placement in an airborne infection isolation room (AIIR)
 - Constructed according to the Guideline for Isolation Precautions. In settings where airborne precautions cannot be implemented due to limited engineering resources, masking the patient and

placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned home.

- Restrict susceptible healthcare personnel from entering the room
 - Of patients known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune healthcare personnel are available.
- Use personal protective equipment (PPE) appropriately
 - Including a fit-tested NIOSH-approved N95 or higher-level respirator for healthcare personnel.
- Limit transport and movement of patients
 - Outside of the room to medically necessary purposes. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe respiratory hygiene/cough etiquette. Healthcare personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.
- Immunize susceptible persons as soon as possible following unprotected contact
 - With vaccine-preventable infections (e.g., measles, varicella or smallpox).

Reference: <https://www.cdc.gov/infectioncontrol/basics/tran>

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Section 5:

Hazard Communication Plan

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OVERVIEW

The purpose of CFR, Title 29, Part 1910.1200, Hazard Communication Standard (HCS) is to ensure that the hazards of all produced or incorporated chemicals are evaluated and the information concerning these hazards is transmitted to both employers and employees. The standard also uses the Globally Harmonized System (GHS). This is an international approach to hazard communication, providing agreed criteria for classification of chemical hazards, and a standardized approach to label elements and safety data sheets. The GHS was negotiated in a multi-year process by hazard communication experts from many different countries, international organizations, and stakeholder groups. It is based on major existing systems around the world, including OSHA's Hazard Communication Standard and the chemical classification and labeling systems of other US agencies.

The standard mandates the evaluation of hazardous chemicals present in a workplace and requires training of employees regarding the hazardous chemicals and related prevention and protective measures for routine and non-routine tasks. As the GHS does not include any requirements regarding Hazards Communication Programs, OSHA is maintaining the provisions of the HCS 1994.

HAZARD COMMUNICATION PLAN

The Hazard Communication Plan (HCP) consists of four major components:

- Identification and inventory of all hazardous chemicals and listing on a Hazardous Chemical List (HCL).
- Acquisition of Safety Data Sheets (SDS) for each hazardous chemical listed on the HCL.
- Labelling of all hazardous chemicals with chemical name, hazards and warnings and the manufacturers or importers name and address, with reference to the appropriate Safety Data Sheet.
- Training of all employees about the hazardous chemicals in the workplace and of the Hazard Communication Plan. This training will be completed during initial hire academy for air and ground. The State of West Virginia Office of EMS requires an annual hazardous materials awareness course which will include the hazard communication refresher.

The contracted Safety Department is coordinates for the Hazard Communication Plan.

Copies of the Hazard Communication Standard and the Hazard Communication Plan will be maintained on the Ninth Brain system and available upon request.

HAZARDOUS CHEMICALS LIST

The contracted Safety Department maintains responsibility for identifying and inventorying all hazardous chemicals.

An up-to-date master list will be maintained at all times. New chemicals will be added as they are received, and chemicals no longer inventoried will be removed from the list as they are discarded. A formal inventory and updating of the list will be done annually.

Each hazardous chemical must be cross-referenced to an appropriate Safety Data Sheet.

The master HCL will be maintained in the chemicalsafety.com (<https://cloud.chemicalsafety.com/chemsafe3/client/U6M8CG>) database utilized by Healthnet Aeromedical Services. Partial lists may be maintained in the various departments where hazardous chemicals are used.

SAFETY DATA SHEETS (SDS)

The Hazard Communication Standard requires that SDSs be available to all employees for each hazardous chemical identified and used. If the employer receives a chemical container labelled as a hazard, an SDS is required.

