



## Health, Safety, Security and Environmental (HSSE) Procedure

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## 1. Purpose

- 1.1. AMI Expeditionary Healthcare provides outsourced health services to a diverse group of clients both in the United States and at overseas locations. AMI works with clients to link Health, Safety, Security and Environmental (HSSE) policies and procedures, thereby ensuring the best practices are implemented at all AMI site locations.
- 1.2. AMI is committed to safeguarding the health, safety, and wellbeing of our people, our patients, our partners, our clients, and the communities in which we operate. HSSE is fundamental to the way we operate. People are at the heart of our capacity to be the preferred provider of outsourced healthcare services wherever we are needed.
- 1.3. AMI's objective is to strive for zero harm by ensuring safe people, safe workplaces, and safe work practices. This is reflected in the 5012-0611 Health, Safety, Security and Environmental Policy Statement.
- 1.4. This document applies to all AMI Expeditionary Healthcare personnel including staff, contractors, volunteers, work experience students, trainees, and clients (when applicable). It is applicable to all workplace locations.

## 2. Definitions & Acronyms

Term/Acronym	Definition
Workplace	Any place that AMI requires staff to attend for the purpose of work. This includes both entry and exit of the workplace, transportation for the purpose of conducting work, and any structure that extends to any part of the workplace.
Workplace Participant	any staff, patient, client, visitor, contractor (including sub-contractors and temporary contractors), consultants and others at or near the workplace who may be affected by operations undertaken by AMI.
HSSE	Health, Safety, Security, and Environmental
IIF	Injury & Illness Free

## 3. Responsibilities

### 3.1. Executive Managers will:

- 3.1.1. Demonstrate commitment to HSSE at all times.
- 3.1.2. Practice sound HSSE actions and behaviors
- 3.1.3. Communicate HSSE expectations to workplace participants

- 3.1.4. Demonstrate visible safety leadership through active involvement in HSSE activities, promoting participation in the AMI Injury and Illness Free (IIF) Program and ensuring all business decisions and actions are in line with AMI's values, vision, and policies.

## 3.2. Workplace participants will:

- 3.2.1. Understand and comply with AMI's HSSE policies and procedures, report all HSSE incidents including unsafe actions and unsafe conditions, participate in HSSE meetings, and resolve workplace HSSE concerns or issues.

## 4. Procedures

### 4.1. AMI's HSSE Management System is designed to be project-specific, achieve AMI's Injury and Illness Free (IIF) goals, and prevent environmental harm. AMI also recognizes its obligations to comply with HSSE legislative requirements.

### 4.2. To achieve the goals AMI is committed to:

- Upholding our values and commitment to the health and safety of people and protection of the environment
- Establishing clear leadership HSSE responsibilities
- Complying with all applicable requirements, legislation, policies, procedures, license conditions
- Going beyond compliance to achieve the aims of this policy
- Complying with client contracts and client HSSE requirements
- Incorporating environmental stewardship throughout all levels of our organization
- Identifying, assessing, and mitigating risks to our people and the environment
- Providing a safe and healthy work environment, thereby preventing injuries and illnesses to our people
- Promoting two-way communication with staff about HSSE topics
- Encouraging ownership of HSSE initiatives that contribute to a safer, healthier and sustainable working environment
- Reporting and thoroughly investigating all injuries, illnesses, near misses, and environmental incidents
- Providing effective support and return to work programs to staff injured at work
- Seeking ways to promote and improve the health and well-being of people
- Establishing and achieving challenging HSSE goals
- Inspecting, auditing, and reviewing behaviors, work systems, and work locations in an effort to continuously improve
- Measuring, evaluating, and reporting progress against set targets
- Respecting the rights and culture of people wherever we work

