


South Bound Brook EMS

Standard Operating Guidelines



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<i>South Bound Brook EMS</i>		
	SOG Title: Scope of Practice	
	SOG Number: 2020-01	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		


Scope of Practice

Purpose:

1. To ensure all members perform only to their certified or licensed level of training

Procedure:

1. Every member must possess a valid BLS Healthcare Provider CPR Certification.
2. SBBEMS recognizes the following valid certifications:
 - a. Emergency Medical Responder
 - b. Emergency Medical Technician
3. Every member shall only perform their duties to the level of their certification.
4. In regards to patient care, no member, regardless of level of certification or licensure, may perform duties above those of the New Jersey Department of Health Emergency Medical Technician.
5. If members are certified in specialized rescue disciplines and if the certifications are current, valid and on file with SBBEMS, and if that discipline is recognized and practiced by SBBEMS or is being utilized in conjunction with a mutual aid agency, the member may perform that rescue discipline up to their level of certification.
6. A copy of all certifications must be submitted to SBBEMS and will be maintained in a personnel file.
7. If a member's certification is suspended, revoked or subject to investigation, that member must immediately notify the Chief.

South Bound Brook EMS		
	SOG Title: Uniforms and Clothing	
	SOG Number: 2020-02	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		

Uniforms and Clothing


Purpose:

1. To ensure all members wear the basic personal protective equipment (PPE), issued by South Bound Brook EMS (SBBEMS), while responding to a call for service while on duty.
2. To ensure all members wear appropriate PPE while responding to a call for service while not on duty.

Procedure:

Uniforms and Clothing

1. The Duty uniform shall consist of EMT pants, boots and a SBBEMS supplied shirt as directed by the Chief and shall be worn at all times when responding to a call for service.
2. The Chief will instruct new members as to their proper attire until they are supplied with a uniform.
3. Any member responding to a call while not on duty must wear an appropriate shirt, pants and closed toe shoes.
4. Any member who fails to wear proper clothing will not be able to respond or will be asked to leave the scene.

South Bound Brook EMS		
	SOG Title: Radio Procedures	
	SOG Number: 2020-03	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		

Radio Procedures


Purpose:

To ensure all EMS personnel are communicating in a clear and concise manner.

Procedure:

1. All communications via radio shall be made clearly and in plain speak. The use of 10-codes is not appropriate.
2. All communications during an incident shall be made over EMS Region 2 to Somerset County Dispatch Center (County), unless otherwise instructed.
 - a. At other times, you may be instructed to use EMS Ops 2, EMS Tac 2, etc.
3. Communications at other times shall be made over a frequency designated by the Chief or his/her designee.
 - a. You may be instructed to use SBBOEM, Fire Region 4, etc.
4. When communicating with County, the following basic steps should be taken:
 - a. If you are the first arriving member at the building and your full crew has not assembled:
 - i. "County from 77BLS1, awaiting crew"
 - b. When full crew is assembled and responding to the scene:
 - i. "County from 77BLS1, in service"
 - c. When arriving on scene:
 - i. "County from 77BLS1, on scene"
 - d. When departing scene to a hospital:
 - i. "County from 77BLS1, transporting [number of patients, with our without ALS] to [destination hospital]"
 - e. When arriving at the hospital:
 - i. "County from 77BLS1, arriving [name of hospital]"
 - f. When leaving hospital:
 - i. "County from 77BLS1, clear from [name of hospital]"
 - g. When cleared from a scene with a Release of Medical Assistance (RMA):
 - i. "County from 77BLS1, clear from scene with an RMA and back in service"
 - h. When cleared from a scene with no transport (ex: fire alarm):
 - i. "County from 77BLS1, clear from scene and back in service"
5. In the event of a "man down" situation where a member is in distress, the member should depress the orange button on the radio and the following will take place:
 - a. County will call over the radio to the identifier displayed and request a status check.
 - b. If the member responds with his/her name, it would indicate that a problem may exist and assistance will be sent to last known location.
 - c. If the member responds without using name/rank and replies that he/she is ok, County will tell the member that the emergency button has been activated and should be reset.

- d. To reset the emergency button, the member must turn the radio off and back on.
- 6. County may, at times, request a status check from a member while they are operating on a scene. If the member does not respond to the status check, assistance will be sent to the last know location.
- 7. When responding to a fire call, the Crew Chief shall ask County for the radio channel of Fire Command and monitor it. While enroute to the fire scene, the Crew Chief shall contact Fire Command and ascertain the best route and staging area.

<i>South Bound Brook EMS</i>		
	SOG Title: Patient Privacy	
	SOG Number: 2020-04	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		


Patient Privacy

Purpose:

To ensure the privacy of patients in the care of South Bound Brook EMS (SBBEMS) at all times.

Procedure:

1. In order to safeguard patient privacy and in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), any and all details of a call are not to be discussed outside of SBBEMS.
2. All patient care reports must be entered into an electronic reporting system as designated by the Chief and NJ law.
3. Any physical or handwritten documentation containing patient information must be placed in an area designated by the Chief, immediately following the call, to be destroyed.
4. In the event of a request for any patient information, that request shall be forwarded to the Chief.
 - a. All patient information and/or patient care reports shall only be released by order of a valid subpoena from a court of competent jurisdiction.
 - b. Patient care reports may be released to the patient upon request and only after a signed HIPAA release form is received.

South Bound Brook EMS		
	SOG Title: Security of Apparatus, Building and Equipment	
	SOG Number: 2020-05	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		


Security of Apparatus, Building, Equipment and Data

Purpose:

To ensure the security of all property against misuse and theft.

Procedure:

1. All entrances to the building will kept secured at all times.
2. Keys to any locks in the building shall not be replicated unless authorized by the Executive Team. An accounting of all keys shall be made and who is in possession of them. Keys shall be returned if no longer needed.
3. Any passwords or passcodes to the building will be given to members and shall not shared with others.
4. The Wi-Fi name and password for ePCR access is only to be used with approved hardware and shall not be used by any member or guest.
5. All apparatus will be secured at all times, as appropriate.
 - a. At quarters, the keys will be left in the apparatus and the driver's window will be left open.
 - b. Any time a member is not in the driver seat of an apparatus, the keys must be removed from the ignition and kept secure with a member. The apparatus may be left running by using the ignition security switch, if appropriate.
 - c. At all other times, the apparatus will be secured at the direction of the ranking member on scene.
6. Equipment will secured while on scene. Every member should be aware of all equipment being used on scene and ensure the equipment is returned to the apparatus.
7. For security purposes, the bays and the grounds of SBBEMS are under video surveillance at all times.

<i>South Bound Brook EMS</i>		
	SOG Title: Blood-borne Pathogen Exposure Control Plan	
	SOG Number: 2020-06	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		

Blood-borne Pathogen Exposure Control Plan

The text of this SOG is provided by the Borough of South Bound Brook and is in effect as supplemented and amended.

1. Authority

This exposure control plan is provided for use by any municipal employee with any potential for occupational exposure to blood-borne pathogens, as currently required by 29CFR Part 1910.1030 of the Occupational Safety and Health Act, and as promulgated by the Public Employees OSHA of the State of New Jersey in N.J.A.C. 12:100-4.2.

2. Overview

Blood-borne pathogens means pathogenic organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). Occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact blood or other potentially infectious materials that may result from the performance of an employee's duties. As defined by this plan, a designated employee is any employee who has any possibility of exposure, through their job performance, to blood or other potentially infectious materials. This plan shall be utilized by all designated employees to minimize the employee's potential for exposure to blood-borne pathogens or other potentially infectious materials.

