South River Emergency Medical Services, Inc.
Policies and Procedures Manual

The South River Emergency Medical Services, Inc. is proud to have you as part of our team. Together we are working to achieve our vision to become the best ambulance service company in the State of New Jersey. As a team we are committed to not only meet but exceed our patient's needs.

We challenge each of you to share our dedication to this vision and to the guiding principles outlined in this section. We appreciate the contributions made by all employees to the growth and success of the organization. Each of you is an integral part to our service, and we are committed to providing you with a professional environment in which you may work and grow.

This comprehensive employee manual has been developed to help you better understand the South River Emergency Medical Services, Inc., the policies and practices, benefit programs, and other information.

The tabbed sections provide detailed information about a wide range of topics. If you have questions on any of the topics described in this manual, please ask the Director of Emergency Medical Services for guidance.

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About Our Vision

"To be the best emergency medical service in the state of New Jersey"

Achieving our vision requires the dedication of all of the South River Emergency Medical Services, Inc. team employees, no matter what role we play or where we are playing it, all working together toward a common goal - and sharing common values. We believe in three guiding principles:

1. Patients

We build compassionate relationships by listening to, understanding, and exceeding our patient's needs. We add value to the patient's lives and provide quality support.

"Total Commitment to the Patient"

2. People

We recruit, train, and recognize the best people and are committed to quality, integrity, openness, hard work, fair compensation, innovation, diversity and respect for others. Each person is involved and empowered, is responsible and accountable, and is expected to learn and grow.

"Our people are our greatest asset"

3. Work Processes

We work together in planning, setting standards and continually improving and delivering quality services. We work together as a team to best serve our community.

"Working together, we all make a difference"

About our Service

The South River Emergency Medical Services, Inc. was founded on the belief that a successful Ambulance Service should be measured by how well its serves the needs of the Borough's residents.

About our Standards

South River Emergency Medical Services, Inc. has certain standards and expected behaviors. Below are excerpts from selected policies that are important to your employment with the South River Emergency Medical Services, Inc. Please refer to the Policies and Practices section for a complete description of these and all other policies and practices.

Code of Ethics

South River Emergency Medical Services, Inc. is dedicated to the highest standards of integrity and ethics. Personal integrity is as important as emergency medical competence and work ethic. Every South River Emergency Medical Services, Inc. employee is expected to comply with the standards of conduct and ethics covered under the policy, including use of the company name, use and disclosure of confidential information, accuracy of information and participation in community affairs.

Diversity

The South River Emergency Medical Services, Inc. values the diversity of our workforce and seeks to foster an environment of broader, richer, more fertile creative thinking and innovation.

Policy on Sexual Harassment

South River Emergency Medical Services, Inc. is committed to maintaining a harassment-free workplace. It is the objective of the South River Emergency Medical Services, Inc. to provide all employees with a working environment free from all forms of unlawful discrimination and conduct which can be considered harassing, coercive or disruptive, including, but not limited to, sexual harassment. Sexual harassment debilitates morale and interferes with work productivity and will not be tolerated. To support this objective the South River Emergency Medical Services, Inc. has a policy in place that defines behaviors that are not acceptable and could be considered harassment.

Safety in the Workplace

The South River Emergency Medical Services, Inc. is committed to maintaining the highest standards of safety in the workplace, and to complying with all applicable federal, state, and local health and safety regulations in order to provide a work environment free from recognized hazards.

HIPAA

To ensure that all EMS Field Providers understand and adhere to the Health Insurance Portability and Accountability ACT of 1996 (HIPPA)

OVERVIEW

The health Insurance Portability and Accountability Act of 1996 effective on April 14, 2003 mandates the most significant changes to the health care industry since the passage of Medicare. HIPAA is a Federal set of standards and safeguards, issued by the Department of Health and Human Services, Office of Civil Rights, that must meet and implemented to assure confidentiality of a patient's protected health information (PHI).

South River Emergency Medical Services, Inc. Corporation is committed to conducting its business in strict compliance with HIPAA regulations. South River Emergency Medical services, Inc Corporation's HIPAA handbook was developed to outline the federal regulations for patient privacy rights as well as South River Emergency Medical Services, Inc. Corporation's policies and procedures for insuring compliance with HIPPA.

South River Emergency Medical Services, Inc. compliance employee and the HIPAA sub-committee will have primary responsibility for monitoring and enforcing compliance with all HIPAA policies and procedures.

Notice of Privacy Practices:

- The NPP should be provided to all patient's at the time of service, or before
- All patients must sign the NPP acknowledgement line prior to receiving the NPP
- Any failed attempt to provide South River Emergency Medical Services, Inc. NPP must be noted on the PCR.
- Emergency radio communications shall contain location and nature of call. There will be no patient name or related diagnoses transmitted over an open frequency.
- Non-emergency radio communications should be followed as stated in the emergency radio communications with the exception of equipment needed for the call.
- Patient name and address shall not be communicated to a hospital over the HEAR System unless required by on-line medical direction.
- Field personnel must ensure secured delivery of all documentation-containing PHI/trip sheets to the office or lock box.
- All PHI/Trip sheets should be kept in a secured location (clipboard) while working in the field. Do not leave any PHI (trip sheet) lying around.
- PHI shall not be discussed at anytime during or after a transport.
- EMS Field Providers are not permitted to discuss any PHI with the media.

NOTE: Failure to comply with this policy may result in disciplinary actions up to and including termination.

PERSONNEL REQUIREMENTS

Each person who operates a motor vehicle licensed to the South River Emergency Medical Services must possess, and have readily available for inspection, a valid driver's license , as required under N.J.S.A 39:10 (Title 39 , Motor Vehicle and Traffic Regulations).
They must also satisfy the following:

- Shall be at least 18 years old
- Shall dress in clothing, including any outwear, of a similar uniform appearance, and meets the standards as set forth for the South River Emergency Medical Services, Inc. personnel.

Personnel shall have readily available for inspection, either on his or her person or in the vehicle, valid documentation, or other proof thereof, of his or her training as may be required by the South River Emergency Medical Services and the OEMS department.

All personnel shall posses a license, registration, certification or training certificate valid in the State of New Jersey for the type or level of patient care he or she is providing. No person shall be allowed to provide a type or level of patient care beyond the level he or she is lawfully eligible to provide in the State of New Jersey.

Each employee may wear appropriate patches, pins, or other items identifying training courses the person has completed, if permission is granted by the EMS Director. However, no personnel shall be allowed to display any patch or other symbol indicating a level of training that he or she has not attained or is not eligible to provide on that service.