### 4.3. Injury and Illness Free

- 4.3.1 AMI actively supports an IIF workplace at all site locations. As a reminder of the company's commitment to this, all workplaces will prominently display AMI's 5012-0611 Health, Safety, Security and Environmental Policy Statement.
- 4.3.2. The IIF Program is a mindset embraced throughout AMI in which all workplace participants recognize their rights and responsibilities to themselves and other workplace participants in creating a safe work environment.
- 4.3.3. The IIF Philosophy is:
  - All workplace injuries and illnesses are preventable
  - Unsafe acts and unsafe conditions are not tolerated
  - Every individual is responsible for working toward the prevention of injuries/illness and environmental harm
  - Every effort is made to provide a workplace with free and open communication about safety

## 4.4. Risk Management

- 4.4.1. A risk assessment will be conducted for all AMI projects prior to submitting a proposed solution. This will allow a reconciliation between proposed service delivery and mitigating risk factors such that the solution will address all identified risks through the mitigation controls and strategies. If the solution and the risk mitigation controls do not correlate, then it highlights either that a risk has been overlooked or the solution has not comprehensively addressed all areas of risk.
- 4.4.2. AMI's 5010-0528 Risk Management SOP defines the mandatory risk management requirements, responsibilities, and standard methodology. The establishment of Risk Management Plans and Risk Registers enables a high quality HSSE Management System to be established.
- 4.4.3. Risk Control Measures and associated Risk Registers will be presented by Site Project Managers for review at least quarterly if:
  - New risks are identified that were not previously controlled
  - New processes or systems are introduced
  - New modes of transport, equipment or materials are introduced
  - Changes to business or operations
  - If there is a serious incident
  - If there is a change to legislation or license to operate
  - Where the degree of risk indicates that more frequent review is necessary

## 4.5. HSSE Management System

- 4.5.1. The AMI HSSE Management System is comprised of policies and procedures that will be implemented to work within client HSSE Management Systems, meet compliance with legal requirements, minimize HSSE risks and impacts, and achieve continual improvement through a cycle of planning, implementation, checking and reviews.
- 4.5.2. The HSSE Management System defines AMI standards and meets statutory and industry requirements for the management of HSSE risks.

## 4.6. Operations and Maintenance

- 4.6.1. AMI is committed to ensuring that operations and maintenance activities are conducted in a manner that ensures the health and safety of all AMI workplace participants and in an environmentally responsible manner.
- 4.6.2. In accordance with the 5014-0611 HSSE Equipment Management Procedure, a risk assessment will be conducted on new equipment or materials prior to beginning operations to identify hazards and ensure risk controls are in place. A Standard Operating Procedure (SOP) will be developed, operating instructions visible on all fixed equipment and a preventive maintenance program in place for all equipment.
- 4.6.3. All equipment is to be maintained in a safe and operable condition with pre-start checks prior to use. Instruments and equipment will only be used for their intended purpose.

## 4.7. Management of Change

- 4.7.1. Any modifications, alterations, or changes to any process, equipment, control system, or operating procedure are conducted as part of our continuous improvement philosophy.
- 4.7.2. Depending upon the level of change, it may be necessary to have prior approval by an Executive Manager. This process is governed by AMI's 5008-0521 IMS Change Management SOP.
- 4.7.3. Proposed modifications, alterations or changes must be evaluated for their risk by applying AMI's Risk Management methodology to ensure that AMI meets all HSSE legal requirements and are adhering to relevant AMI policy and procedures.

## 4.8. HSSE Training

- 4.8.1. All new staff are required to undergo HSSE training as part of their pre-assignment induction. A 2016-0507 HSSE Site Induction Checklist is provided in the procedure to be used and returned to the AMI Head Office. HSSE training is required annually after induction.