The contracted Safety Department will be responsible for acquiring and maintaining updated versions of all SDSs. This process is done automatically through chemicalsafety.com as a third party provider of SDS information for HealthNet. (<https://cloud.chemicalsafety.com/chemsafe3/client/U6M8CG>)

The SDS will be written in English and will consist of all information listed below:

The format of the 16-section SDS should include the following sections:

- Section 1. Identification
- Section 2. Hazard(s) identification
- Section 3. Composition/information on ingredients
- Section 4. First-Aid measures
- Section 5. Fire-fighting measures
- Section 6. Accidental release measures
- Section 7. Handling and storage
- Section 8. Exposure controls/personal protection
- Section 9. Physical and chemical properties
- Section 10. Stability and reactivity
- Section 11. Toxicological information
- Section 12. Ecological information
- Section 13. Disposal considerations
- Section 14. Transport information
- Section 15. Regulatory information
- Section 16. Other information, including date of preparation or last revision

The SDS must also contain Sections 12-15, to be consistent with the United Nations' Globally Harmonized System of Classification and Labeling of Chemicals (GHS). Although the headings for Sections 12-15 are mandatory, OSHA will not enforce the content of these four sections because these sections are within other agencies' jurisdictions.

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All new procurements of hazardous chemicals should be evaluated and, whenever possible, the least hazardous substance will be purchased.

- Training of all employees regarding any new or updated SDS will be documented.
- Purchase orders for hazardous chemicals should include a request for a current SDS.
- Hazardous chemicals should not be incorporated into any work process until an SDS has been received and reviewed by employees exposed to the chemical.
- Accessibility of Safety Data Sheets.
 - A current SDS library will be maintained on www.chemicalsafety.com for all hazardous chemicals identified and listed on the HCL.

The SDSs will be readily available to all employees during each work shift.

If a new SDS contains changes or new information, the old SDS will be replaced with the new one in both the master file and the worksite file. Affected personnel will review updated or modified SDSs. [chemicalsafety.com \(https://cloud.chemicalsafety.com/chemsafe3/client/U6M8CG\)](https://cloud.chemicalsafety.com/chemsafe3/client/U6M8CG) maintains the most current SDS for chemicals listed in our company database.

LABELS & OTHER FORMS OF WARNING

Chemical manufacturers, importers, distributors, or employers who become newly aware of any significant information regarding the hazards of a chemical shall revise the labels for the chemical within six months of becoming aware of the new information, and shall ensure that labels on containers of hazardous chemicals shipped after that time contain the new information. If the chemical is not currently produced or imported, the chemical manufacturer, importer, distributor, or employer shall add the information to the label before the chemical is shipped or introduced into the workplace again.

Containers of hazardous chemicals will be properly labeled with at the following information:

- Chemical manufacturers and importers will be required to provide a label that includes a harmonized signal word, pictogram, and hazard statement for each hazard class and category. Precautionary statements must also be provided.
- Identify of the hazardous chemical;
- Appropriate hazards and warnings (including target organ effect); and

HCS Pictograms & Hazards

Health Hazard  • Carcinogen • Mutagenicity • Reproductive Toxicity • Respiratory Sensitizer • Target Organ Toxicity • Aspiration Toxicity	Flame  • Flammables • Pyrophorics • Self-Heating • Emits Flammable Gas • Self-Reactives • Organic Peroxides	Exclamation Mark  • Irritant (skin and eye) • Skin Sensitizer • Acute Toxicity (harmful) • Narcotic Effects • Respiratory Tract Irritant • Hazardous to Ozone Layer (Non Mandatory)
Gas Cylinder  • Gases under Pressure	Corrosion  • Skin Corrosion/ burns • Eye Damage • Corrosive to Metals	Exploding Bomb  • Explosives • Self-Reactives • Organic Peroxides
Flame over Circle  • Oxidizers	Environment (Non Mandatory)  • Aquatic Toxicity	Skull and Crossbones  • Acute Toxicity (fatal or toxic)

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- Name and address of the manufacturer.
- **Pictogram:** a symbol plus other graphic elements, such as a border, background pattern, or color that is intended to convey specific information about the hazards of a chemical. Each pictogram consists of a different symbol on a white background within a red square frame set on a point (i.e. a red diamond). There are nine pictograms under the GHS. However, only eight pictograms are required under the HCS.
- **Signal words:** a single word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. The signal words used are "danger" and "warning." "Danger" is used for the more severe hazards, while "warning" is used for less severe hazards.
- **Hazard Statement:** a statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard.
- **Precautionary Statement:** a phrase that describes recommended measures to be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical, or improper storage or handling of a hazardous chemical.