No employee shall be allowed to operate a South River Emergency Medical Services, Inc vehicle while under the influence of intoxicating liquor or narcotics or habit forming drugs, or in a reckless manner, or at excessive speed, or while engaging in any illegal conduct.

The minimum certifications of the South River Emergency Medical Services Inc. shall include current EMT and CPR certifications.

At least two certified EMTS MUST be on all licensed vehicles whether the crew consists of a paid or volunteer staff in a DOH vehicle.

Should the employee be a certified Paramedic, they are to only practice BASIC LIFE SUPPORT while employed with the South River Emergency Medical Services and are not to practice any advanced level skills.

Uniforms should consist of the following:

- Blue uniform shirt or polo supplied by employer
- Blue or black EMS pants
- Approved baseball or wool hat with department patch
- Other designated clothing, as determined by the EMS Director or the South River Emergency Medical Services.
- Name tags are required

All of the above uniforms will display a South River Emergency Medical Services patch, a name identification and proper certification patch.

PHONE CALLS AND CELLULAR PHONES

Personal cellular phone use is strictly prohibited while operating a South River Emergency Medical Services, Inc. vehicle. Any EMS Field Provider caught using a cellular phone while operating a South River Emergency Medical Services, Inc. vehicle will be subject to disciplinary actions. Cellular phone use is also prohibited while administering patient care and during transports.

CREW SHIFT RESPONSIBILITIES

- Vehicle Maintenance
- O2 Readings/Recordings
- Fluid/Fuel Level Checks
- Restock Supplies
- Washing Vehicles when needed
- Sweep and clean bays when needed

At the EMS Director's discretion, these may be other duties pertaining to maintenance and operation of the paid department which will be assigned as needed.

DRIVER'S DUTIES

- The driver may assist getting the proper documentation that is expected for all emergency calls, i.e. the completion of a call sheet for all patients treated by the South River Emergency Medical Services, Inc. It is imperative that a proper, legible call sheet be completed, to include the necessary information.
- The driver will assist with necessary management of equipment and cleaning of the ambulance for proper preparation of a patient.

- The driver will assist with necessary management of equipment and cleaning of the ambulance at the hospital or back at the rescue station.
- The driver will stay with the ambulance in a designated area during mass casualty incidents or fire calls unless otherwise directed by the Crew Chief or EMS Command.
- The driver shall fill the vehicle fuel tank with the proper fuel, when the fuel tank reads at half a tank or less than a half a tank.
- The driver shall secure all vehicles at scenes and at hospitals. Make sure the batteries are in the "off" position before securing the vehicle.
- Drivers shall complete a CEVO-Ambulance course. It is also recommended that drivers take the Defensive Driver course.
- The driver shall never turn off all the lights on the ambulance while on scene. Make sure to leave the red flashers on.
- The driver should utilize proper safe operations of all emergency vehicles at all times.
- The driver must make sure all crew members and passengers are seat-belted before the SREMS vehicle moves.
- The driver must stage the vehicle in a safe place for crew employees.
- The driver must be able to operate all parts of the vehicle and have knowledge of said vehicle.
- The driver shall be responsible for assuring all cabinet doors of the vehicle are properly closed prior to moving the vehicle.
- The driver shall be responsible for having a spotter when backing the ambulance.
- The driver shall not turn off the reverse alarm in areas where there could be crew members or people walking behind the vehicle.
- The driver is responsible to report any damage and/or accidents or mechanical failures of the vehicles in an incident report (MVCs require a Police Report).
- The driver shall be responsible for parking the vehicle correctly in the rescue station bay and plugging the electric shoreline into the vehicle.
- The driver shall direct crew employee at the rescue station to connect the vehicle exhaust system to the tail pipe of the vehicle before entering the rescue station.
- The driver should be responsible for ensuring proper maintenance of the O2 tanks. Portable tanks are not to be left below 500 PSI. Main tanks are to be changed if they are below 500PSI. If at any time you are unsure of how to fill or change any oxygen tanks, you are to contact the EMS Director. **At no time are you to leave before the appropriate employees or EMS Director are notified that the oxygen tanks are low.**

CREW CHIEF DUTIES

The Crew Chief is the person in charge of the ambulance crew and will be the commander of all EMS operations on his/her assigned ambulance. He/she will be responsible for the scene safety, the ambulance crew, communications, patient care and

treatment and completing the ambulance call report, subsequently entering the report into the computer.

- The Crew Chief shall establish EMS Command when necessary.
- The Crew Chief shall complete one Ambulance Call Report (ACR) for each patient or RMA.
- The Crew Chief shall complete one Ambulance Call Report (ACR) for each vehicle that calls "in service".
- The Crew Chief is to ensure that all the information is placed in the computer as soon as possible.
- Proper documentation is expected on all emergency calls, i.e. the completion of a call sheet for all patients treated by the South River Emergency Medical Services Inc. It is imperative that proper legible ACRs be completed in a timely manner and include the following information:

1. Patients Name
2. Patients Address
3. Date of call
4. Medical Information (if applicable)
5. Patients Disposition
6. Chief Complaint
7. History
8. Allergies
9. Medications
10. Comments and/or narrative
11. Crew Information
12. Two sets of vitals
13. Use of military time on calls (24 hrs)
14. Nature of a call
15. Location of call or incident

NOTIFICATION TO THE EMS DIRECTOR

The EMS Director of the South River Emergency Medical Services shall be notified immediately, through all means possible. If the EMS Director is unavailable and all attempts to notify failed, then the Captain of the South River Rescue Squad should be notified. The following is a list of all mandatory notifications:

- Crime Scenes (Homicides, suicides, rape, hostage situations and bomb threats).
- Any Hazmat calls that require the Middlesex County Hazmat unit or team.
- Any large scale incident requiring mutual aid, such as, a large MCI scene, search and rescue, major MVAs or plane/bus crashes that require triage of patients.
- Any calls that requires South River Emergency Medical Services Inc, such as floods, blackouts, evacuation of residents, surge storms, etc. Notification will be

made only if the South River Emergency Medical Services requests South River EMS Annex to be activated or if OEM opens the EOC.

- When any vehicle is involved in an accident.
- Any injury to any employee on duty or exposure of any employee.
- When a vehicle breaks down and needs a tow.
- For all power failures at the EMS/Rescue Station 5.
- For all VHF paging failures at the South River Police Communication Center or radio/power failures to the VHF repeater on the water tower.
- For all radio failures of the East Brunswick Twp. trunk radio system.

PAGER & RADIO POLICY

- There will be two pagers and walkies in the building for the South River EMS Division
- When crew comes on to their shift they must grab a pager and a walkie for their shift. At the end of the shift the radios and pagers must be returned to their charging station.