## 4.9. HSSE Communication and Consultation

- 4.9.1. All AMI Managers will foster open communication with staff, encouraging initiatives through consultation that contribute to a safer, healthier, and environmentally sustainable working environment.
- 4.9.2. AMI promotes the active participation of workplace participants in all HSSE decisions. Workplace participants are consulted and given the opportunity, encouragement, and training to be proactively involved in HSSE matters affecting the organization and their work activities. The process for this is detailed in the 5015-0611 HSSE Communication and Collaboration Procedure
- 4.9.3. AMI work participants are required to attend and participate in Site Project Meetings. Given the relatively small size of some project teams, AMI has not formed HSSE committees, but ensures HSSE is a regular agenda item at all Site Project Team meetings. The meetings require formal agendas and minutes and any hazards raised at these meetings must be documented.

## 4.10. Stop Work Authority

- 4.10.1. All staff have the right and responsibility to stop work if they have a reasonable concern about the safety of a task. In the event that a Stop Work is initiated, the responsible Site Project Manager will be informed immediately. Site management will either explain why it is not a safety issue or rectify the situation. Where the issue cannot be resolved immediately or further consultation is required, the task will be suspended, and the issue managed in accordance with the HSSE issue resolution process. All Stop Work actions initiated by staff will be taken in good faith and no retribution against the staff member will be tolerated.

## 4.11. HSSE Incident Investigation and Reporting

- 4.11.1. AMI's 5019-0611 HSSE Incident Investigation and Reporting Procedure defines HSSE reporting requirements. On client sites, the client's HSSE Incident Reporting requirements will be adhered to in addition to AMI's requirements.
- 4.11.2. All incidents and hazards are required to be reported within 24 hours. It is an AMI mandatory requirement that all incidents are investigated and root causes determined. To assist in this, Root Cause Analysis is used to guide the investigation and determination of controls.

## 4.12. Workers Compensation and Return to Work

- 4.12.1. AMI is committed to providing an environment where all workplace participants injured in the workplace are supported. AMI will assist with workers compensation applications and are provided with effective return to work programs to assist their gradual return to pre-injury duties.
- 4.12.2. Workers Compensation is described in greater detail in the 1022-0701 AMI Employee Handbook.

## 4.13. Emergency Action Plans

- 4.13.1. Site Projects Managers will ensure that Emergency Action Plans are established in all AMI workplaces. These are required to be aligned with the client's Emergency Response Plan.
- 4.13.2. The escalation process will be built into all Site Emergency Action Plans to activate AMI's Disaster or Business Continuity Management Plan as the situation warrants.

## 4.14. HSSE Inspections and Audits

- 4.14.1. All AMI sites will perform regular HSSE inspections following the guidance set forth in the 5016-0611 HSSE Monthly Site Inspection Procedure. The inspections will be carried out using a workplace safety inspection checklist applicable to the scope of work being undertaken.
- 4.14.2. The Site Project Manager will carry out the inspection, together with members of the Project Team. Workplace participants will conduct HSSE inspections of their immediate work site. This will be conducted throughout the course of the shift and any unsafe conditions or practices, which require immediate or follow-up action, will be responded to. A record of the inspections will be retained by the Site Project Manager.

## 5. Management Review

- 5.1. AMI will measure, evaluate, and report performance progress against audit outcomes, set targets, and key performance indicators (KPIs). HSSE Performance KPIs will be presented during executive meetings on a quarterly basis. Additional HSSE Performance data including incident and hazard information will also be reported on a quarterly basis.

## 6. Training

- 6.1. Training will be conducted for all AMI staff prior to initial assignment and annually thereafter. Training will include, at a minimum:
  - Rights and responsibilities of staff Basics of IFF Program
  - Incident reporting requirements HSSE inspections and audits

## 7. Document Retention

- 7.1. All records and documentation related to this procedure will be maintained for a period of 12 months or until the end of the contract, whichever is longer.
- 7.2. This procedure will be reviewed at least annually and amended as required in accordance with 5002-0512 Control of Documents and Records SOP.