The Basic Parts of A GHS-Compliant Label



1. **Product Identifier** - Should match the product identifier on the Safety Data Sheet.
2. **Signal Word** - Either use "Danger" (severe) or "Warning" (less severe)
3. **Hazard Statements** - A phrase assigned to a hazard class that describes the nature of the product's hazards
4. **Precautionary Statements** - Describes recommended measures to minimize or prevent adverse effects resulting from exposure.
5. **Supplier Identification** - The name, address and telephone number of the manufacturer or supplier.
6. **Pictograms** - Graphical symbols intended to convey specific hazard information visually.

Sample label courtesy of Weber Packaging Solutions - www.weberpackaging.com

The appropriate SDS will be reviewed by the Safety Department to verify the warning label.

Unlabeled containers should not be used.

Secondary containers used by several employees will be labeled.

- A semi-permanent label with the following information will be used:
 - Identity of the hazardous chemical;
 - Appropriate hazards and warnings (including target organ effect); and
 - Name and address of the chemical manufacturer.
- Use the secondary container only for the chemical identified on the label.

- The secondary container will be emptied and washed as needed. The label will not be removed, but will remain in place for future uses.

Alternate methods of labeling (signs, placards, batch tickets, process sheets and like written materials) may be used on individual stationary containers in lieu of affixed labels, provided the alternative method identifies the containers to which it applies and conveys the required information and is readily accessible to employees in their work area throughout the shift.

All primary and secondary containers will be regularly checked and verified that labels have not been defaced or removed and the information contained on them is current.

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TRAINING & COMMUNICATION

Employees are expected to be trained on current label elements (i.e., pictograms, hazard statements, precautionary statements, and signal words) and SDS format. For more information, visit: <http://www.osha.gov/dsg/hazcom/effectivedates.html>.

Prior to an assignment, each employee who works with or is potentially exposed to hazardous chemicals will receive training on the Hazard Communication Standard and the specific use of applicable hazardous chemicals.

Prior to the introduction of a new hazardous material or updated hazard, each employee will be trained concerning specific use or handling procedures.

Training will emphasize the following elements:

- A summary of the Hazard Communication Standard and Hazard Communication Plan;
- Hazardous chemical properties, including visual appearance and odor and methods that can be used to detect the presence or release of hazardous chemicals.
- Physical and health hazards of the chemicals in the work area (including signs and symptoms of exposure) and any medical conditions known to be aggravated by exposure to the chemical.
- Procedures to protect against hazards, including:
 - Personal protective equipment required.
 - Proper use and maintenance.
 - Work practices or methods to assure proper use and handling of chemicals.
 - Emergency response procedures.
- Work procedures to follow to assure protection when cleaning hazardous chemicals and leaks.
- Location of SDS, interpretation of their contents and labeling information, as well as instructions for employees in how to obtain and use appropriate hazard information.
- Explanation of the labeling system and instructions for preparing secondary container labels.

Employee training will be documented and monitored for use in identifying training needs.

- Retraining is required when a chemical hazard changes or when a new hazard is introduced into the workplace. It will also be company policy to include hazard communications into regularly scheduled staff meeting agendas.
- The training program will be assessed by obtaining input from employees regarding training they have received and their suggestions for improvement.