PROPER USES OF RADIOS (VHF, TRUNK, UHF, LOW BAND)

- The crew chief is in charge of all communications on emergency calls, unless there is a need for South River Emergency Management at the scene, or a Rescue Squad Line Officer arrives. South River Emergency Management will be required if the incident is too large for the crew to handle. If South River Emergency Management is required, the Crew Chief will notify police headquarters via radio. The Crew Chief is responsible for all communications between police headquarters and the ambulance. The EMT/driver may use the radio during patient transport and vehicle operations. All personnel will have in house training class before using the trunk and VHF radio systems.
- VHF RADIO OPERATION
  - -EMS REPEATER: Paging tones for emergency calls, secondary, ambulance(s) to South River Communication Center
  - -EMS TALKAROUND: Rig to rig, Rehab officer and triage officer, "Talk Around" is the same channel as the repeater however radio transmissions bypasses the repeater system. (Direct Radio to Radio Transmissions)
  - -EMS 2 OPS: EMS operations-Civic Events
  - -EMS 3 TAC: Line officers use only
  - -EMS 4 TAC: Res5cue Tactical Operations
  - -JEMS 1: Rig to medic unit or Med-Central for MICU ETA, cancellation or dispatch of MICU.
  - -JEMS 2: Patient report to hospital and hospital status, including divert.
  - -JEMS 3: Communications among local mutual aid agencies (less than five agencies).

-JEMS 4: State mutual aid, more than five agencies for Multiple Casualty Incidents and Disasters.

- Only EMS Director will be authorized to contact on scene command after the ambulance has called in service. The Crew Chief will notify the rescue station or police headquarters if additional assistance is needed.
- LOW BAND FIRE RADIO: Used for mutual aid at Middlesex County Fire calls only.
- UHF:

-In 545

- Channel 1-East Brunswick Police Channel 2
- Channel 2-East Brunswick Police Channel 1

-In 546

- UHF has different mutual aid towns

- TRUNK RADIO 500MHz SYSTEM
  1. ES-1: EMS/Rescue Rig to Police Dispatch
  2. ES-2: 2nd EMS and South OEM Channel
  3. BOROUGH WIDE: Inter-Department Communications
  4. EB EMS OPS: Mutual Aid E.B. calls, South River Rig to E.B. Police Dispatch or SRRS Rig to EBRS Rig
  5. FIRE 1: South River Fire Department
- MARINE RADIO: All squad vehicles have the following marine frequencies:
  1. CHANNEL 16-Marine Emergencies-Vessels to Coast Guard Station
  2. CHANNEL 22-Coast Guard Search & Rescue Operations
  3. CHANNEL 69-Recreational Vessels-South River Boat Club

POLICIES FOR CALLING "IN SERVICE"

- When your shift starts at 6am you must call the South River Police Department (732-238-1000) to let them know that there will be a crew available.
- When a call comes in you will inform headquarters that you received the call and then you will call in service within 5 minutes.
- You must use the CAD system and radio in the rigs for calling in service.
- When your shift ends you must call headquarters and call unavailable.

EMERGENCY LIGHTS AND SIRENS

- Lights and sirens are to be operated by the driver. The sirens will be used at the driver's discretion while responding to emergency calls, or transporting a patient that requires emergency care to a hospital. You are not to use the air horn on 546 while transporting a patient to the hospital unless it is deemed the only means by which to clear traffic. While the patient report is being transmitted to the hospital,

the sirens should be turned off. Sirens will not be used in a hospital zone. The crew chief will inform driver how to respond:

1. Code 1-NO LIGHTS, NO SIRENS
2. Code 2-LIGHTS ON, SIRENS AS DEEMED NECESSARY
3. Code 3-LIGHTS ON, SIRENS ON

- Crime scene calls such as attempted suicides, hostage situations and bomb threats, must be a CODE 1 response.
- If the rescue truck is being requested for a non-medical reason, such as non-emergency generator power, the response must be CODE 1 response unless directed otherwise by an Incident Commander. If the truck is requested for medical or emergency purposes, the response shall be at the discretion of the Crew Chief on the call.
- When coming to any intersection on Route 18, with a patient on board, if the traffic light is red do not cross, wait for light to turn green and then continue in CODE 3.

WORKING WITH VOLUNTEERS

Proper authorization through the Captain and EMS Director must be received prior to a volunteer member riding with a paid employee.

VEHICLE BREAKDOWN/OUT OF SERVICE NOTIFICATION POLICY

Should your vehicle break down while in-service, the following procedure **MUST** be followed:

- If possible, pull your vehicle off to the side of the road to a safe area. If a patient is on board your ambulance, radio Police Headquarters, and request another ambulance to be dispatched to the break down site. If an ambulance is unavailable, instruct Police Headquarters dispatcher to dispatch a mutual aid ambulance from the closest area to your site.
- Set up warning devices: triangles, flares or turbo flares to protect your crew and vehicle.
- Who to call: Ems Director and Police Headquarters.
- Towing agencies for our vehicles: Borough approved towing services

SANITATION

The interior of all vehicles and all equipment used shall be cleaned on a daily basis. All areas used for storage, and the equipment and supplies with the vehicle, shall be kept clean and sanitary. A disinfectant shall be routinely applied to all contact surfaces. The floor, wall areas and equipment shall be free of stains and odors.

Exterior surfaces of the vehicle shall be routinely cleaned.

Blankets and other material shall be kept clean and in good repair.

When the vehicle has been utilized to transport a patient known or suspected to have a communicable disease, the vehicle shall be cleaned and all contact surfaces, equipment and blankets shall be disinfected prior to transportation of another patient, according to current guidelines of the Federal Centers for Disease control.

Pillows and mattresses shall be kept clean and in good repair. The pillows and mattresses shall have a protective, waterproof, stain resistant cover. Freshly laundered linen, or disposable sheets and pillow cases, shall be used on the stretchers and shall be changed after each patient. There shall be adequate, clean and dust proof storage for clean linens and disposable sheets and pillow cases. Plastic bags and/or covered containers or compartments shall be provided for any soiled supplies carried within the vehicle.

Where possible, only single-service implements shall be inserted into the patient's nose or mouth. These single service items shall be wrapped and properly stored and disposed after each use. When reusable items, other than single service are required, the items shall be kept clean and sanitary.

Single use Nitrile gloves shall be available for staff use. They should be properly maintained and stored and should be properly disposed of after use.

Psychiatric/EDP Emergency Calls

If the crew chief feels unsafe or uncomfortable with an intoxicated or emotionally disturbed patient (EDP), the Crew Chief shall request a Police Officer to ride along.