3. Equipment

- a. The following list represents the minimum equipment that shall be readily available for use by all designated employees:
 1. Disposable gloves (latex or vinyl and appropriately sized)
 2. Gowns (outer protective clothing)
 3. Eye protection (goggles, faceshields, etc.)
 4. Face masks (currently recommended type)
 5. Disposable over booties
 6. Hand disinfectant
 7. Sterile water or saline solution
 8. Forms for reporting of exposure incidents
 9. Sharps boxes
 10. Plastic zip-lock bags
 11. Medical waste disposal bags
 12. Exposure control plan

4. Training

- a. Annual training shall be conducted for all designated employees as currently required by 29CFR 1910.1030 of the Occupational Safety and Health Act and by the Public Employees OSHA of the State of New Jersey.
- b. The annual training record shall include:
 - 1. Date of training session
 - 2. Contents and summary of training session
 - 3. Names and qualifications of persons conducting training
 - 4. Names and job titles of all persons attending session
- c. Annual training shall include, but not be limited to:
 - 1. Understanding and use of the exposure control plan
 - 2. Communicable diseases
 - 3. Personal protective equipment and its proper use
 - 4. Avoiding contamination
 - 5. Decontamination procedures
 - 6. Proper disposal of medical waste
 - 7. Recording of exposures
 - 6. Medical follow-up after exposure
 - 9. Hepatitis B vaccination
 - 10. Current regulations on blood-borne pathogens
 - 11. Engineering and work practice controls
 - 12. Signs, labels, and hazard communication
- d. Training records shall be maintained for a minimum of three (3) years from the date the training occurred. This record shall be maintained by the Municipal Manager, Health Officer, and Safety and Training Officer of the Municipality.

5. Exposure Determination

- a. For the purposes of this plan, job classifications in which any municipal employee has the potential for exposure to blood-borne pathogens of other potentially infectious material shall be named "designated employee" and shall include, but not be limited to:
 - 1. Police Officers
 - 2. Police Detectives
 - 3. Emergency Medical Technicians
 - 4. Firemen
 - 5. Public Works Employees with potential for exposure
 - 6. Public Health Nurses
 - 7. Health department personnel
- b. A list of all tasks and procedures in which the potential for occupational exposures to

blood-borne pathogens or other potentially infectious materials may occur is as follows, but is not limited to:

1. Suspect restraint
2. Suspect and property search
3. Accident investigation
4. First aid and associated lifesaving techniques
5. Rescue operations
6. Public health vaccinations
7. Public health nursing visits
8. Solid waste removal
9. Disease investigations
10. Environmental investigations
11. Industrial inspections

6. Methods of Implementation of Personal Protection

a. Universal Precautions

Universal precautions shall be observed to prevent contact with blood-borne pathogens or other potentially infectious materials. All body fluids shall be considered as blood-borne pathogens or other potentially infectious materials.

b. Disposable Gloves

1. All employees with the potential for exposure to blood-borne pathogens or other potentially infectious materials shall be provided with an adequate supply of disposable gloves.
2. Gloves shall be worn whenever there is the possibility of exposure to blood-borne pathogens or other potentially infectious materials.
3. Two pair of gloves shall be worn when deemed appropriate by the designated employee, as per his training.
4. Gloves shall be removed from the inside out to prevent immediate contact with the unprotected hand.
5. After removal, contaminated gloves shall immediately placed in a zip-lock plastic bag to limit the chance secondary exposure.
6. Hands shall be thoroughly washed with soap and warm water as soon as possible after removal of gloves. In the absence of soap and warm water an appropriate hand cleaner shall be used until such time that soap and warm water can be obtained.
7. Contaminated gloves shall be removed from the local storage site (police, public works, fire, etc.) to the Health Department, when necessary, for disposal as regulated medical waste. (See Medical Waste Section J)

c. Washing Procedures

1. Upon contact of unprotected hands or any other skin with blood or body fluids, employees shall immediately wash the area of contact thoroughly with soap and warm water.
2. When provisions for handwashing are not available the employee shall thoroughly clean the area of contact with an approved antiseptic hand cleanser or towelettes. An adequate supply of hand cleanser or towelettes shall be maintained in all designated employees' vehicles at all times.
3. The area of contact shall be thoroughly washed with soap and warm water as soon as possible, even after the use of antiseptic hand cleanser or towelettes.
4. Employees shall wash their hands thoroughly with soap and warm water as soon as possible after the removal of gloves or other personal protective equipment.
5. Adequate and appropriate hand washing facilities shall be supplied at all permanent work sites where designated employees are employed.
6. Antiseptic hand cleansers or towelettes shall be provided in all designated employees' vehicles for use when hand washing facilities are not readily available.

d. Eye and/or Mucous Membrane Exposure Protection

1. Masks and eye protection shall be used whenever there is a possibility of blood, blood-borne pathogens or other potentially infectious materials splashing.
2. Eyes or any other mucous membranes shall be thoroughly flushed with sterile water, saline solution, or water immediately following contact of such body areas with blood, blood-borne pathogens or other potentially infectious material.

e. Needles and Other Sharps

1. Protective gloves designated for use against sharps shall be used whenever there is the possibility of exposure to needles or sharps.
2. All needles or sharps shall be considered as potentially infectious material regardless of condition.
3. The agency will supply an adequate and acceptable safety syringe whenever syringes are necessary. The safety syringe chosen for use will be so chosen as to not jeopardize the patient or employee's safety and will make an exposure less likely to occur. Employees will be expected to participate in the choice of syringe used.
4. Contaminated needles or sharps shall not be bent or recapped.
5. All needles or sharps collected for evidence purposes should be immediately placed in hard plastic puncture resistant needle/syringe keepers to prevent accidental exposure or puncture.

6. Each designated employee's vehicle shall be equipped with an adequate supply of puncture resistant sharps containers.
7. Puncture resistant sharps containers shall be maintained as near as possible to all designated sharps use areas.
8. The Health Department shall maintain an adequate supply of puncture resistant sharps containers to be used at special clinics.
9. In the event of an accidental needle stick the following actions should be taken.
 - a. Cause the area to bleed. Squeeze or milk the area of the wound to increase blood release.
 - b. Immediately wash and sanitize the area of puncture.
 - c. Confidential medical evaluation to any employee who has had an accidental exposure.
 - d. Report incident to employee's supervisor and place copies of all reports in employee's personnel file.
10. In the event the exterior of a sharps container becomes contaminated with blood, blood-borne pathogens or other potentially infectious materials the container shall be placed in a zip-lock bag, or other appropriate plastic container, to prevent leakage and subsequent exposure during handling or transport.
11. All sharps no longer needed as evidence or for an investigation shall be removed to the Health Department for proper disposal as regulated medical waste. (See Medical Waste Section 3)
12. Sterile needles intended for future use shall be kept in a distinctly separate area from used or potentially contaminated needles or sharps.
13. Mirrors shall be used, if possible, to search for fallen or lost sharps. Mirrors shall also be used, if possible, to search those areas that are not easily accessible.
14. Patients or suspects shall empty their pockets rather than have them emptied.
- f. Linen, Clothing and Outer Garments
 1. Gowns or other protective outer clothing shall be worn whenever there is the possibility of exposure. This includes any time there is the possibility of splashing.
 2. Any clothing contaminated with blood, blood-borne pathogens or other potentially infectious materials shall be removed as soon as possible. Care should be taken not to come in contact with the contamination with unprotected hands.

3. After removal, clothing or garments should be thoroughly washed with hot water at 160° F for 25 minutes. Clothing or garments may also be dry cleaned. Note that manufacturer's recommendations should be followed when supplied.
4. Boots and shoes should be cleaned in 10:1 water: bleach solution.
5. Outer protective clothing soiled with blood, blood-borne pathogens or other potentially infectious materials shall be removed. Care must be maintained to prevent contamination while removing outer garments. The contaminated clothing should be allowed to air dry and then should be professionally cleaned.
6. When cleaning linens, clothing or garments:
 - a. Wear gloves
 - b. Wear gowns or protective clothing when there is the possibility of splashing.
 - c. Wear eye protection when there is the possibility of splashing.
7. Soiled linens, clothing and garments shall be bagged at the exposure site.
8. Gloves must be worn whenever there is contact with contaminated linen, clothing, or garments.
9. Leakproof plastic bags shall be used for transporting contaminated clothing or garments. These bags must be labeled clearly.
- g. Human Bites
 1. Human bites (a bite inflicted by one human to another) have the potential of transmitting blood, blood-borne pathogens or other potentially infectious materials including, but not limited to, viruses and bacteria. These types of pathogens are not always blood-borne, but may also be found in saliva and/or other body fluids. Upon occurrence of a human bite the following procedures shall be taken:
 - a. Immediately wash the affected area with soap and warm water.
 - b. When hand washing facilities are not readily available the employee shall thoroughly clean the area of the bite with an approved antiseptic cleanser.
 - c. The area of the bite shall still be washed with soap and warm water as soon as possible after the bite, even if the area was cleaned with an antiseptic cleanser.
 - d. The incident shall be reported to the employee's supervisor.
 - e. An incident report shall be completed and a copy placed in the employee's personnel file.
 - f. Employee shall seek confidential medical evaluation.

