

Mercer Rescue Safety Policy

Facility Safety

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

Guidelines

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

Weapons/Violence In The Workplace

Mercer Rescue desires to provide a safe workplace for all staff, and as a result, will not tolerate any acts or threats of violence by or against staff, customers, or visitors on Mercer Rescue's premises at any time or while they are engaged in business with or on behalf of Mercer Rescue, on or off Mercer Rescue premises.

In addition, Mercer Rescue expressly prohibits the possession of or bringing firearms or other unauthorized weapons to our place of business, into any of Mercer Rescue's vehicles or at any Mercer Rescue-sponsored event.

Prohibited Conduct

Mercer Rescue does not tolerate any type of workplace violence committed by or against staff.

Staff is prohibited from making threats or engaging in violent activities. This list of behaviors, while not inclusive, provides examples of conduct that is prohibited:

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

Reporting Procedures

Any potentially dangerous situations, including suspicious workplace activity, situations, or incidents that are threatened or observed, must be reported immediately to the EMS Director or the Mercer Town Clerk . Reports can be made anonymously and all reported incidents will be investigated immediately.

Mercer Rescue will actively intervene at any indication of a possibly hostile or violent situation.

Risk Reduction Measures

Hiring: The EMS Director takes reasonable measures to conduct background investigations to review candidates' backgrounds and reduce the risk of hiring individuals with a history of violent behavior.

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

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

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

Enforcement/Corrective Action

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

Vehicle Operator Safety

DRIVING POLICY

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

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

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

Responsibility for the safe operation of the vehicle rests with the driver. All collisions and damage to vehicles (or by vehicles) will be investigated, regardless of the extent of property damage or personal injury.

Seat Belt Use

Take responsibility for your own safety and wear your seatbelt. Proper use of seat belts is mandatory in all vehicles. The use of seat belts helps to restrain you in the event of a collision, evasive maneuver, hard stop or hard acceleration. Seat belts provide the best restraint when:

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

Night Time Driving

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

High Water

Never attempt to cross water that is fast flowing or of unknown depth. Do not drive through water that is higher than the bottom of the running boards. (Approximately 6 inches deep) After driving through water you may have limited traction or wet brakes so allow for increased following distances, increased braking distances and reduced vehicle speed. After driving through standing water apply your brakes gently several times as the vehicle moves slowly. This helps to dry the brakes.

Emergency Driving

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

Team members are reminded the most important factors contributing to a quick response time are a quick response to the scene and, a thorough knowledge the area.

Authorization for an emergency response to a scene is determined by a Somerset County Dispatch Center only. No crew member will determine on their own to respond to a scene with or without emergency lights without the expressed authority from the Dispatch Center.

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

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

Emergency warning lights and sirens only serve to notify other drivers of your presence and to request the right of way from them.

Usually other drivers will yield to an emergency vehicle if they are given enough time to realize you are behind them, to make a decision as to what to do, and time to carry out that decision.

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

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

Following Another Emergency Vehicle

When two emergency vehicles are responding together, the driver of the second vehicle must maintain at least a five hundred (500) foot distance behind the first vehicle. 0

The driver of the second vehicle must exercise extreme caution as drivers who yielded to the first emergency vehicle may not see or hear the second emergency vehicle and resume their course of travel.

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

Safe Vehicle Positioning While Operating In Or Near Moving Traffic

All emergency personnel are at a great risk while operating in or near moving traffic. There are safety precautions that can be taken to reduce the risk to yourself and others on the scene.

Mercer Rescue team members must perform their duties safely and make every effort to minimize the risk of injury to themselves, others on scene, and those who use the streets, roads, highways, and freeways:

1. Do not take for granted that passing drivers will conduct themselves safely around the scene. Maintain an acute awareness of the high risk of working in or near moving traffic. Avoid turning your back to approaching traffic.
2. Park in the appropriate position, with the rear doors angled away from the nearest lanes of moving traffic. This enhances the safety of the scene, your movement from and back to the vehicle for equipment/supplies.
3. Wear your high visibility, reflective vests every time you are working a scene in or near moving traffic. It is mandatory to put on safety vests before exiting the ambulance
4. Always exit and enter your vehicle with extreme caution remaining alert to moving traffic at all times. Always look before opening doors and stepping out of your vehicle into any area in or near moving traffic. When walking around any vehicle on scene, be alert to your proximity to moving traffic. Stop at the corner of the vehicle, check for traffic, and proceed along the vehicle remaining as close to the vehicle as possible. When at all possible do not walk along the side of a vehicle closest to moving traffic.
5. Reduce possible vision impairments to other motorist by not parking the vehicle so the headlights shine into the oncoming traffic lanes. At night, if the headlights are not needed to illuminate the scene turn the headlights off. During daylight hours always turn the headlights off while on the scene.