SEXUAL HARRASSMENT POLICY

DUE TO THE SERIOUS NATURE OF THIS POLICY PLEASE REFER TO THE HANDBOOK GIVEN TO YOU AT TIME OF HIRE.

NO SMOKING POLICY

There will be no smoking anywhere inside the Rescue Squad Station #5 in accordance with New Jersey State Laws & local ordinances.

There will be no smoking at any time in any SREMS vehicles as per the New Jersey State Department of Health and Human & Senior Services regulations. All SREMS Vehicles carry medical grade oxygen on board.

INCIDENTS REPORTS

Any incident reports relating to Employees, vehicles, calls, etc shall be submitted within 24 hours of the incident and placed in the EMS Director's box located in the Ambulance bay. The incident reports shall include:

- Names of personnel involved
- Names of patients (if applicable)
- Location of the incident
- Time of the incident
- Nature of the incident
- Vehicle involved
- Name of Police on scene
- Eyewitness information, if possible
- Any other pertinent information relative to the scene or incident

All employees shall cooperate and complete an incident report if requested to do so by the Rescue Squad Captain or EMS Director

INFECTION CONTROL POLICY

Definitions:

- **Bloodborne Pathogens**-Pathogenic organisms that are present in human blood, and have the potential to cause diseases. Bloodborne pathogens include, but are not limited to, the Hepatitis (B) Virus (HBV) and the Human Immunodeficiency Virus (HIV), also known as AIDS.
- **Occupational Exposure**- The reasonable anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials/fluids, which may result from the performance of an employee's normal duties.
- **Designated employee**- An employee who, through their job performance, has the potential for being exposed to blood or other potentially infectious material.
- **Personal Protective Equipment (PPE)** - Protective equipment, including but not limited to gloves, eye shields, and other clothing, that blocks entry of an infectious organism into the body.

The South River Emergency Medical Services, Inc. recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of emergency response, including in-station operations.

The health and welfare of each employee and member is a joint concern of the Captain and the EMS Director. While each employee is ultimately responsible for

his/her own health, the SREMS goal is to provide the safest working environment possible.

Emergency response is often unpredictable and uncontrollable. While blood is the single most likely source of HIV and HBV infection in the workface, in the field it is safest to assume that all bodily fluids are infections. For this reason, personnel protective equipment (PPE) will be chosen and must be worn, to provide barrier protection against all body fluids.

- All employees should know their size for the HEPA N95 Mask, of which there are different sizes on the ambulances.

The following guidelines should be utilized by all designated employee's to minimize the employee's potential for exposure to bloodborne pathogens, or any other potentially infectious material:

Exposure Determination:
The following tasks are reasonably anticipated to involve exposure to blood, blood fluids, or other potentially infectious material:

- Providing emergency medical care to ill or injured patients.
- Providing transport for medical and psychiatric patients.
- Rescue of victims from hostile environments, including burning structures or vehicles or oxygen deficient atmospheres
- Patient restraints (as per police/hospital personnel)
- Cleaning and decontaminating equipment
- Cleaning and decontaminating vehicles, uniforms, and any other non-disposable items

All employees must select (from the Ambulance) personal protective equipment (PPE) appropriate to the potential for spill, splash or exposure to bodily fluids. No standard operating procedure for PPE ensemble can cover all situations, therefore, common sense must be used. When in doubt, select maximum rather then minimal PPE.

- Disposable nitrile gloves will be worn during any patient contact, when potential exists for contact with blood, bodily fluids, non-intact skin or other infectious material. All SREMS employees shall carry an extra pair of disposable gloves on them while on duty.

- Gloves will be replaced as soon as possible when soiled, torn or punctured. Hands will be washed after removal.

- Heavy-duty utility gloves may be used for handling, cleaning, decontaminating or disinfection of potentially contaminated patient care equipment.

- Facial protection shall be used in any situation where splash contact with the face is possible. Facial exposure may be avoided by using both a facemask and eye protection or by using a full-face shield.

- When treating a patient with suspected airbourne transmissible disease, facemasks shall be worn. The first choice is to mask the patient with an HEPA N-95 facemask (the one with the metal over the nose); if this is not feasible, mask all employees with a proper HEPA N-95 mask.

- The minimum number of employees required to complete a task safely will be used for on-scene operations. Employees not immediately needed must remain a safe distance from any operations where communicable disease exposure is possible or anticipated.

- Hand washing is the most important infection control procedure:

    1. Upon contact of unprotected hands or any other skin with blood or bodily fluids, employees shall immediately wash the area of contact thoroughly with soap and warm water.
    2. When provisions for hand washing are not available, the employee shall thoroughly clean the area of contact with approved antiseptic hand wash.
    3. Employees should wash their hands after removing gloves.
    4. Employees shall wash their hands after each patient contact, after handling any potentially infectious materials, after cleaning or decontaminating equipment, after using the bathroom and before eating or preparing any food.

- Eating, drinking, smoking, handling contact lenses or applying cosmetics or lip balm is prohibited at the scene of EMS/ Rescue operations.

- In the event of an accidental contact with a needle or other sharp object, the following action should be taken:

    1. Cause the area to bleed. Squeeze or milk the area of the wound to increase blood release.
    2. Immediately wash and sanitize the area of the puncture.
    3. Report the incident to the Crew Chief or EMS Director who will then file the appropriate paperwork.

4. Confidential medical evaluation shall be provided for the affected employee, as requested.
5. A counselor should be called for the affected employee, if requested.

- Disposable resuscitation equipment will be used whenever possible. For C.P.R., the order of preference is:

  1. Disposable Bag-Valve Mask (BVM).
  2. Demand valve with disposable mask.
  3. Disposable pocket mask with one way valve.

- Mouth-to-mouth resuscitation will be performed only as a last resort if no other equipment is available.

- Human bites (one human biting another) have the potential of transmitting blood, bodily fluids and other potentially infectious materials, including, but not limited to viruses and bacteria. These types of pathogens are not always bloodborne, but may be found in saliva and/or other bodily fluids. Upon occurrence of a human bite, the following procedures must be taken:

  1. Immediately wash the affected area with soap and warm water.
  2. When hand-washing facilities are not readily available, the employee shall thoroughly clean the area of the bite with antiseptic cleanser.
  3. The area of the bite shall still be washed with soap and warm water as soon as possible even if cleaned with antiseptic cleaner.
  4. The incident shall be reported to the Crew Chief and the EMS Director immediately who shall complete an exposure report, and a copy of this report shall be placed into the employees personnel file.

- Patients with suspected airbourne communicable diseases will be transported wearing a facemask whenever possible.