h. Other Equipment

1. Vehicles and other associated equipment that becomes contaminated with blood, blood-borne pathogens or other potentially infectious materials shall be thoroughly washed and sanitized with a 10:1 water/chlorine bleach solution or other approved disinfecting agent.
2. Equipment shall be decontaminated by following manufacturer's recommendations. In the event there are no recommendations available decontamination shall be accomplished by using a 10:1 water/chlorine bleach solution or other approved disinfecting agent.
3. Protective gloves, eyewear, and gowns, and booties if needed, shall be worn during decontamination procedures to prevent against personal contamination through splashing or direct contact.

i. Artificial Respiration

1. If at all possible mouth to mouth resuscitation shall not be applied to any victim.
2. Whenever possible a bag-valve mask will be used to administer artificial respiration to a patient. If this is not possible a positive pressure resuscitator will be used as a last resort, a face mask with a one-valve will be used to administer mouth to mouth resuscitation.
3. Each police vehicle and emergency response vehicle shall be supplied with a bag-valve mask, a positive pressure resuscitator, and a supply of face masks with one-way valves for the purpose of administering mouth to mouth resuscitation.
4. After the use of any of the above equipment, the equipment shall be decontaminated according to the manufacturer's recommendations, or the procedures outlined in Section H above. In the event the equipment can not or should not be decontaminated it shall be placed in a leak-proof plastic bag and disposed of as regulated medical waste.

7. Medical Waste Disposal

- A. Medical waste shall be disposed of in accordance with N.J.A.C. 7:26-3A et seq. "Special Medical Waste".
- B. The Health Department shall maintain and annually renew the waste generator permit.
- C. Whenever possible, all contaminated and potentially contaminated materials shall be left at a medical facility that is capable of disposing of medical waste.
- D. All needles and sharps may be disposed of through the Health Department, following the guidelines previously outlined in this document under Section E.

- E. All gloves may be disposed of through the Health Department, following the guidelines previously outlined in Section B.
- F. Blood and body fluids may be disposed of by pouring down a drain connected to a sanitary sewer. Personal protective equipment shall be worn to prevent exposures.

8. Hepatitis B Vaccination

- A. Hepatitis B vaccination series shall be offered to all designated employees at no cost to the employee.
- B. Hepatitis B vaccinations shall be offered to all designated employees within 10 working days of their designation as an employee who has the potential for exposure to blood, blood-borne pathogens or other potentially infectious materials as a result of the performance of his job duties.
- C. All Hepatitis B vaccinations shall be performed by or under the supervision of a licensed physician.
- D. All Hepatitis B vaccinations shall be provided according to the recommendations of the U.S. Public Health Service in practice at the time the vaccinations are given.
- E. Employees who have previously completed a Hepatitis B vaccination series or have completed antibody testing that reveals the employee is immune shall submit written proof to the municipal manager for permanent placement in the employee's personnel file.
- F. Employees who decline to accept Hepatitis B vaccinations offered by the municipality shall sign a waiver statement. (See Appendix I) The signed waiver shall be placed in the employee's personnel file.
- G. Any designated employee who initially declines Hepatitis B vaccination, but later decides to accept the vaccination shall be provided the vaccination series at no charge to the employee provided the employee is still a designated employee.
- H. All designated employees shall be offered a booster vaccination for Hepatitis B every 5 years or at the time interval recommended by the U.S. Public Health Service or the New Jersey State Department of Health.
- I. All employees who have been determined to have ongoing risk for percutaneous exposures shall be offered a test 1-2 months after completion of the 3-dose vaccination series for antibodies for hepatitis B surface antigen (anti-HBs).

9. Post Exposure Reporting and Follow-up

- A. Reporting

1. The following reporting procedure shall be adhered to following any exposure or potential exposure to blood, blood-borne pathogens or other potentially infectious materials.

- a. Immediate notification shall be made to the supervisor in charge.
- b. A full, written incident report that outlines the exposure shall be completed by the employee(s) involved in the incident. (See Appendix II)
- c. A copy of the incident report shall be forwarded to the municipal manager for placement in the involved employee(s) personnel file(s).
- d. A copy of the incident report shall be forwarded to the Health Officer and the Safety and Training Officer for follow-up.
- e. A full entry regarding all exposures shall be made in the PEOSHA Injury log.
- f. All reports of incidents shall be kept confidential. Information on documented exposures will not be released without prior written consent of the employee(s) involved.
- g. Copies of **all** records regarding an employee's exposure shall be placed in the involved employee's permanent personnel file. Records shall include, but not be limited to, incident report, medical follow-up records, and test results.

B. Follow-up

- 1. Follow-up of all reported incidents shall be performed by the employee's supervisor, municipal manager, Health Officer, and Safety and Training Officer(s).
- 2. When deemed necessary, a confidential medical evaluation and follow-up shall be offered to the employee(s) involved in an exposure incident, at no cost to the employee.
- 3. In the event an employee refuses the offer for medical follow-up a signed, written waiver shall be obtained and placed in the personnel file of the employee. (See Appendix III)

10. Communication of Hazards

- A. The municipality shall offer annual training to all designated employees as outlined in Section IV above during the employee's working hours.
- B. All designated employees shall be provided with a copy of this exposure control plan.
- C. All new employees who are deemed designated employees shall be trained, as per Section IV above, within 10 working days of their designation as an employee who has the potential for exposure to blood, blood-borne pathogens or other potentially infectious materials as a function of their job duties.

- D. Warning labels shall be affixed to all containers of regulated medical waste, refrigerators, or any other container holding blood, blood-borne pathogens or other potentially infectious materials.
- E. All labels shall include an orange or orange-red biohazard label.
- F. Red bags or red containers may be used as a substitute for the biohazard label.
- G. Written material on the hazards of exposure to blood, blood-borne pathogens or other potentially infectious materials will be made available to all designated employees.
- H. The municipal Health Officer and the employee's Safety and Training Officer shall be available during regular working hours, and on an emergency basis, to answer any questions regarding this exposure control plan, infectious diseases and agents, and the potential for exposure to blood, blood-borne pathogens or other potentially infectious materials.
- I. A copy of the exposure control plan shall be accessible to all designated employees in accordance with 29CFR 1910.20 (e) in the following areas:
 - 1. Police records division
 - 2. Police dispatch
 - 3. Municipal manager's office
 - 4. Health department
 - 5. Fire houses
 - 6. Rescue squad
 - 7. Public works facilities
- J. A copy of the exposure control plan will be supplied to each designated employee.
- K. The exposure control plan will be reviewed annually, or more often if needed, and amended, as deemed necessary.

11. Record Keeping

- A. Record keeping shall be maintained as noted in Sections VIII and IX above.
- B. All training records shall be maintained for a minimum of three years following the training date.
- C. All exposure records shall be maintained permanently in the exposed or potentially exposed employee's personnel file.
- D. All records regarding Hepatitis B vaccinations shall be maintained permanently in the designated employee's file.

APPENDIX I

HEPATITIS B VACCINE DECLINATION (MANDATORY)

I UNDERSTAND THAT DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD OR POTENTIALLY INFECTIOUS MATERIALS I MAY BE AT RISK OF ACQUIRING HEPATITIS B (HBV) INFECTION. I HAVE BEEN GIVEN THE OPPORTUNITY TO BE VACCINATED WITH HEPATITIS B VACCINE, AT NO CHARGE TO MYSELF. HOWEVER, I DECLINE HEPATITIS B VACCINATION AT THIS TIME. I UNDERSTAND THAT BY DECLINING 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.

NAME _____ DATE _____

SIGNATURE _____

WITNESS NAME _____ DATE _____

WITNESS SIGNATURE _____

APPENDIX II

EXPOSURE INCIDENT REPORT FORM

Please complete all sections of this form to the best of your ability. The information on this report form will be used by your Supervisor, the municipal manager, the Health Officer, the Safety and Training Officer, and the municipal physician in order to determine the need for further follow-up and the reason for the exposure.