## 8. Pictures & References

### 8.1. Associated SOPs, Forms, or Policies

- 8.1.1. 1022-0701 AMI Employee Handbook
- 8.1.2. 2016-0507 HSSE Site Induction Checklist
- 8.1.3. 5002-0512 Control of Documents and Records SOP
- 8.1.4. 5007-0514 HSSE Emergency Preparedness Plan
- 8.1.5. 5008-0521 IMS Change Management SOP
- 8.1.6. 5010-0528 Risk Management SOP
- 8.1.7. 5012-0611 Health, Safety, Security and Environmental Policy Statement
- 8.1.8. 5014-0611 HSSE Equipment Management Procedure
- 8.1.9. 5015-0611 HSSE Communication and Collaboration Procedure
- 8.1.10. 5016-0611 HSSE Monthly Site Inspection Procedure
- 8.1.11. 5019-0611 HSSE Incident Investigation and Reporting Procedure

### 8.2. Associated Certification Requirements

- 8.2.1. ISO 9001:2015 - 5.3 Organizational roles, responsibilities, and authorities
- 8.2.2. ISO 45001:2018 - 5.3 Organizational roles, responsibilities, and authorities
- 8.2.3. ISO 14001:2015 – 5.3 Organizational roles, responsibilities, and authorities

### 8.3. References

- 8.3.1. [Smartsheet Risk, Issue, & OFI Register](#)

### 8.4. Pictures

- 8.4.1. N/A



## HSSE Emergency Preparedness Plan

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## Emergency Personnel Roles and Responsibilities

The following table is used to plan assignments for your employees who will need to take responsibility for key parts of your emergency preparedness system. For smaller companies, you may need to give individuals more than one assignment. As you review this Emergency Preparedness Plan annually, update any information that has changed

<b>Role</b>	<b>Responsibilities</b>	<b>Assigned Individual(s)</b>
Official Designated Responsible	This individual is the most senior manager on site and is responsible for overseeing the implementation and effectiveness of the company's emergency preparedness.	Office Manager
Emergency Coordinator	Have essential and far-reaching responsibility for emergency response: directing personnel response actions, coordinating with outside agencies, and otherwise implementing the building contingency plan.	Office manager
CPR and First aid providers	Call 911 and provide CPR and First Aid	Office Manager And Program Manager & Business Development Analyst

## Evacuation Routes

Evacuation route maps, containing the following information, have been posted in each work area. Site personnel should know at least two evacuation routes.

- 1) Emergency exits
- 2) Primary and secondary evacuation routes
- 3) Locations of fire extinguishers
- 4) Assembly points
- 5) AED location
- 6) First aid kit location

## Emergency Phone Numbers

Entity	Phone
Fire Department	
Police	
Federal Protective Service	
Security	
Building Management	

## Utility Company Emergency Contacts

Utility	Phone
Electric	
Water	
Gas	
Telephone	
IT/SharePoint	

## Emergency Reporting Policy

- 1) MEDICAL
- 2) FIRE
- 3) SEVERE WEATHER
- 4) BOMB THREAT
- 5) CHEMICAL SPILL
- 6) STRUCTURE CLIMBING/DESCENDING
- 7) EXTENDED POWER LOSS
- 8) OTHER (specify) \_\_\_\_\_  
(e.g. terrorist attack/hostage taking/active shooter)

## Medical Emergency Procedure

- 1) Call 9-1-1 or other medical emergency phone number and provide:
  - a. Nature of medical emergency
  - b. Location of the emergency (address, building, room number)
  - c. Your name and the phone number from which you are calling
- 2) Do not move victim unless absolutely necessary.
- 3) Attempt first aid ONLY if trained and qualified.
- 4) If possible, send someone to wait for the first responders and direct them to the location of the emergency.