- Personal protective equipment will be removed after leaving the work area, and as soon as possible if contaminated. After use, all PPE will be placed in leak-proof bags, marked biohazard and transported to an appropriate facility for disposal.

- The public should be reassured that infectious control PPE is used as a matter of routine for protection of all employees and patients they treat. The use of PPE does not imply that a given patient has a communicable disease

- No medical information will be released at the scene. Media inquires will be referred to the EMS Director. Patient confidentiality will be maintained at all times.

POST RESPONSE

Before returning to quarters, contaminated equipment will be removed at the hospital and replaced with clean equipment. Supplies of PPE on response vehicles will be replenished. Cleaning and decontaminating procedures will be performed as soon as possible.

- Disposable equipment and other biohazardous waste generated during on-scene operations, if not already disposed of at the hospital, will be stored in appropriate leak proof containers for hospitals.

- Gloves must be worn for all contact with contaminated equipment or materials. Other PPE will be used depending on splash or spill potential. Triple gloves may be used for cleaning disinfecting, or decontaminating of equipment.

- Eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm is prohibited during the decontamination procedure.

- Disinfecting will be performed with a department-approved disinfectant or with a 1:100 solution of bleach and water. All disinfectants will be tuberculin and EPA approved and registered.

- Any damaged equipment will be cleaned and disinfected before being sent out for repair.

- The manufactures guidelines will be used for the cleaning and decontamination of all equipment. Unless otherwise specified:

  - Durable equipment (backboards, splinting) will be washed with hot soapy water, rinsed with clean water and disinfected with approved disinfectant or 1:10 bleach and water solution. Equipment will be allowed to air-dry.
  - Delicate equipment (radios, defibrillator, etc) will be wiping clean or any debris using hot soapy water, wiped with clean water, then wiped with bleach or any approved disinfectant. Equipment will be allowed to air-dry.

USAGE OF THE NEW JERSEY TRIAGE TAGS

Usage of the tag shall be for any Large-Scale Incidents, Mass Casualty Incident (MCI) The tags may be used at other EMS Incidents if required.

The Official New Jersey State Triage Tag will be the ONLY tag used at EMS operations.

All numbers on tags must be accounted for at all times. Information on how and where tag was used must be documented in order to replace used tags.

Detailed usage of triage tags can be found on NJDOH-SS web-site at www.state.nj.us

Front Side of Triage Tag:

- **PERSONAL PROPERTY-** This tear-off strip is used to identify a patient's personal property that may have been removed during the decontamination process. The tag should remain with the items to assist with retrieval after the incident.

- **DESTINATION-** This tear-off strip is used by the transportation group supervisor to track the destination and location of the patient. This strip should be removed and kept by the transportation agency after the patient has been transferred to the hospital.

- **ADHESIVE STRIP-** The adhesive strip is used to attach the triage tag to the patient once they arrive at the hospital.

- **TRIAGE ALGORITHM-** The algorithm identifies the START triage method in an easy to use format in order to assist personnel during mass casualty incidents. This section also depicts "R" "P" "M" which assists the triage personnel in determining the critical patients quickly.

- **NERVE SYMPTON AND NAAK TREATMENT-** This section consists of two arts. The first is the "SLUDGEM" mnemonic to assist in the identification of symptoms seen in a nerve agent exposure.

- **CBRNE, HAZMAT SYMBOLS AND DECONTAMINATION-** Choose the appropriate symbol(s) to indicate that the patient has been exposed to a nuclear, biological, or chemical agent. The decontamination section will allow responders to indicate the type of decontamination procedures the patient has undergone.

- **VITALS AND MEDICATIONS-** The patient's vital signs and medication administered in pre-hospital setting (including NAAK/Mark 1 KITS) should be documented in this section.

- **IV AND AIRWAY-** This section allows Advanced Life Support (ALS) to document the gauge, solution and rate of any intravenous, as well as the size and depth of an endotracheal tube.

- **PATIENT STATUS** – Detach the tabs below the desired patient priority. The detached tabs should be kept for tallying after the incident. The white "uninjured" category was added in order to assist triage personnel with

patients that do not wish to seek medical assistance at the time of the incident. A triage tag is to be obtained in case the patient needs to be re-contacted for questioning or health concerns.

Back Side of Triage Tag:

- **INJURIES**-This section allows patient care providers to document any obvious injuries found during the patient's treatment.

- **PLACE RELATED MINOR OR GUARDIAN LABELS**- This section was added to the tag in order to assist in the tracking of minors during Mass Casualty Incidents and Large Scale Incidents. An "other" decal from the minor's tag is to be removed and attached to the parent or guardian's tag. Likewise, an additional "other" decal is to be removed from the guardian's tag and placed on the minor tags.

- **PERSONNEL INFORMATION**-If time permits, this section should include the patients name, address, phone number, social security number and religion. If possible, the patient's religious beliefs and desires are to be honored.

- **PEEL-OFF DECALS**-The peel-off decals are used to track the patients as they move from area to area. Every time a patient leaves an area, a decal is removed and placed on the patient-tracking log. For example, the triage decal should be removed and added to the triage log. Similarly, the treatment and the transport decal should be placed on the treatment and transport logs, respectively.

NEW JERSEY TURNPIKE CALLS

The driver will look up the best location/route for the call using the turnpike map before leaving the building.

EXAMPLES OF MILES POST 83.3

NSI- NORTH TO SOUTH INNER LANE
NSO-NORTH TO SOUTH OUTER LANE
SNI-SOUTH TO NORTH INNER LANE
SNO- SOUTH TO NORTH OUTER LANE

U – Turn – Connects North and South outer lanes

Z-Turns-Break in the roadway that connects the North Inner Lanes and North Outer Lanes together and connects the South Inner Lanes and the South Outer Lanes together. There will be a white Z with #1000

underneath the letter Z. The sign identifies that a Z turn is 1000 feet ahead. All drivers will have to use **EXTREME CAUTION** when operating emergency vehicle through a Z turn on the New Jersey Turnpike.

Call NJSP Troop D operations at 609-860-9000 for number of patients, if extrication is needed or if additional ambulances are required.