Name of individual exposed: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Age: _____ Date of Birth: _____

Job Title: _____

Job Function: _____

Date of Incident: _____

Location of Incident: _____

Description of how exposure occurred (What/Who were you exposed to?):

Description of Incident (Be as detailed as possible):

Infectious agent (s) believed to be involved:

Names, addresses, and phone numbers of **all** other individuals involved:

Name	Address	Phone
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Description of actions taken to prevent exposure:

Description of actions taken following exposure:

Names of individuals notified following incident:

List any other information you feel would be important:

Name and Title of individual making report:

Name and Title of individual receiving report:

Date report received:

Recommendation for follow-up and future prevention:

Person(s) making recommendations:

EXPOSURE INCIDENT CHECK LIST

Name of individual exposed: _____

Date of Incident: _____

PLEASE CHECK ALL CORRECT RESPONSES

1. Were you exposed to:

Blood _____ Body Fluids _____ Vomitus _____ Other _____

2. Were you wearing:

Gloves _____ Gown _____ Goggles _____ Mask _____ Other _____

3. Infectious disease you believe you were exposed to:

Hepatitis B _____ Hepatitis C _____ HIV/AIDS _____

Tuberculosis _____ Childhood Disease (name) _____ Other (name) _____

4. Were you injured by a:

Syringe _____ Needle _____ Bite _____ Other (name) _____

5. Did you have open sores that came in contact with an infectious agent?

Yes _____ No _____

6. Did the infectious agent come in contact with:

Skin _____ Eyes _____ Mouth _____ Nose _____

Clothing _____ Protective Equipment _____

7. Activity you were doing when exposed:

First Aid _____ CPR _____ Trash Pick-up _____ Patient Handling _____
Lifesaving _____ Patient Rescue _____ Nursing Visit _____ Disease Investigation _____
Prisoner Handling _____ Other (name) _____

8. Why do you believe you were exposed other than listed above:

9. Name of individual exposed to: _____

APPENDIX III

POST-EXPOSURE MEDICAL FOLLOW-UP DECLINATION


I UNDERSTAND THAT IN THE NORMAL COURSE OF MY JOB DUTIES I MAY HAVE BEEN EXPOSED TO BLOOD OR POTENTIALLY INFECTIOUS MATERIALS. I HAVE COMPLETED THE REPORTING REQUIREMENTS OF SUCH AN EXPOSURE ACCORDING TO THE EXPOSURE CONTROL PLAN. BASED ON THE NATURE OF THE INCIDENT IT HAS BEEN RECOMMENDED THAT I RECEIVE MEDICAL FOLLOW-UP BY A PHYSICIAN FAMILIAR WITH THE NATURE OF THE INCIDENT. I UNDERSTAND THAT THIS IS THE RECOMMENDATION OF HEALTH PROFESSIONALS, HOWEVER, I DECLINE THIS MEDICAL FOLLOW-UP. I FURTHER UNDERSTAND THAT BY REFUSING MEDICAL FOLLOW-UP THERE WILL BE NO DOCUMENTATION REGARDING THE SERIOUSNESS OF THE INCIDENT OR ITS REPERCUSSIONS. THIS MAY IN TURN JEOPARDIZE ANY FUTURE MEDICAL CLAIMS.

NAME _____ DATE _____

SIGNATURE _____

WITNESS NAME _____ DATE _____

WITNESS SIGNATURE _____

South Bound Brook EMS		
	SOG Title: Duty Crews - General Call – Additional Call Time	
	SOG Number: 2020-07	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		

Duty Crews - General Call – Additional Call Time

Purpose:

1. To ensure EMS coverage to the Borough of South Bound Brook on Monday through Friday from the hours of 18:00-06:00, on Saturday from 00:00-24:00 and Sunday from 00:00-24:00.

Procedure:

Duty Crew


1. Every riding member will be assigned to a Duty Crew during the week from 18:00-06:00.
2. Every member will be assigned to a weekend Duty Crew for a period of 24 hrs.
3. During the members assigned Duty Crew, he/she will be responsible for responding to all calls for service.
4. All Duty Crew assignments are at the discretion of the Chief.
5. If a member is unable to fulfill their obligation for their shift, they must find coverage from another member of equal or higher training.
6. If coverage cannot be found, the member must contact their Crew Chief.

General Call

1. A General Call will be initiated if a Duty Crew is not available.
2. All members are encouraged to respond to Generals Calls.

Additional Call Time

1. Additional Call Time shall be considered extra Duty Crew time.
2. If a member wishes to take Additional Call Time, that member should contact the Crew Chief to make arrangements.
3. Any member taking Additional Call Time will be considered a member of the Duty Crew for that time period.

<i>South Bound Brook EMS</i>		
	SOG Title: Equipment and Preventative Maintenance Inspection	
	SOG Number: 2020-08	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		

Equipment and Preventative Maintenance Inspection

Purpose:

1. To ensure that all equipment and apparatus are in proper operating condition.

Procedure:


Weekly Inspections

1. During the assigned Duty Crew weekend, the crew will participate in an inspection of the apparatus and its equipment.
2. During each inspection, members will use the electronic Rig Check, Jump Kit and Preventative Maintenance forms located in the iPads.
3. The crew will ensure that each piece of equipment is proper operating condition and that no piece of equipment is expired. If a piece of equipment is expired or missing, it shall be replaced and noted on the inspection form. If a piece of equipment is not in proper operating condition, the Crew Chief shall notify the Chief for further direction.
4. The crew will ensure that each apparatus is in proper operating condition. If there is an issue with a piece of apparatus, it shall be noted on the inspection form.
5. If, at any time, an inspection reveals that a piece of equipment or an apparatus is unsafe, the Crew Chief shall notify the Chief immediately.
6. Crews will abide all by par levels and ensure the apparatus is not overstocked. Any extra equipment will be placed back into supply.

Preventative Maintenance

1. Each apparatus shall receive a preventative maintenance check by a qualified professional at least twice annually.
2. All mechanical and electronic equipment must be kept, and maintenance performed, as to manufacturers recommendations.

No equipment may be removed or relocated without the express permission of the Chief.

South Bound Brook EMS		
	SOG Title: Apparatus Operation	
	SOG Number: 2020-09	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		


Apparatus Operation

Purpose:

1. To ensure that any member of SBBEMS is able to legally and safely operate an apparatus.

Procedure:

1. Any member that operates any apparatus must hold a valid NJ license and a copy of that license must be on file in the member's personnel file.
2. If at any time a member's license becomes suspended or revoked, or if the member is accused or convicted of driving under the influence or careless or reckless driving, the member must notify the Chief immediately.
3. If a member's driving privileges are suspended or revoked, or if a court mandates an interlock device on conditions of driving, that member will be banned from operating all apparatus until all conditions are met.
4. Any member operating any apparatus is encouraged to obtain an CEVO or EVOC certification.
5. All members are required to use due caution when operating any apparatus.

South Bound Brook EMS		
	SOG Title: Respiratory Protection Program	
	SOG Number: 2020-10	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		

Respiratory Protection Program

Purpose:

1. The purpose of this program is to protect Emergency Medical Services personnel from inhaling hazardous airborne agents during normal work as well as non-routine emergency situations. It was developed to comply with the requirements of the New Jersey Public Employees Occupational Safety and Health Program's Respiratory Protection Standard (29 CFR 1910.134).
2. The standard requires that if other means of reducing or eliminating exposure to the airborne hazards are not feasible and public employers provide employees with respirators to protect them from airborne hazards, then a respiratory protection program must be implemented incorporating all of the program components described in the PEOSH Respiratory Protection Standard (29 CFR 1910.134).
3. This program applies to all EMS personnel who are required to wear respirators during emergency medical response operations. Expenses associated with required medical evaluations, fit-tests, training and respiratory protection equipment will be borne by the employer, the Borough of South Bound Brook, as required by the PEOSH Respiratory Protection Standard

Procedure:

1. Responsibility for the Program

The Chief of South Bound Brook EMS (SBBEMS) will be the Respiratory Protection Program Administrators. Duties are to oversee the development of the respiratory protection program and make sure it is carried out at the workplace. The administrators will also evaluate the program regularly to make sure procedures are followed, respirator use is monitored and respirators continue to provide adequate protection when job conditions change. Responsibilities include:

- Become familiar with the PEOSH Respiratory Protection Standard
- Identify tasks that require respiratory protection
- Develop the written respiratory protection program
- Select respirators
- Arrange for medical clearance / distribute questionnaire
- Arrange for and/or conduct initial and annual fit-testing
- Coordinate initial and annual respirator training
- Monitor respirator use, maintenance, disposal and storage

- Maintain records required by the program
- Evaluate and update the program as needed
- Monitor PEOSH standards for changes