CONTRACTOR WORK

When it is necessary for an outside contractor to perform work at any Mason Co. EMS site, it shall be the respon-

sibility of Supervisor, Team Leader or County Representative or contracted Safety Department to inform the contractor of the identity of any hazardous chemicals to which the contractor may be exposed. The procedure for informing the contractor will include the following:

- A. Making the hazardous chemicals inventory of any designated work area where contract work is being performed available to the contractor and advise the contractor of the labeling system.
- B. Making the SDS's of the identified hazardous chemicals in a designated work area available to the contractor.
- C. Making the contractor aware of the appropriate protective measures taken by employees in a designated work area.

It is also the responsibility of the contracted Safety Department and Team Lead to determine if the contractor will be using any hazardous chemicals and, if so, to take appropriate actions to assure the protection of the Mason County employees.

NON-ROUTINE TASKS

Maintenance or other supervisor contemplating undertaking a non-routine task, e.g., instrument repair and cleaning, will ensure that employees are informed of chemical hazards associated with the performance of these tasks and that appropriate protective measures are taken prior to the beginning of the task.

DEFINITIONS

Article means a manufactured item other than a fluid or particle: (i) which is formed to a specific shape or design during manufacture; (ii) which has end use function(s) dependent in whole or in part upon its shape or design during end use; and (iii) which under normal conditions of use does not release more than very small quantities, e.g., minute or trace amounts of a hazardous chemical (as determined under paragraph (d) of this section), and does not pose a physical hazard or health risk to employees.

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, U.S. Department of Labor, or designee.

Chemical means any substance, or mixture of substances.

Chemical manufacturer means an employer with a workplace where chemical(s) are produced for use or distribution.

Chemical name means the scientific designation of a chemical in accordance with the nomenclature system developed by the International Union of Pure and Applied Chemistry (IUPAC) or the Chemical Abstracts Service (CAS) rules of nomenclature, or a name that will clearly identify the chemical for the purpose of conducting a hazard classification.

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Classification means to identify the relevant data regarding the hazards of a chemical; review those data to ascertain the hazards associated with the chemical; and decide whether the chemical will be classified as hazardous according to the definition of hazardous chemical in this section. In addition, classification for health and physical hazards includes the determination of the degree of hazard, where appropriate, by comparing the data with the criteria for health and physical hazards.

Commercial account means an arrangement whereby a retail distributor sells hazardous chemicals to an employer, generally in large quantities over time and/or at costs that are below the regular retail price.

Common name means any designation or identification such as code name, code number, trade name, brand name or generic name used to identify a chemical other than by its chemical name.

Container means any bag, barrel, bottle, box, can, cylinder, drum, reaction vessel, storage tank, or the like that contains a hazardous chemical. For purposes of this section, pipes or piping systems, and engines, fuel tanks, or other operating systems in a vehicle, are not considered to be containers.

Designated representative means any individual or organization to whom an employee gives written authorization to exercise such employee's rights under this section. A recognized or certified collective bargaining agent shall be treated automatically as a designated representative without regard to written employee authorization.

Director means the Director, National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designee.

Distributor means a business, other than a chemical manufacturer or importer, which supplies hazardous chemicals to other distributors or to employers.

Employee means a worker who may be exposed to hazardous chemicals under normal operating conditions or in foreseeable emergencies. Workers such as office workers or bank tellers who encounter hazardous chemicals only in non-routine, isolated instances are not covered.

Employer means a person engaged in a business where chemicals are either used, distributed, or are produced for use or distribution, including a contractor or subcontractor.

Exposure or exposed means that an employee is subjected in the course of employment to a chemical that is a physical or health hazard and includes potential (e.g. accidental or possible) exposure. "Subjected" in terms of health hazards includes any route of entry (e.g. inhalation, ingestion, skin contact or absorption.)

Foreseeable emergency means any potential occurrence such as, but not limited to, equipment failure, rupture of containers, or failure of control equipment which could

result in an uncontrolled release of a hazardous chemical into the workplace.

Hazard category means the division of criteria within each hazard class, e.g., oral acute toxicity and flammable liquids include four hazard categories. These categories compare hazard severity within a hazard class and should not be taken as a comparison of hazard categories more generally.