First On Scene

When being first to arrive on the scene of a collision where the vehicle (s) have come to rest off of the roadway, do not park in lanes of traffic “down-stream” of the crest of a hill, curve or other “blind” area.

Approaching traffic may not have time to see your vehicle; even when emergency lights are activated, possibly resulting in your vehicle being struck by the oncoming vehicle (s).

When being first to arrive on the scene in or near moving traffic, position the vehicle between the scene and on-coming traffic, in your direction of travel, at an approximately 45 degree angle to the traffic lanes with the front wheels turned away from the scene and the rear doors angled away from the nearest lanes of moving traffic.

When being first to arrive on the scene in or near moving traffic and there is an immediate need to place cones or road flares always face the oncoming traffic while placing those cones or road flares.

Before placing road flares you must insure there are no flammable liquids or fumes on the scene that may be ignited by the road flares. Always face the oncoming traffic when picking up placed cones.

Scene Safety

The following situations will be considered unsafe and are to be secured by an appropriate agency, prior to Mercer Rescue's arrival to the patient or continued care of the patient:

- Actor/assailant on-scene, nearby, or in location that poses immediate threat
- Animal Bite where animal poses immediate threat
- Electrical Hazard
- Hazardous material (unknown liquid/gas smell/vapor/smoke or solid material)
- High and Swift Water
- Potentially violent scene
- Reported Fire
- Suicidal patient
- Unknown problem, person down in an unapproachable location (ex. dark alley, confined location)
- Violence-in-progress
- Violent patient
- Weapon involved
- Any other situation that poses an immediate threat

Violent Situations

When staff has determined the scene is not secure they should make every attempt to evacuate the scene and notify the Communications Center of the following:

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

Infection Control

Mercer Rescue recognizes that providing medical care services can involve occupational exposure to infectious agents. While each employee is ultimately responsible for his or her own safety and health, we recognize its parallel responsibilities to provide as safe a workplace as possible and to comply with all applicable safety laws and regulation

Hepatitis B Vaccination

EMT Staff shall be offered hepatitis B vaccination after receiving infection control training and within 10 days of initial assignment to job duties that involve occupational exposure to blood or other potentially infectious materials.

All EMT staff shall complete the HBV immunization series as a condition of employment unless they do one of the following: (a) Show evidence of previous completion of the hepatitis B series. (b) Sign a hepatitis B vaccination waiver for undeclared reasons.

Influenza Vaccination

Influenza vaccination may be offered to field employees based on local management discretion and availability of influenza vaccine. Staff is encouraged to consult with their private physician regarding the risks and benefits of vaccination against influenza.

Recommended Vaccinations

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

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

Exposure To Infectious Pathogens

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

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

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

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

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

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

Potentially contaminated materials with sharp or jagged edges, such as broken glass or metal fragments, must be cleaned up using mechanical means such as a broom and dust pan or forceps, and then placed directly into a sharps container.

Hands, even if gloved, shall not be used to pick up or move these items.

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

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

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

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

The manufacturer's guidelines shall be used for the cleaning and decontamination of all reusable equipment.

Unless otherwise specified:

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

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

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

Personal protective equipment shall be removed after leaving the work area, and as soon as possible if contaminated.

After use, all PPE contaminated to the point of saturation or dripping shall be placed in leak-proof and color-coded bags, marked as a biohazard, and placed in a designated Infectious Waste container at the receiving hospital.

Hand washing is one of the most important infection control procedures.

Employees shall wash hands:

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

Hand washing with soap and water should be performed for ten to fifteen seconds.

If soap and water is not available at the scene, a waterless hand wash may be used, provided that a soap and water wash is performed immediately upon return to quarters, hospital or other facility.

Sharps Handling and Disposal

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

The following work rules apply to all sharps (including needles, IV catheters, lancets, scalpels, etc.), regardless of whether or not the design includes an engineered sharps injury protection feature, and regardless of whether or not the engineered sharps injury protection feature is activated/used.

An appropriate sharps container must be within arm's reach of the user BEFORE any sharp is used.