In addition, the Deputy Chief and Crew Chiefs will assist the Program Administrators in ensuring that the respiratory protection program is implemented, understood, and followed by EMS personnel under their charge. Duties include:

- Ensuring that members under their supervision (including new members) have received:
 - medical evaluation and clearance to wear a respirator
 - initial and annual fit-testing
 - initial and annual training
- Being aware of tasks requiring the use of respiratory protection
- Enforcing the proper use of respiratory protection when necessary
- Ensuring the availability of appropriate respirators and accessories
- Ensuring that respirators are properly cleaned, maintained, and stored and disposed of according to the respiratory protection plan
- Observing members for any signs and symptoms that are related to the ability to use a respirator and referring them for a medical re-evaluation
- Maintain records required by the program
- Alerting the Program Administrator if respiratory protection needs to be changed

Individual EMS personnel have the responsibility to wear their respirator when and where required and in the manner in which they were trained. They must also:

- Care for and maintain their respirators as instructed and store them in a clean and sanitary location.
- Inform the Program Administrator if the respirator no longer fits well and request a new one that fits properly.
- Inform the Program Administrator of any respiratory hazards that they feel are not adequately addressed and of any other concerns they have regarding the program.
- Complete the mandatory Respirator Medical Evaluation Questionnaire and any medical evaluation requirements deemed necessary by the evaluating health care professional.
- Wear respiratory protection devices in conjunction with all requirements of this policy (e.g., no facial hair).
- Attend annual respirator training and fit-testing.

2. Identifying Airborne Hazards Requiring Respirator Use

The Program Administrator will select respirators to be used based on the hazards to which members are exposed and in accordance with all PEOSH standards. The Program Administrator will conduct a hazard evaluation for each operation, process, or work area where airborne contaminants may be present in routine operations or during an emergency. The evaluation shall include a reasonable estimate of employee exposures to respiratory hazards and an identification of the contaminant's chemical state and physical form. The Program Administrator must revise and update the hazard assessment as needed (i.e., any time work process changes may potentially affect exposure or the nature of the hazards change).

Biological Hazards

Based on an evaluation of current job tasks which place EMS personnel at risk of exposure to biological hazards the Program Administrator has determined that the airborne infectious agents most likely to be encountered include:

tuberculosis, measles, chickenpox, SARS and smallpox

Based on this hazard assessment, respiratory protection is required for **all EMS personnel** involved in transport and direct patient care of patients with signs and symptoms of these airborne diseases.

3. Respirator Selection

Only respirators approved by the National Institute for Occupational Safety and Health (NIOSH) will be selected and used. This approval can be recognized by the NIOSH approval or TC number on the respirator and its components. The program administrator will be responsible for contacting vendors and arranging to have available a variety of brands and sizes of the appropriate type of NIOSH-approved respirator for fit-testing

Based on the biological hazards noted above, the following type of respirator will be issued:

Disposable particulate respirators with filters certified by NIOSH to be at least 95% efficient.

These respirators are commonly referred-to as N-95 respirators. They can be of the N, R or P series and filter efficiency can be 95, 99 or 99.97% efficient.

The following brands, models and sizes of N-95 disposable particulate respirators will be available to employees for fit-testing:

Moldex 2200 N95 Sizes Large, Medium and Small

4. Medical Evaluation

Persons assigned to tasks that require respiratory protection must be physically able to perform the tasks while wearing a respirator. Medical evaluation and clearance to wear the respirator is required before EMS personnel are fit-tested or need to wear the respirator. The health care provider listed below will determine individual medical clearance by administering a medical questionnaire and/or providing an in-person medical evaluation. Employees refusing a medical evaluation will not be allowed to work in conditions requiring respirator use.

Health Care Provider for Respirator Medical Evaluations:

Name: RWJBarnabas Moblie Health
Address: 120 Rehill Ave
Somerville, NJ 08876

Name: Dr. Kaladas
Address: 141 Main St.
South Bound Brook, NJ 08880

The Program Administrator will provide the health care professional with a copy of this program, a copy of the respiratory protection standard and the following information about respirator use and conditions: the type and weight of the respirator, duration and frequency of respirator use, expected physical work effort, additional clothing and equipment to be worn, temperature and humidity extremes that may be encountered.

If the Respirator Medical Evaluation Questionnaire is administered, this information, as well as information from in-person medical evaluations will remain confidential between the EMS responder and the health care professional. The outcome of the medical evaluation is a written recommendation from the health care professional to the Respiratory Protection Program Administrator regarding the employee's ability to wear a respirator. No confidential medical information is contained in this statement. It states only that the EMS responder is or is not cleared to use an N-95 respirator and whether there are any restrictions.

If the responses on the medical questionnaire indicate to the medical provider that a further medical evaluation is required, this will be provided at no cost to EMS personnel by the medical provider listed above. The PEOSH Respiratory Protection Standard requires that the follow-up medical evaluation include "any medical tests, consultations or diagnostic procedures the health care professional deems necessary to make the final determination.

Re-evaluation will be done in the following situations:

- The EMS responder reports signs and symptoms relating to their ability to use a respirator, such as shortness of breath, dizziness, chest pain or wheezing;
- It is identified that a responder is having a medical problem during respirator use;
- The healthcare professional recommends it;
- A change occurs in workplace conditions that may result in increased physiologic burden on the member.

5. Respirator Fit-Testing

Fit tests are conducted to determine that the respirator fits the user adequately and that a good seal can be obtained. Respirators that do not seal do not offer adequate protection. All EMS personnel who wear respirators will be fit-tested prior to initial use and at least annually thereafter or more frequently if there is a change in the status of the wearer (10% weight change or changes in facial structure) or if the model or type of respirator changes.

All EMS personnel will be fit-tested with the make, model and size of the respirator that they will actually wear. They will be provided with several models and sizes so they may find an optimal fit. Personnel who wear corrective glasses or other PPE with their respirator should wear them during the fit-test.

The Chief of SBBEMS will be responsible for conducting initial and annual fit-testing using one of the fit-test protocols applicable to N-95 Disposable Particulate Respirators (Quantitative, Bitrex or Saccharin). This EMS agency has chosen to use the fit-test protocol checked below:

- X. Qualitative Fit Test with Bitrex
-OR-
X. Qualitative Fit Test with Saccharin

*Please note: Banana oil (Isoamyl Acetate) is not an appropriate fit-test for N-95 disposable particulate respirators. The irritant smoke protocol is not recommended by NIOSH due to health effects.

Documentation of fit-testing will include the information required by the PEOSH Respiratory Protection Standard (name, date, type of test, make, model and size of respirator and pass/fail results). Fit test results are kept in the following location:

SBBEMS Headquarters

Seal Checks before Each Use

Respirators will be checked for the proper sealing by the user whenever the respirator is first put on, using the seal check procedure recommended by the manufacturer (See attached procedure or describe below).

Proper Respirator Use and Disposal

EMS personnel will use their respirators under conditions specified by this program, and in accordance with the training they receive on the use of the selected models. In addition, the respirator shall not be used in a manner for which it was not certified by NIOSH or recommended by the manufacturer.

- ◆ EMS personnel are not permitted to wear respirators if they have any condition that prevents them from achieving a tight seal, including facial hair, facial scars or missing dentures. They are not permitted to wear headphones, jewelry or other articles that may interfere with face to facepiece seal. Glasses or goggles should be worn in a way that doesn't interfere with the seal.
- ◆ Prior to donning the respirator, inspect to see if the respirator is damaged, misshapen or soiled. If so, discard the respirator.
- ◆ When donning the respirator, determine whether the straps hold the respirator tightly against the face, and if the metal noseclip (if applicable on the chosen model) is in place and functions properly. If not, discard the respirator.
- ◆ EMS personnel will conduct seal checks each time they wear a respirator following the manufacturer's recommended procedures. In general, the seal check involves placing both hands completely over the filtering facepiece, inhaling sharply and repositioning the respirator if

air leaks are detected between the face and faceseal. If a proper seal cannot be achieved, do not enter a contaminated area.

- ◆ If the patient requires airborne precautions alone (i.e., TB), the respirator could be re-used as long as a successful seal can be achieved. If the patient requires contact precautions (i.e., SARS, smallpox), discard disposable respirators after each use.
- ◆ EMS personnel should leave a contaminated area if the respirator needs to be changed.
- ◆ N-95 disposable respirators should be stored in a clean, dry area where they won't be crushed or misshapen.