Upon Arrival:

- Establish EMS Command (scene size-up)
- Stage after accident unless told otherwise by NJ STATE POLICE
- Always exit from the rear of the ambulance box. Never use the side door of the ambulance box.
- Notify incoming units as needed. The crew Chief may have to stage the Rescue Truck or additional rigs at the toll plaza.
- Introduce yourself to State Trooper
- Establish the EMS Branch (EMS COMMAND)
- Ask the State Trooper politely if you need a lane to be shut down only if it is necessary for your safety.
- Treat and transport, you may have to bring patients to the toll booth to meet other rigs or the ALS unit.
- Crews shall remove EMS crews and patients as quickly as possible from the turnpike with out compromising patient care. This is for your safety as well as the patient's safety.
- Properly complete the NJ Turnpike Call report, include the badge number of Trooper in charge, including weather conditions, exit and entry points on/off the turnpike, etc.
- If two ambulances are dispatched to the location, the second ambulance is to standby at the tollbooth until notified by the first ambulance on scene to proceed. The South River Rescue Squad Rescue Truck will be dispatched after sunset and must standby at the tollbooth until notified by the first ambulance to proceed. If extrication is required, one fire truck is to be dispatched and must standby at the tollbooth until notified by the ambulance on scene to proceed.
- Use EZ Pass lanes entering and exiting the turnpike at the tollbooth.
- EZ Pass for our department is only issued for the New Jersey Turnpike: Our Department EZ pass may not work on other toll roadways and bridges, therefore the driver must pay said tolls. If there are any EZ Pass problems please place an incident report in the EMS DIRECTOR'S box in the ambulance bays.

LARGE SCALE INCIDENTS FIELD OPERATIONS

Responsibilities of first arriving unit at a large scale incident:

- Personal safety
- Identify hazards
- Establish command
- Identify Staging location
- Begin initial triage using New Jersey's triage tag
- Request additional resources as needed.

Providing the Initial Report at a Large Scale Incident:

- Nature of incident (motor vehicle collision, hazmat)
- Location of the incident – the exact location, including cross streets and the best access routes for responding units should be provided.
- Presence of any (potential) hazards (fire, electrical, chemicals, wires, etc.)
- Location of the Incident Command Post
- Location of the EMS Staging area and the best access route to that spot.
- Estimated patient count
- Additional units required (BLS, ALS, RESCUE, HAZMAT, FIRE, POLICE, etc.)
- Any other information that seems pertinent to the size, scope, nature, etc, of the incident.

Common EMS positions within the ICS used during a large scale incident:

- **EMS BRANCH DIRECTOR:** Responsible for all EMS operations at the EMS incident.

- **TRIAGE GROUP SUPERVISOR:** Responsible for all triage operations at the incident.

- **TREATMENT GROUP SUPERVISOR:** Responsible for all Treatment area activities.

- **TRANSPORT GROUP SUPERVISOR:** Coordinates and distributes supplies needed for all EMS operational areas.

- **EMS SAFETY OFFICER;** Ensures safety for all rescuers and patients.

INCIDENT COMMANDER/EMS BRANCH DIRECTOR

Supplies needed for the Incident Commander:

- EMS Incident Command vest
- Clipboard
- Initial scene report, progress report and incident update forms

Incident Commander Communicates to:

- Dispatch
- Triage

Responsibility:

- Incident operations, until relieved by the designated agency representative.

EMS BRANCH DIRECTOR COMMUNICATES TO:

- Incident Commander/Operations Sections Chief
- Safety Officer
- Incident Staging Manger
- Triage Group Manger
- EMS Staging Manger
- Triage Group Supervisor
- Treatment Group Supervisor
- Transport Group Supervisor

Responsibility:

- Commands all EMS Operations

TRIAGE GROUP OFFICER:

SUPPLIES NEEDED FOR TRIAGE GROUP SUPERVISOR:

- P.P.E.
- Triage Group Supervisor vest
- New Jersey Triage Tags
- Airway Management supplies (i.e. oral airways)
- Bandages for controlling severe bleeding
- Triage Forms

TRIAGE GROUP SUPERVISOR COMMUNICATES TO:

- EMS Branch Director
- Treatment Group Supervisor

RESPOSIBILITY:

- Receiving of patients and utilizing the S.T.A.R.T. triage system to determine triage categories

    - RED- Immediate
    - YELLOW- Delayed
    - GREEN- Minor
    - WHITE- Uninjured
    - BLACK- Deceased

EMS STAGING MANAGER:

SUPPLIES NEEDED FOR EMS STAGING MANGAR:

- EMS STAGING VEST
- Clipboard
- EMS Staging Manger Form

EMS STAGING MANGER COMMUNICATES TO:

- EMS Branch Director
- Incident Commander
- Transport Group Supervisor

RESPONSIBILITY:

- Coordinate and track incoming EMS units, personnel and equipment
- Document resources in staging that are transport capable and are ready for immediate deployment to the patient loading area.
- Facilitate removal of equipment needed in the treatment area

TREATMENT GROUP SUPERVISOR:

SUPPLIES NEEDED FOR TREATMENT GROUP SUPERVISOR:

- Treatment Group Vest
- Clipboard
- Treatment form

TREATMENT GROUP SUPERVISOR COMMUNICATES TO:

- EMS Branch Director
- Triage Group Supervisor
- Transport Group Supervisor

- EMS Supply Unit Manger

RESPONSIBILITY:

- Establish treatment area
- Patient treatment activities
- Coordinates activities between triage, transport & EMS Supply Unit

TRANSPORT GROUP SUPERVISOR:

SUPPLIES NEEDED FOR TRANSPORT GROUP SUPERVISOR:

- Transport Group vest
- Clipboard
- Transport forms

TRANSPORT GROUP SUPERVISOR COMMUNICATES TO:

- EMS Branch Director
- Treatment Group Supervisor
- EMS Staging Manger
- Medical Facilities Communications (Med-Central or Hospitals)

RESPONSIBILITY:

- Coordinates patient movement activities between treatment, group and Air Ambulance.
- Coordinates patient transportation between scene operations & medical facilities in a priority order.
- Maintains hospital or medical facility bed status

EMS SPECIFIC SAFETY OFFICER:

SUPPLIES NEEDED FOR SAFETY OFFICER:

- Safety Officer vest
- Clipboard
- Notepad

SAFETY OFFICER COMMUNICATES TO:

- To ensure the safety of rescuers patients and bystanders
- Report any hazards to the EMS Director or EMS Command.