Hazard class means the nature of the physical or health hazards, e.g., flammable solid, carcinogen, oral acute toxicity.

Hazard not otherwise classified (HNOC) means an adverse physical or health effect identified through evaluation of scientific evidence during the classification process that does not meet the specified criteria for the physical and health hazard classes addressed in this section. This does not extend coverage to adverse physical and health effects for which there is a hazard class addressed in this section, but the effect either falls below the cut-off value/concentration limit of the hazard class or is under a GHS hazard category that has not been adopted by OSHA (e.g., acute toxicity Category 5).

Hazard statement means a statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard.

Hazardous chemical means any chemical which is classified as a physical hazard or a health hazard, a simple asphyxiant, combustible dust, Pyrophoric gas, or hazard not otherwise classified.

Health hazard means a chemical which is classified as posing one of the following hazardous effects: acute toxicity (any route of exposure); skin corrosion or irritation; serious eye damage or eye irritation; respiratory or skin sensitization; germ cell mutagenicity; carcinogenicity; reproductive toxicity; specific target organ toxicity (single or repeated exposure); or aspiration hazard. The criteria for determining whether a chemical is classified as a health hazard are detailed in Appendix A to §1910.1200 -- Health Hazard Criteria.

Immediate use means that the hazardous chemical will be under the control of and used only by the person who transfers it from a labeled container and only within the work shift in which it is transferred.

Importer means the first business with employees within the Customs Territory of the United States which receives hazardous chemicals produced in other countries for the purpose of supplying them to distributors or employers within the United States.

Label means an appropriate group of written, printed, or graphic information elements concerning a hazardous chemical that is affixed to, printed on, or attached to the immediate container of a hazardous chemical, or to the outside packaging.

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Label elements means the specified pictogram, hazard statement, signal word and precautionary statement for each hazard class and category.

Mixture means a combination, or a solution composed of two or more substances in which they do not react.

Physical hazard means a chemical that is classified as posing one of the following hazardous effects: explosive; flammable (gases, aerosols, liquids, or solids); oxidizer (liquid, solid or gas); self-reactive; Pyrophoric (liquid or solid); self-heating; organic peroxide; corrosive to metal; gas under pressure; or in contact with water emits flammable gas. See Appendix B to §1910.1200 – Physical Hazard Criteria.

Pictogram means a composition that may include a symbol plus other graphic elements, such as a border, background pattern, or color, that is intended to convey specific information about the hazards of a chemical. Eight pictograms are designated under this standard for application to a hazard category.

Precautionary statement means a phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical, or improper storage or handling.

Product identifier means the name or number used for a hazardous chemical on a label or in the SDS. It provides a unique means by which the user can identify the chemical. The product identifier used shall permit cross-references to be made among the list of hazardous chemicals required in the written hazard communication program, the label and the SDS.

Produce means to manufacture, process, formulate, blend, extract, generate, emit, or repackage.

Pyrophoric gas means a chemical in a gaseous state that will ignite spontaneously in air at a temperature of 130 degrees F (54.4 degrees C) or below.

Responsible party means someone who can provide additional information on the hazardous chemical and appropriate emergency procedures, if necessary.

Safety data sheet (SDS) means written or printed material concerning a hazardous chemical that is prepared in accordance with paragraph (g) of this section.

Signal word means a word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. The signal words used in this section are "danger" and "warning." "Danger" is used for the more severe hazards, while "warning" is used for the less severe.

Simple asphyxiant means a substance or mixture that displaces oxygen in the ambient atmosphere and can thus cause oxygen deprivation in those who are exposed, leading to unconsciousness and death.

Specific chemical identity means the chemical name, Chemical Abstracts Service (CAS) Registry Number, or any other information that reveals the precise chemical designation of the substance.

Substance means chemical elements and their compounds in the natural state or obtained by any production process, including any additive necessary to preserve the stability of the product and any impurities deriving from the process used, but excluding any solvent which may be separated without affecting the stability of the substance or changing its composition.