6. Respirator Training

The Program Administrator will provide or arrange for training of personnel when respirators are issued and annually thereafter. In this EMS agency, the following person(s) will provide respirator training:

The Chief of SBBEMS

If a new type of respirator is issued or conditions affecting respirator use change, additional training in using that respirator will be provided. After completing training, personnel must be able to demonstrate their understanding of the topics covered in the training. Training will include the elements required by the PEOSH Respiratory Protection Standard:

- ◆ Why the respirator is necessary – potential hazards and health effects
- ◆ The respirator's capabilities and limitations
- ◆ How improper fit, use or maintenance can make the respirator ineffective
- ◆ How to properly inspect, put on, seal, check use and remove the respirator

- ◆ Procedures for cleaning, maintenance and repair
- ◆ Where to find the department's written respiratory protection program and the PEOSH Respiratory Protection Standard

Documentation of attendance at training will be maintained by:

The Chief of SBBEMS

7. Recordkeeping

The following records are kept by the Program Administrator:

Record	Location
A copy of this completed written respiratory protection program	SBBEMS SOG online and in Headquarters
A copy of the PEOSH Respiratory Protection Standard	Online and in Headquarters

A list of employees who have been issued respirators and the type, model and size for which each employee has been trained and fit-tested	In Headquarters in personnel files
Employees' latest fit-testing results	Personnel Files
Employee respirator training records	Personnel Files
Written medical clearance recommendations from the medical provider	Personnel Files

8. Respiratory Program Evaluation

The Chief of SBBESM will complete an evaluation of the program on at least an annual basis by taking the following steps and is responsible for correcting any problems identified during the evaluation and updating the written program.

- ◆ Talking with employees who wear respirators about their respirators
- ◆ Checking results of fit-tests and health provider evaluations
- ◆ Periodically checking employee job duties for changes in exposure
- ◆ Periodically checking how employees use their respirators
- ◆ Periodically checking maintenance and storage of respirators (if applicable)

Revision dates will be noted on the cover of this written program.

APPENDIX A
MOLDEX 2200 N95
PRODUCT INFORMATION AND NIOSH APPROVAL
DOCUMENTATION

2200 SERIES

N95 PARTICULATE RESPIRATOR



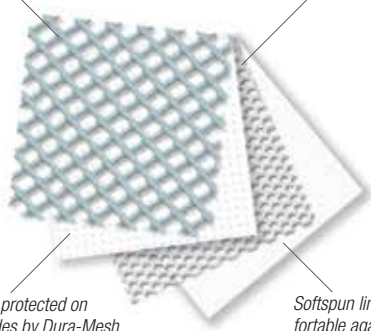
2250N95 Locker

Outer Dura-Mesh keeps
respirator cleaner looking

Inner Dura-Mesh helps prevent
collapsing from heat and humidity

Filter is protected on
both sides by Dura-Mesh

Softspun lining is com-
fortable against the face



EASY FIT, MORE COMFORT

The molded nose bridge with soft foam nose cushion provides the wearer an easy comfortable fit. There's no metal noseband to adjust and the seal is maintained without pressure points.

DURA-MESH® SHELL LASTS LONGER

The exclusive Dura-Mesh shell protects the filter media so it stays cleaner-looking longer. The shell also resists collapsing in hot, humid environments so the respirator holds its shape longer. The result is fewer respirators used and lower costs.

FEATURES

- Available in three sizes to fit more workers and increase OSHA compliance.
- Dura-Mesh shell resists collapsing in heat and humidity.
- Molded nose bridge seals easily without a metal noseband.
- Facepiece is naturally contoured without pressure points.
- Straps are securely attached so they don't break at the seal.
- Softspun® lining for increased comfort and durability.
- Soft foam nose cushion for added comfort.
- Certified under 42CFR84
- Meets heat and flame resistance in accordance with ANSI/ISEA 110-2009 Section 7.11.1.
- 100% PVC-Free for a greener alternative.

MOLDEX
Ideas that wear well.

N95 APPLICATIONS:

Grinding, Torch Cutting, Sanding, Metal Pouring, Sweeping, Metal Working, Bagging, Foundries, Stone Quarrying, Agriculture, Metal Machining, Construction Sites, Cement, Ceramics Manufacturing, Underground Mining, Timber/Lumber Mills, Polishing, Buffing, Lime, Poultry, Textiles, Welding, Brazing, Soldering.

2200 SERIES

N95 PARTICULATE RESPIRATOR

Product Code	Size	Valve Type	Strap Material	Display Quantity	Case Quantity
2200N95	M/L	None	Latex	20/Box	12 Boxes
2201N95	S	None	Latex	20/Box	12 Boxes
2207N95	LP	None	Latex	20/Box	12 Boxes
2250 Respirator Locker	M/L	None	Latex	5/Locker	27 Lockers
2200V Vending Pack	M/L	None	Latex	2/Pack	50 Pack/Case

Product Code **NSN Number**
 2200N95 M/L 4240-01-255-7856

WARNING TO USER

- Follow all instructions and warnings on the use of this respirator and wear during all times of exposure. Failure to do so will reduce respirator effectiveness, wearer protection and may result in sickness or death.
- Before use, the user must first be trained by the employer in proper respirator use, in accordance with applicable safety and health standards, for the contaminant and exposure level in the assigned work area.
- The particulates and other contaminants which can be dangerous to your health include those which you cannot see, taste, or smell.
- This product has not been sold with warnings or use instructions for personnel involved in healthcare or related situations, where there may be the possibility of contact with disease or biological hazards. If you are considering such uses, first call the Moldex Technical Service Department: +1 (800) 421-0668 or +1 (310) 837-6500 ext. 512/550.

LIMITED WARRANTY IMPORTANT NOTICE TO PURCHASER

This limited warranty is made in lieu of the warranties of merchantability, fitness for particular purposes and all other warranties, express or implied. There are no other warranties which extend beyond the description on the face hereof. The physical standards and specifications of Moldex will be met by products sold. Exclusive Remedies: damages for the breach of this limited warranty are limited to the replacement of such quantity of Moldex, products proved to be defectively manufactured. Except as provided above, Moldex shall not be liable or responsible for any loss, damage, or liability, direct, indirect, incidental, special, or consequential, arising out of sale, use, or misuse, or the inability to use products by the user.


MOLDEX TECHNICAL ASSISTANCE

For more information call +1 (800) 421-0668 or +1 (310) 837-6500
 ext. 512/550 or E-mail: sales@moldex.com, tech@moldex.com or visit
 www.moldex.com.




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THESE RESPIRATORS ARE APPROVED ONLY IN THE FOLLOWING CONFIGURATIONS

TC-	PROTECTION ¹	RESPIRATOR			CAUTIONS AND LIMITATIONS ²
		2200N95	2201N95	2207N95	
84A-0327	N95	X			AB C J M N O P
84A-2456	N95		X		AB C J M N O P
84A-2438	N95			X	AB C J M N O P

1. Protection

N95 Particulate Filter (95% filter efficiency level) effective against particulate aerosols free of oil; time use restrictions may apply

2. Cautions and Limitations

A- Not for use in atmospheres containing less than 19.5 percent oxygen.
 B- Not for use in atmospheres immediately dangerous to life or health.
 C- Do not exceed maximum use concentrations established by regulatory standards.
 J- Failure to properly use and maintain this product could result in injury or death.
 M- All approved respirators shall be selected, fitted, used, and maintained in accordance with MSHA, OSHA, and other applicable regulations.
 N- Never substitute, modify, add, or omit parts. Use only exact replacement parts in the configurations as specified by the manufacturer.
 O- Refer to user's instructions, and/or maintenance manuals for information on use and maintenance of these respirators.
 P- NIOSH does not evaluate respirators as surgical masks.

USE AGAINST:

- Particulate aerosols free of oil.

DO NOT USE AGAINST:

- Concentrations of contaminants which are unknown, or are immediately dangerous to life or health.
- Concentrations of particulates which exceed the maximum use concentration or 10 times the OSHA Permissible Exposure Limit, whichever is lower.
- Gases, vapors, asbestos, paint spray, sandblasting or particulate materials which generate harmful vapors.
- Oil-based mists.