## Fire Emergency Procedure:

- 1) Notify employees and Fire Department:
- 2) Activate the nearest fire alarm
- 3) Call 9-1-1
- 4) If a fire alarm is not available, notify the site personnel about the fire emergency by the appropriate means: yell, phone, page, radio, etc.
- 5) Fight the fire ONLY:
  - a. If trained and qualified.
  - b. After the Fire Department has been notified
  - c. If the fire is small and is not spreading
  - d. Escaping the area is possible by backing up to the nearest exit
  - e. The fire extinguisher is in working condition and personnel are trained to use it.
- 6) Occupants must:
  - a. Leave the building following the emergency plan using the designated escape routes.
  - b. Assemble in the designated area.
- 7) Remain outside until the Location Manager/HSSE Manager or Fire Warden announces that it is safe to reenter.
- 8) Location Manager/HSSE Manager, Emergency Coordinator or Supervisors:
  - a. Disconnect utilities and equipment unless doing so jeopardizes his/her safety.
  - b. Coordinate an orderly evacuation of personnel.
  - c. Perform an accurate headcount of personnel reported to the designated area.

- d. Determine a rescue method to locate missing personnel.
  - e. Provide the Fire Department personnel with the necessary information about the facility.
  - f. Perform assessment and coordinate weather forecast office emergency closing procedures.
- 9) Area/Floor Monitors or Fire Warden:
- a. Ensure that all employees have evacuated the area/floor.
  - b. Report any problems to the Emergency Coordinator at the assembly area.
  - c. Assistants to Physically Challenged assist all physically challenged employees in emergency evacuation.

## Fire Drills

Fire drills will be conducted twice per year and will be documented. At the conclusion of each drill, the Emergency Coordinator will conduct a review of the drill in order for tracking and assessment purposes by those administrating the drill. Full participation of AMI staff is required.

## Extended Power Loss Policy

In the event of extended power loss to a facility, certain precautionary measures should be taken depending on the geographical location and environment of the facility.

- 1) Electrical equipment and appliances should be turned off, if a power restoration surge could cause damage.
- 2) Facilities with freezing temperatures should turn off and drain the following lines in the event of a long-term power loss.
- 3) Fire sprinkler system
- 4) Toilets
- 5) Propylene-glycol should be added to drains to prevent traps from freezing (managed by building).
- 6) Equipment containing fluids that may freeze should be moved to heated areas, drained of liquids, or provided with auxiliary heat sources (managed by building).

Upon Restoration of heat and power:

- 1) Electronic equipment should be brought up to ambient temperatures before energizing to prevent condensation from forming on circuitry (managed by building).
- 2) Fire and potable water piping should be checked for leaks from freeze damage after the heat has been restored (managed by building).

## Chemical Spill Policy

Equipment Type	Location
Spill Containment Equipment	N/A
Security Equipment	N/A
Personal Protective Equipment (PPE)	N/A
Material Safety Data Sheets (MSDS)	Located in the Breakroom
Other	COVID test equipment

1) When a Large Chemical Spill has occurred:

- a. Immediately notify the designated official and Emergency Coordinator
- b. Contain the spill with available equipment (e.g., pads, booms, absorbent powder, etc.)
- c. Secure the area and alert other site personnel.
- d. Do not attempt to clean the spill unless trained to do so.
- e. Attend to injured personnel and call the medical emergency number, if required.
- f. Call a local spill cleanup company or the Fire Department (if arrangement has been made) to perform a large chemical (e.g., mercury) spill cleanup.

Name of Spill Cleanup Company: \_\_\_\_\_ N/A \_\_\_\_\_

Phone Number: \_\_\_\_\_ N/A \_\_\_\_\_

- g. Evacuate building as necessary

2) When a Small Chemical Spill has occurred:

- a. Notify the Emergency Coordinator and/or supervisor (select one).
- b. If toxic fumes are present, secure the area (with caution tapes or cones) to prevent other personnel from entering.
- c. Deal with the spill in accordance with the instructions described in the MSDS.
- d. Small spills must be handled in a safe manner, while wearing the proper PPE.
- e. Review the general spill cleanup procedures.