Used sharps SHALL NOT BE PASSED TO ANOTHER PERSON FOR DISPOSAL or reuse

Immediately after use, sharps must be disposed of directly into a sharps container. This rule applies to all sharps, including those that have an engineered safety mechanism/design that has been fully activated.

Recapping a used needle or other sharp places the employee at high-risk for an occupational blood exposure. For this reason, recapping a used needle is not allowable.

Other potentially contaminated sharp objects, such as broken glass, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Dispose of these materials directly into a sharps container

All sharps containers shall be rigid, closable, puncture resistant, leak-proof on sides and bottom, and properly labeled as a biohazard. In addition, it must be possible to seal the containers when full such that they cannot be reopened without great difficulty.

If a sharps container is penetrated by a sharp or leakage is noticed during storage or transit, the entire container shall be placed into a larger, secondary container. The secondary container must be closable, puncture resistant, leak-proof, and properly labeled as a biohazard. Notify a supervisor such that the circumstances of the puncture or leakage can be investigated.

To help track the frequency of sharps exposures as well as a number of other key measures, Mercer Rescue shall establish and maintain a "Sharps Injury Log" in each operation where sharps are commonly used. The Log shall fully comply with applicable federal and state requirements.

Airborne Pathogens

Mercer Rescue staff are not trained or authorized to function as entry personnel. Therefore, employees are not to use a respirator to enter the warm zone, hot zone, confined spaces or oxygen deficient atmospheres. The respirators and other PPE provided by the company may be insufficient, as they were not selected for those uses/environments.

Staff covered by this policy shall not carry, store or use any respirator brand or model in lieu of those approved by Mercer Rescue.

Bloodborne Pathogens

Personal Protective Equipment (PPE) is provided to our employees at no cost to them. Training in the use of the appropriate Personal Protective Equipment (PPE) for specific tasks or procedures is provided by the Training Officers. The types of Personal Protective Equipment (PPE) available to employees are as follows:

- Disposable gloves
- Eye protection

- Disposable gowns
- N-95 Masks

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

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

Post-Exposure Evaluation and Follow-Up

Should an exposure occur, contact the EMS Director and the Town Clerk. A confidential medical evaluation and follow-up will be conducted as soon as possible and not delay.

Due to the nature of our business field staff or any other employee riding out on the ambulance and the employees who work in all the other departments will have slightly different procedures.

If the exposure occurred as a result of direct patient care and the patient is transported to an emergency room, after patient care is transferred to the hospital staff, the employee will inform the head nurse of the exposure.

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

- Document the routes of exposure and how the exposure occurred
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law)
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and/or HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., the laws protecting the source individual's confidentiality).
- After obtaining consent, the exposed employee will be sent to their physician's clinic the next business day to have their blood drawn and tested for HBV and HIV serological status.

Employee Training

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

All employees who have occupational exposure to bloodborne pathogens received training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases

In addition, the training program covers, at a minimum, the following elements:

- A copy and explanation of the OSHA Bloodborne Pathogens Standard
- An explanation of our Exposure Control Plan (ECP) and how to obtain a copy
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and Other Potentially Infectious Materials (OPIM), including what constitutes an exposure incident
- An explanation of the use and limitations of engineering controls, work practices, and Personal Protective Equipment (PPE)

An explanation of the types, uses, location, removal, handling, decontamination, and disposal of Personal Protective Equipment (PPE)

- An explanation of the basis for Personal Protective Equipment (PPE) selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and the vaccine will be offered free of charge

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- Information on the appropriate actions to take and persons to contact in an emergency involving blood or Other Potentially Infectious Materials (OPIM)
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by the standard and used at Mercer Rescue

Personal Safety

Responsibility for maintaining a safe work environment rests with each team member.

All injuries and exposures will be initially investigated by the department's supervisors, regardless of the extent of property damage or personal injury.

What to do if you become injured or suffer an exposure:

1. Stop working as soon as it is safely possible to do so.
2. Immediately notify your direct supervisor. If your direct supervisor is unavailable, notify the Town Clerk.
3. If the injury or exposure occurs during patient care, contact the receiving hospital.
4. Life threatening injuries should be treated at the closest, most appropriate medical facility. HIV exposures requiring prophylaxis outside of your physician's business hours should be seen at a local emergency department.
5. Employees that require follow up appointments will be responsible for scheduling these appointments with the appropriate health care facility. The employee will have the sole responsibility to maintain these appointments. Failure to maintain these appointments may result in the declination of further workers compensation benefits for that injury or exposure.
7. As soon as reasonably possible, the injured/exposed employee must complete an "employee report of injury"

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