RESTRICTIONS

- This respirator does not supply oxygen and must not be used in atmospheres containing less than 19.5% oxygen.
- Do not remain in contaminated area if any physical distress occurs, for example breathing difficulty, dizziness or nausea.
- Leave contaminated area and replace respirator if it is damaged, distorted, a proper fit can not be obtained or breathing becomes difficult.
- Prior to each use, carefully inspect the entire respirator, including filter media and strap/weld attachment area for tears and damage. Staple or strap/weld attachment perforations do not affect respirator performance.
- Do not alter, modify, or abuse this respirator.
- Store unused respirators in box/bag in a clean, dry, non-contaminated area.
- Dispose of respirator according to your employer's policy and local regulations.
- Dispose no later than thirty days after first use.
- Use respirator before the "use by" expiration date printed on box/bag.
- If used for welding, wear appropriate eye and face protection.

DISTRIBUTED BY:



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Disposable Respirator Fitting Instructions

Moldex offers up to five sizes and five styles to fit today's diverse workforce.

MOLDEX
Ideas that wear well.

2-Strap



1. Hold respirator in hand with molded nose contour (narrow end) at finger tips, allowing headstraps to fall below hand.



2. Place respirator under chin with molded nose contour (narrow end) up. Nose cushion must not be creased inside of respirator. Raise top strap to top back of head. Pull shorter bottom strap over head, below ears, to around neck. Do not wear with only one strap. When changing from any model/size to another respirator, you must fit test.



3. Adjust respirator for comfortable fit.



4. Each time before entering a contaminated area, perform a user seal check. Cover front of respirator by cupping both hands. **INHALE SHARPLY.** A negative pressure should be felt inside respirator. If any leakage is detected at respirator edges, adjust straps by pulling back along the sides and/or reposition respirator. Repeat until sealed properly, otherwise see your supervisor. Entry into a contaminated area with an improper fit may result in sickness or death.

Text

HandyStrap®



1. Attach buckle behind neck with shell against chest.



2. a) Fit mask to face and pull top of strap to crown of head. Nose cushion must not be creased inside of respirator. b) Always use top and bottom part of strap. Adjust tension for a comfortable fit. When changing from any model/size to another respirator, you must fit test.



3. Each time before entering a contaminated area, perform a user seal check. Cover front of respirator by cupping both hands. **INHALE SHARPLY.** A negative pressure should be felt inside respirator. If any leakage is detected at respirator edges, adjust straps by pulling back along the sides and/or reposition respirator. Repeat until sealed properly, otherwise see your supervisor. Entry into a contaminated area with an improper fit may result in sickness or death.



4. To hang around neck:
a) Undo buckle.
b) Allow strap to fall around neck.
c) Pull mask down to chest.
OR
b) Pull top strap forward away from head.
c) Adjust tension to allow mask to hang freely.

Adjustable 2-Strap



1. If necessary, untwist straps. Thread bottom strap through bottom buckle and repeat for top strap. Hold respirator in hand with nose contour (narrow end) at finger tips, allowing headstraps to fall below hand.



2. Place respirator under chin with molded nose contour (narrow end) up. Nose cushion must not be creased inside of respirator. Raise top strap to top back of head. Pull shorter bottom strap over head, below ears, to around neck. Do not wear with only one strap. When changing from any model/size to another respirator, you must fit test.



3. Adjust tension on both top and bottom straps to provide a tight and comfortable seal. To tighten, pull ends of straps. To loosen, push open hinge of buckle with thumb and pull on strap.



4. Each time before entering a contaminated area, perform a user seal check. Cover front of respirator by cupping both hands. **INHALE SHARPLY.** A negative pressure should be felt inside respirator. If any leakage is detected at respirator edges, adjust straps by pulling back along the sides and/or reposition the respirator. Repeat until sealed properly, otherwise do not enter work area and see your supervisor. Entry into a contaminated area with an improper fit may result in sickness or death.

Disposable Respirator Fitting Instructions

Moldex offers up to five sizes and five styles to fit today's diverse workforce.

EZ-ON®



1. Hold respirator in hand with molded nose contour (narrow end) at finger tips, allowing headstraps to fall below hand.



2. Place respirator under chin with molded nose contour (narrow end) up. Nose cushion must not be creased inside of respirator. Pull head harness to top of head so it rests at the crown.



3. Adjust tension by pulling on each side of strap within the head harness to provide a tight and comfortable seal.



4. Each time before entering a contaminated area, perform a user seal check. Cover front of respirator by cupping both hands. **INHALE SHARPLY.** A negative pressure should be felt inside respirator. If any leakage is detected at respirator edges, adjust straps by pulling back along the sides and/or reposition respirator. Repeat until sealed properly, otherwise see your supervisor. Entry into a contaminated area with an improper fit may result in sickness or death.

AirWave® SmartStrap®



1. Pull adjustment clip and strap fully below the bottom of the mask.



2. Place strap around neck so outside of shell is against chest.



3. a) Fit mask to face and pull top of strap to crown of head. Nose cushion must not be creased inside of respirator.
b) Always use both top and bottom strap.



4. To tighten strap pull both strap tabs. To loosen, grasp both sides of neck strap and pull.



5. Each time before entering a contaminated area, perform a user seal check. Cover front of respirator by cupping both hands. **INHALE SHARPLY.** A negative pressure should be felt inside respirator. If any leakage is detected at respirator edges, tighten or adjust strap by pulling back along the sides and/or reposition respirator. Repeat until sealed properly, otherwise see your supervisor. Entry into a contaminated area with an improper fit may result in sickness or death.

6. To hang around neck, pull top strap away from head, then pull mask down.

MOLDEX®
Ideas that wear well®

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9900-037 REV B 12/14



Printed on Recycled Paper



Turn over for 2-Strap, HandyStrap and Adjustable respirators

APPENDIX B
SAMPLE FIT TEST RECORD

Fit-test Record

Name of EMS agency: South Bound Brook First Aid Squad

Name of EMS responder: _____

Date of fit-test: _____

Type of fit-test: Please circle:

Qualitative

OR

Quantitative

Bitrex

List device used:


Saccharin

Respirator	Model	NIOSH	Size	PASS/FAIL	Fit Factor
Brand #		approval #			

_____	_____	_____	_____	P F	_____
_____	_____	_____	_____	P F	_____

Person conducting test: _____

Title _____

South Bound Brook EMS		
	SOG Title: Personal Protective Equipment	
	SOG Number: 2020-11	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		


Personal Protective Equipment

Purpose:

1. To keep members and patients safe from bodily fluids and communicable respiratory infections during all calls for service.

Procedure:

1. All members responding to a call shall don personal protective equipment (PPE) including, but not limited to, gloves, gowns, respiratory equipment and eye protection, depending on the type of call for service.
2. If a call requires respiratory PPE, follow SOG 2020-10.
3. Any PPE that is contaminated with a bodily fluid on scene must be disposed of in a red bio-hazard receptacle in the apparatus. Should this method of disposal not be possible, the PPE must be placed in a marked bio-hazard bag at the hospital.
4. Uniforms and personal clothing are also considered PPE. If contaminated, you may use the washer and dryer at SBBEMS headquarters for disinfection.
5. Any member that has been contaminated by bodily fluids or has had contact with a person with a communicable respiratory infection must contact the Chief immediately and an incident report must be filed.

<i>South Bound Brook EMS</i>		
	SOG Title: Decontamination of Equipment and Apparel	
	SOG Number: 2020-12	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		

Decontamination of Equipment and Apparel

Purpose:

1. Decontamination of equipment and apparel are paramount to keeping our members and patients safe

Procedure:


Equipment

1. After every call, all equipment used, including, but not limited to, the stretcher, blood pressure cuff, SP02 monitor, stairchair, Reeves and the interior of the ambulance, must be decontaminated.
2. To ensure proper decontamination, all equipment must be wiped down with “purple-top” antimicrobial disinfectant wipes.
3. If the interior of the ambulance is contaminated, “purple-top” wipes or a 10 to 1 bleach solution should be used.

Apparel

1. In the event that a uniform is contaminated, it must be doffed as soon as possible and machined washed in high heat with laundry soap. This may be done at SBBEMS headquarters.

If any uniform or apparel has been contaminated, the wearer should also consider themselves contaminated and the Chief shall be notified.