Trade secret means any confidential formula, pattern, process, device, information or compilation of information that is used in an employer's business, and that gives the employer an opportunity to obtain an advantage over competitors who do not know or use it. Appendix E to §1910.1200—Definition of Trade Secret, sets out the criteria to be used in evaluating trade secrets.

Use means to package, handle, react, emit, extract, generate as a byproduct, or transfer.

Work area means a room or defined space in a workplace where hazardous chemicals are produced or used, and where employees are present.

Workplace means an establishment, job site, or project, at one geographical location containing one or more work areas.

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Commission Meeting August 27, 2026

ESTATE APPOINTMENTS

LINDA MADGE CUNNINGHAM
LAWRENCE J CUNNINGHAM
IONA RENEE HOWARD
HELEN M NULL
ALAN JOHN POLING
JACK REITMIRE SR

AFFIDAVIT AND WAIVER OF FINAL SETTLEMENT

WAYMER EDWARD NEWMAN

REPORT OF RECEIPTS, DISBURSEMENTS AND DISTRIBUTION

BILLY JOE PAULEY

FIDUCIARY COMMISSIONER ORDER

LEWIS EARL SAYRE

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Applications for Erroneous Assessment for Real Estate / Personal Property Received

Date: AUGUST 27, 2026

Name	Tax Year	Ticket #
ROLLINS WADE	2026	7104
ROLLINS WADE	2026	7107
POWELL NANCY L & NANCY JONES	2026	14544
JORDAN OSCAR JR & PATRICIA	2026	18252
LIVINGSTON KENNETH & GLADYS	2026	5109
NOTT JOSEPH FRANKLIN & SUSAN A	2026	12711
LIVINGSTON KENNETH & BEVERLY	2026	20108
KEATHLEY CARL	2026	6648
STOVER SARAH Z	2026	22414
LEE LISA MICHELLE	2026	18330
NIBERT DENNY LEE SR	2026	3112
KNUCKLES MARY ANN	2026	2620
MILBEE FRED	2026	6832
LIVINGSTON KENNETH LEO JR & BEVERLY	2026	11881
DABNEY CHARLES & CAROL	2026	912116
THOMPSON MATTHEW & KENDRA	2026	22436
OHLINGER PENNY	2022	13102
OHLINGER PENNY	2023	13128
OHLINGER PENNY	2024	13632
OHLINGER PENNY	2025	13630
OHLINGER PENNY	2026	13644
GELCO FLEET TRUST	2026	915520
GELCO FLEET TRUST	2026	912195
CALDWELL-GARLOW	2026	915364
CALL ERNEST	2026	913027
PATTERSON PATRICIA	2026	16538
STONE SAMUEL	2026	20807
CUMMINGS HOLLY	2026	17805
WAMSLEY GREG A & NANCY C	2026	7457
BURDETTE CURTIS	2026	12090
CAMPBELL JEFFREY	2026	21380
CAMPBELL JEFFREY & TABITHA	2026	21384
CAMPBELL JEFFREY & TABITHA	2026	21382
STOVER TRENTON	2026	916640
SIMS SHERYL & BARRY	2026	12969
SMITH MARY E	2026	7261
BURDETTE JOHN JR ETAL	2026	19443

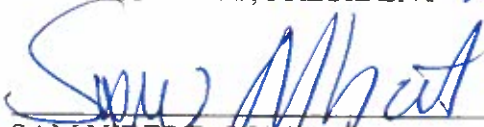
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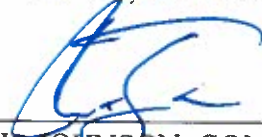
Upon motion by Handley and unanimous agreement, this meeting was adjourned.



RICK HANDLEY, PRESIDENT



SAM NIBERT, COMMISSIONER



CHRIS JOHNSON, COMMISSIONER



DIANA N. CROMLEY, CLERK