- **Safety Officer has the authority to stop any operations if a safety hazard exists.**

RESPONDING TO HAZMAT CALLS

- When we are dispatched to a hazmat incident, the crew shall remain at the Rescue Station until the EMS Director or Command has assessed the scene for the following:
  - -If there are any patients and how many
  - -Wind direction
  - -Location of the command center
  - -Best and safest approach to the command center or designated COLD ZONE
- When arriving at the designated responding area:
  - -Each employee shall wear gloves, facemask, and other personal protection gear as needed including suits, respirators and hazmat boots if conditions require.
  - -No windows are to be opened when operating a SREMS vehicle at a hazmat scene.
  - -No air conditioner, heat or fan is to be used, where feasible.
  - -No employee will leave the ambulance until instructed where to proceed by the Incident Commander.
  - -Employees will NOT enter the HOT ZONE or DECONTAMINATION ZONE.
- If the crew is instructed to take patients:
  - Each employee shall wear gloves, facemask, and other personal protection gear.
  - The driver will not leave the ambulance or have any further physical contact with the crew.
  - The driver may hand equipment to the crew from inside the rig, but once the patient is ready to be loaded, the driver must return to the cab and close the entryway to the box.
    Employees outside the rig may receive patients in the COLD ZONE after the patient has been decontaminated.
  - Any equipment and supplies used on the patient can't be used on other patients.
- Any items contaminated will be placed in plastic bags, tied and clearly marked with the following:
  - Contaminated
  - The exact contents of each bag
  - Triage bags may have tracking numbers for this type of procedure.
- If it is not possible to decontaminate the patient prior to transport, the crew will not transport or have any physical contact with the patient.
- If available, a second ambulance will standby at the Rescue Station awaiting further instruction from the duty crew on location or the Incident Commander.

- The rescue truck will roll only if requested by the Incident Commander. We do not want to contaminate our rescue truck by driving into the HOT ZONE.

REHABILITATION SECTOR GUIDELINES

PURPOSE: To provide medical observation and rehabilitation to personnel on EMS scenes, fire grounds and training operations. Victims of such scenes may be evaluated at the rehabilitation sector.

SCOPE: This guideline is to be followed by all employees of this department. The Incident Commander has full control of the scene; he or she is solely responsible for any deviation from this guideline.

GENERAL STATEMENT: To ensure that the physical and mental condition of the employee operating at the scene of a emergency or training exercise does not deteriorate to a point that effects the safety of each employee or that jeopardizes the safety and integrity of the operation the following guidelines need to be followed:

REHABILIATION SECTOR OPERATIONS

- Fire and EMS personnel involved in the fire ground operations at the scene of an incident should be evaluated at a Rehab Sector. In most cases, after using two air cylinders or at 45 minute to one-hour intervals, crews will be rotated through the Rehab Sector for rest and evaluation.

- The Incident Commander will determine when to establish a Rehab Medical Sector, and when crews are to report to the sector. Relief or back-up crews will be assigned to replace crews that are going to Rehab.

- Crews reporting to Rehab should check-in with the Rehab Sector Officer or other medical personnel. Rehab will be stationed away from the incident where crews can remove their protective clothing and have their vital signs checked. Vital signs are to be checked by EMS personnel and recorded usually every ten minutes, unless vitals are critical. If a food area is set up, crews should be checked before and after going to this area.

- South River Emergency Medical Services, Inc. standing orders will be followed for personnel exhibiting signs of illness or injury. Any person complaining of chest pains, shortness of breath, or found to have abnormal vital signs, will be removed from active duty for further evaluation. In these cases, the person will be treated and transported to the appropriate hospital per the Incident Commander.

- After a 15 to 20 minute rest if personnel evaluations are within normal range, the Incident Commander will be notified of the crews being available for reassignment.

POINTS OF IMPORTANCE

- Firefighter crews should be cycled through Rehab on a regular basis.
- Crews at Rehab should be assigned as a group and stay together.
- Crews at Rehab should receive medical evaluation; blood pressure, pulse, and respiratory rate, 02 Stat, fluid, food, and rest.
- All operating sectors should maintain an ongoing awareness of the condition of their personnel and use the Rehab Sector to combat excessive fatigue and exhaustion.
- Personnel on scene will get evaluated at least once if on scene more then 45 minutes.

MEDICAL/REHABILITATION RESPONSIBILITIES;

- The Incident Commander shall be responsible for considering the circumstances of each incident and for making available adequate provisions for the rest and rehabilitation for all emergency workers.
- The EMS DIRECTOR shall maintain an awareness of the condition of each employee operating within their span of control and ensure that adequate measures are taken to provide for their safety and health. The EMS DIRECTOR shall use the ICS to request relief and reassignment of fatigued crew employees.
- During periods of extremely hot weather and before any extended training exercises, personnel are encouraged to pre-hydrate. In addition, all personnel, while operating at scenes, should take all opportunities to re-hydrate themselves as often as possible.
- Personnel assigned to operate the Rehab Sector will be responsible for several activities within the Sector, will maintain a high profile and remain within ten feet of the Sector at all times.
- Primarily, the flow of personnel into and out of the Sector will need to be coordinated and recorded. The initial setup should be located at or around a BLS Ambulance or Rescue Unit, or somewhere out of the weather.

- EMS personnel assigned to this Sector will be responsible for obtaining vital signs of Fire Fighters or Rescue personnel as they rotate through Rehab.

- When weather permits, a tarp cover will be spread out, and all of the following items will be placed on it: water cooler, cups, BLS equipment. On rainy days, these items may be set up in the rear of the Ambulance or Rescue Truck, or in a covered area.

- A running tally of crews in Rehab and those who are available for reassignment must be kept up to date at all times.

- In ideal situations, crews should have 15 or 20 minutes to spend in Rehab. Fluid replacement should be available for crews when they are in Rehab.

- When involved in firefighting operations or heavy rescue, crews should be given water during the first hour. After the first hour 50% water and electrolyte solution, such as Gatorade, may be given to crew employees.

- During cold weather operations, warm drinks like hot chocolate may be given and only in moderation. Coffee should be avoided.

- Smoking is not allowed in or near the Rehab Sector area because oxygen may be in use.

VITAL SIGN GUIDELINES

When Firefighting or Rescue crew member arrive at the Rehab Sector a complete set of vital signs is to be taken.

The following criteria are to be used in the evaluation of the ground personnel during Fire and EMS incidents. Keep in mind that all NJ EMT-B standards of care protocols supersede the guideline listed below:

- If the diastolic blood pressure is >130 they will be transported to the hospital.
- If the diastolic blood pressure is > 110 and the person is symptomatic, the person may be transported to the hospital for further evaluation. If the pressure is <110 but the person is symptomatic the same is true.
- If the systolic blood pressure is > 200 and after further evaluations and rest the reading is still > 200 the person may be transported to the hospital for further evaluation.
- If the diastolic blood pressure is <110 and there are no symptoms, no action is necessary.

- If a pulse rate of 140 or greater is found, the person should be given oxygen, fluids, and rest for a minimum of 10 minutes. At that time they should be reassessed. If after 10 minutes the heart rate drops below 140, the person may return to duty. If the heart rate remains above 140, the firefighter or rescue member must rest 30 minutes and be given fluids and oxygen. If after 30 minutes the rate remains above 140, the person should be transported to the hospital for further evaluation, ALS might be called by crew chief.