<i>South Bound Brook EMS</i>		
	SOG Title: Operations Command Structure	
	SOG Number: 2020-13	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		

Operations Command Structure and Responsibilities


Purpose:

1. To delineate Command structure though all SBBEMS operations

Procedure:

1. The Operations Command Structure of SBBEMS is as follows:
 - a. Chief
 - b. Deputy Chief
 - c. Crew Chief
 - d. Senior EMT
2. When on scene, the Chief is ultimately responsible.
3. The highest ranking member shall be considered the Crew Chief and in charge of a scene and shall only be relieved of command with just cause.
4. During a possible MCI event, the ranking member may appoint several Crew Chiefs depending on operational needs.
5. The Crew Chief on each call is responsible for the following:
 - a. Crew accountability
 - i. Prior to and while responding, direct each crew member as to their role, pertinent to the information received from dispatcher.
 - ii. Ensure that each crew member is accounted for prior to, during and after each call.
 - iii. Ensure that each crew member is acting professionally and within their scope of practice.
 - iv. After each call, reviewing operations with the crew to point out success and improvement needs.
 - b. Patient care
 - i. Perform and/or direct crew members to take vitals, gather patient information, ready transport, lifting and moving devices and perform emergency medical operations within the scope of their practice.
 - c. Calling for or canceling additional resources
 - i. Make decision regarding the need for Advanced Life Support, Fire, Police, Mutual Aid, MEDEVAC or other additional support services as needed.
 - d. Radio transmissions
 - i. A Crew Chief may assign another member to handle the radio when needed.
 - e. Equipment accountability
 - i. During a call, ensure that all equipment is being used properly.
 - ii. After a call, ensure that all supplies and equipment are accounted for and replaced on a neat, clean and orderly manner.

- iii. If equipment is left at the hospital, it is noted on the designated white board at headquarters.
- f. Patient Care Reports (PCR)
 - i. Shall ensure that each PCR is completed in its entirety.

<i>South Bound Brook EMS</i>		
	SOG Title: Responding to Calls for Service	
	SOG Number: 2020-14	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		

Responding to Calls for Service

Purpose:

1. To provide information and accountability of crew members responding to a call for service prior to an apparatus going into service.


Procedure:

Personal Response

1. Members are to respond to the building for all calls, unless other arrangements have been made with the Chief.
2. When responding, all members must respond in a safe and lawful manner.
3. All members responding to a call must use I Am Responding (IAR) so the Crew Chief and other members are aware of your response.
4. The use of blue lights in a personal vehicle must first be approved by the Chief.
 - a. A member in good standing may apply for a blue light permit, through the Chief, from the NJ Motor Vehicle Commission.
5. Except for the Chief or Deputy Chief, no member is permitted to go directly to the scene of any call unless:
 - a. There is unusual emergent circumstance and is approved by the Chief or Crew Chief.
 - b. The call is for a family member or immediate neighbor.
 - c. If a member is responding to the scene, they shall notify the crew through IAR.

Crew Response

1. An ambulance shall not respond to a call without (1) EMT and (1) driver.
 - a. The Crew Chief may decide to allow an ambulance to respond if he/she knows that sufficient staff is available on scene.
2. All calls are to be considered emergent, with the use of lights and sirens, unless otherwise indicated by dispatch.
3. The driver shall use due caution at all times when responding to a call.

<i>South Bound Brook EMS</i>		
	SOG Title: Dual and Outside Membership	
	SOG Number: 2020-15	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		

Dual and Outside Membership

Purpose:


To ensure that SBBEMS is fully staffed during hours of operation and that members of other organizations are able to respond in their capacity as needed.

Background:

SBBEMS recognizes that volunteers have an increasing burden placed on them and many volunteers are members of several agencies. While SBBEMS must ensure that our shifts are adequately staffed, we also realize that our members may be members of other organizations.

Procedure:

1. If a member of SBBEMS maintains dual membership with the South Bound Brook Fire Department (SBBFD), that member will be considered on duty and available on their scheduled shift with SBBEMS even in the event that both SBBEMS and SBBFD are dispatched together, unless excused by the Chief or Crew Chief of SBBEMS.
 - a. Examples of when a dual member may be excused include are but not limited to a confirmed working structure fire, water/ice rescue or entrapment.
2. Members that maintain a dual membership with any other organization shall not excuse themselves from their regularly scheduled duty shift without first obtaining coverage from another member of equal or greater scope of practice.

<i>South Bound Brook EMS</i>		
	SOG Title: Patient Care Reports	
	SOG Number: 2020-16	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		


Patient Care Reports

Purpose:

To ensure that all aspects of a call for service are recorded.

Procedure:

1. All calls for service shall be logged into an electronic patient care report system (ePCR), as required by the New Jersey Department of Health (NJDOH).
2. The current ePCR is through a web-based system, ImageTrend, that is provided by NJDOH.
3. The ePCR must be filled out in its entirety, with the following basic information being mandatory:
 - a. Dispatch/Response Information
 - b. Scene Information
 - c. Patient Information
 - d. Transport/Destination
 - e. Narrative
 - f. Signatures
4. If a patient is assessed and/or transported, the following information must also be recorded:
 - a. Patient History
 - b. Patient Assessment
 - c. Provider Actions

<i>South Bound Brook EMS</i>		
	SOG Title: Cadets	
	SOG Number: 2020-17	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		


Cadets

Purpose:

To provide guidelines for members aged 16-17 years of age.

Procedure:

1. Cadets will only be able to respond to calls with the express written consent of their parent(s) or legal guardian. Said consent shall clearly state the days and hours for which permission has been granted.
2. Cadets shall participate in all training and may attend EMT class if agreed upon by the Chief and the parent/guardian.
3. While school is in session, Cadets will only be able to respond to calls until 22:00 on school nights. With parental permission, they may respond to calls on weekends, holidays and during school break beyond 22:00, as long as it does not precede a school night.
4. Cadets must maintain passing grades while a member of SBBEMS. Failure to do so may result in suspension of membership.
5. Cadets shall adhere to all SOGs.
6. Cadets shall not answer the following types of calls:
 - a. Maternity/Obstetric/Gynecologic
 - b. Sexual Assault
 - c. Child Abuse
 - d. Any other calls that the parent/guardian or Crew Chief deems inappropriate.

South Bound Brook EMS		
	SOG Title: Social Media	
	SOG Number: 2020-18	
	Original Date: 11/01/2020	Revision Date:
South Bound Brook EMS Standard Operating Guideline		

Social Media

Purpose:

SBBEMS understands the importance of social computing, networking and social media in today's world. Social media takes many forms including social media sites (Facebook, LinkedIn, MySpace, Twitter, etc), blogs, wikis, file sharing sites, forums, discussion groups and chat rooms. Social Media can be an extremely effective way of marketing SBBEMS and expanding our interactions with members and the public. While embracing new technologies, we also want to make sure that the SBBESM and our members engage in social networking in a responsible manner.

Procedure:

This policy provides guidance on how to engage in social networking in a way to protect yourself and the interests of the SBBEMS, its volunteers, and our patients.

1. Social networking sites should not be considered private. Generally, information posted on social networking sites is public and you should expect that even with your use of certain privacy settings, what you post on social networking sites will be seen by others and should not be considered private.
2. SBBEMS does not tolerate harassment or inappropriate conduct of any kind. Social media sites should not be used while on duty unless approved by the Chief. We may monitor member's social media communications to ensure compliance with this protocol.
3. Use common sense and think before you post. You are responsible for the content you publish on social media sites. SBBEMS may monitor social media postings of current members. All members are held to the highest standards. Always consider how your comments will be viewed in light of protecting and enhancing both the reputation of SBBEMS and your own.
4. Each member is expected to abide by SBBEMS and SBBFAS policies, both online and offline. Rudeness, unprofessional behavior, and harassment online will not be tolerated. Insubordination, threats, intimidation, and disrespect toward any member may result in discipline, up to and including termination.
5. Protect confidential information and respect the privacy of patients and members. Always obtain permission before posting references to members. At no time shall a patient be identified. Misuse or unauthorized disclosure of confidential information not otherwise available to persons or firms outside of SBBEMS is cause for disciplinary action, including termination.

6. Only authorized members may communicate information on behalf of SBBEMS. Without permission you are not authorized to make statements, comments or press releases on behalf of SBBEMS.
7. Respect all copyright and other intellectual property laws. For the protection of SBBEMS, as well as your own, it is critical that you show proper respect for the laws governing copyright, fair use of copyrighted material owned by others, trademarks and other intellectual property, including the copyrights and trademarks of SBBEMS and SBBFAS.