In all of the above cases, the crew assigned to Rehab will complete a rehab report or log.

An ACR is required on persons treated or transported to the hospital.

If the employee thinks the person needs to be transported and he or she refuses, an RMA must be obtained by the EMT from our department. The Incident Commander shall be notified of the RMA and may sign as a witness on the ACR form.

OXYGEN TRANS-FILLING STANDARD OPERATION

Prior to refilling, each cylinder will undergo the following inspections:

MARKING- Check ownership, DOT specification, pressure rating, and retest date. Steel cylinders are tested every 5 years unless a (*) follows the test date, which means the cylinder may be tested every 10 ten years. Aluminum cylinders must be tested every 5 years.

CONDITION- Visually inspect the entire cylinder for any of the following defects: cracks, dents, bulges, gouges, arc bumps, fire damage or any other visual defects that would render a cylinder unsafe or unacceptable for use.

HAMMER TEST- Shall be performed on all empty non- pressurized steel cylinders. This test is performed by tapping the side of the cylinder with a light blow, using an instrument such as a ball peen hammer. A good cylinder will make a clear ring sound while a dull sound would indicate internal corrosion. All cylinders with dull sounds should be removed from service and quarantined.

ODOR TEST- Should be performed while venting is taking place to detect the presence of any foreign gases.

VALVE ASSEMBLY- Should be checked for the presence of foreign matter such as grease or oil, which should be removed before use. Also it should be examined it insure it is proper CGA valve for that specific gas. Be sure the

inlet and/or outlet threads are not damaged. Make certain the hand wheel or valve stem are not bent. Check to ensure that there are no visible signs of damage or internal corrosion, or signs of heat or fire damage.

COLOR- Make certain the cylinder color corresponds with the specific gas (green for oxygen)

LABEL- Old labels need not to be removed if they are identical to the labels currently in use, are in good condition, and are applicable to the gas being filled. Any labels containing old lot numbers or that are obsolete should be removed. No new labels shall be placed over an old label.

Cylinders failing these pre-fill inspections are required to be moved to a separate area to prevent their use in the filling process.

All pre-fill inspections will be noted on the batch sheet for that day under the appropriate heading.

Open containment door and connect pigtails to cylinders. Make sure all connections are tightly sealed and then open cylinder valves on cylinders to be filled.

Be sure all supply cylinders are closed, then open shut off valve on pigtails.

Open the regulator valve (clockwise rotation)

Slowly open the first supply valve the supply gauge will register the first cylinder's contained pressure.

Slowly open the regulator to allow flow to begin at a rate not to exceed 200 psi per minute.

Once the proper fill pressure is reached, the regulator should be backed off until there is no flow. Be sure to close the valves on the supply cylinders, the shut off valve and the valve on the filled cylinders before disconnecting the pigtails from the cylinders.

OXYGEN COMPLAINT HANDLING PROCEDURE

If an EMT reports an oxygen complaint, the person taking the complaint must record the complaint on the complaint form. This form should include the following:

- Date of complaint
- Contact person making the complaint
- Phone number
- The nature of the complaint
- The serial number and the fill date of the cylinders when available

- The cylinder size
- Corrective action to be taken
- Who took the complaint
- An approval signature by either supervisor

Two copies will be made of the complaint and distributed as follows:

- One copy to the trans-filling technician so the cylinder can be removed from service and checked against the complaint.
- One copy to the EMS Director and one copy to the South River Rescue Squad Captain.

The original complaint should be filed in a complaint file and reviewed periodically by the EMS Director to determine any trends that may exist.

If the complaint is of a serious nature, such as contaminated oxygen, the recall procedure shall be put in effect.

OXYGEN RECALL PROCEDURE

Upon notification of a possible defect in oxygen administered to a patient, such as contaminated oxygen, the technician will immediately determine if any cylinders with that lot number are still on the premises. If so, they will be quarantined and sent out to an independent testing lab for identification of contents and/or the presence of any contaminants. Also the EMS Director will check the log sheet for that lot number to determine if other patients were administered oxygen from the same batch.

Based on the results of the above mentioned tests, the EMS Director will immediately contact by phone, all departments who have received oxygen from the cylinders of that lot number to ensure they have not had adverse reactions to the oxygen. Any patients who can not be reached by phone within 24 hours will be visited by an EMT to make certain the patient is o.k.

Based on the results of the bulk testing, we will also trace back the supplier lot number and notify the supplier of the possible contamination so they may perform the necessary checks at their location.

The EMS Director will keep records of all customers and all responses received for future review by appropriate authorities.

RECORD KEEPING OXYGEN FILLING STATION

Each manifold fill sequence shall have its own unique lot number assigned by the technician filling that batch of cylinders. The lot number should be traceable back to the manufacture's lot number for all cylinders on the supply rack at the time filling.

Each cylinder of the manifold for each batch shall be recorded on the daily fill log sheet with the following information:

- Cylinders serial number
- Last hydro test date
- A "check mark" in the appropriate column indicating all required checks and tests were performed on each cylinder.
- The size of the cylinder
- The lot number for each cylinder
- The initial of the person who fill that batch
- Any additional comments such as "new label" "cylinder condemned" or "new cylinder"
- The lot will be accumulated and interrelated by completing the entries "page- of " to show the proper sequence of filling and total number of pages.

At the end of each day's fill cycle, the daily fill sheet shall be reviewed by a second certified individual. If approved, he/she will affix their signatures on the daily fill log sheet in the appropriate area.

OXYGEN LABEL STORAGE, USE AND RECONCILIATION

All labels must be stored at the trans-filling station in the original shipping container supplied by the label manufacturer.

Anytime a new label is issued, a note must be made in the comments section of the daily log sheet.

At the end of the day's filling cycle, the technician will note on the daily fill log sheet the number of labels available at the beginning of the fill cycle, the amount of labels used, the amount of labels discarded an not used and the reconciled amount of labels remaining at the end of that day's fill cycle.

STATE OF NEW JERSEY SELF-INSURER IDENTIFICATION CARD

Name and Address on Registration

Borough of South River
48 Washington Street
South River, NJ 08882

JOINT INSURANCE FUND NO.
JIF 10-86

Effective Date
1-1-2018
Expiration Date
12-31-2018

Name & Address of Office Issuing Card
Middlesex Co. Mun. Jt. Insurance Fund
1 Jocama Boulevard, Suite 2B
Old Bridge, NJ 08857

Authorized Signature

William M. Kurtz
Administrator

Applicable with respect to the following vehicle:

All Owned Vehicles

Year Make Vehicle Identification Number

SEE IMPORTANT MESSAGE ON REVERSE SIDE