## Telephone Bomb Threat Checklist

Questions to ask:		Caller's voice:		
		Calm	Nasal	
Who are you?		Angry	Stutter	
Where are you from?		Excited	Lisp	
When is the bomb going to explode?		Slow	Raspy	
Where is the bomb?		Rapid	Throaty	
What does it look like?		Soft	Wheezy	
What kind of bomb is it?		Loud	Deep breathing	
What will cause it to explode?		Deep	Cracking voice	
Did you place the bomb?		Normal	High pitched	
Why?		Distinct	Crying	
		Slurred	Accent	
Exact wording of threat:		Laughter	Familiar	
		If the voice is familiar, who did it sound like?		
		Threat language:		
		Well-spoken (educated)	Message read by threat maker	
Sex of caller:		Foul	Taped	
Race:		Irrational	Incoherent	
Age:				
Length of call:		Additional remarks:		
Number at which the call was received:				
Time:		Date:		
Background sounds:				
Street noises		Animal noises		
Crockery		Clear		
Voices		Static		
PA System		Echo		
Music		Local		
House noises		Long distance		
Office noises		Booth		
Motors		Factory noises		
Other: describe:				
REPORT CALL IMMEDIATELY TO SECURITY OPERATIONS ROOM				
Date:		Position:		
Name:		Phone Number:		

## Bomb Facts

- 1) State you have difficulty hearing. Keep the caller talking.
- 2) When will it go off? Certain Hour \_\_\_\_\_ Time remaining \_\_\_\_\_
- 3) Where is it located? Building \_\_\_\_\_ Area \_\_\_\_\_
- 4) What kind of bomb? \_\_\_\_\_
- 5) What kind of package? \_\_\_\_\_
- 6) How do you know so much about the bomb? \_\_\_\_\_
- 7) What is your name and address? \_\_\_\_\_
- 8) If building is occupied, inform caller that detonation could cause injury or death.
- 9) Call Security and relay information about call.
- 10) Phone Caller appeared familiar with plant or building (by the description of the bomb location)?
  - a. Yes \_\_\_\_\_
  - b. No \_\_\_\_\_
- 11) Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist.
- 12) Notify your supervisor immediately.

## Severe Weather and Natural Disasters Policy

### Tornado

- 1) When a warning is issued by sirens or other means:
  - a. Seek inside shelter. Consider the following:
    - Small interior rooms on the lowest floor and without windows
    - Hallways on the lowest floor away from doors and windows
    - Rooms constructed with reinforced concrete, brick, or block with no windows.
  - b. Stay away from outside walls and windows.
  - c. Use arms to protect head and neck.
  - d. Remain sheltered until the tornado threat is announced to be over.

## Earthquake

- 1) Upon awareness of an earthquake:
  - a. Stay calm and await instructions from the Emergency Coordinator or the designated official.
  - b. Keep away from overhead fixtures, windows, filing cabinets, and electrical power.
  - c. Assist people with disabilities in finding a safe place.
  - d. Evacuate as instructed by the Emergency Coordinator and/or the designated official.

## Flood

- 1) If indoors:
  - a. Evacuate as directed by the Emergency Coordinator and/or the designated official.
  - b. Follow the recommended primary or secondary evacuation routes.
- 2) If outdoors:
  - a. Climb to high ground and stay there.
  - b. Avoid walking or driving through flood water.
  - c. If driving and your car stalls, abandon it immediately and climb to higher ground.

## Hurricane

- 1) A hurricane watch is issued when a hurricane becomes a threat.
- 2) A hurricane warning is issued when winds of at least 74 mph, or dangerously high water and rough seas, are expected in the area within 24 hours.
- 3) Once a hurricane watch has been issued:
  - a. Stay calm and await instructions from the Emergency Coordinator or the designated official.
  - b. Moor any boats securely or move to a safe place if time allows.
  - c. Continue to monitor local TV and radio stations for instructions.
  - d. Move early out of low-lying areas or from the coast, at the request of officials.
  - e. If you are on high ground, away from the coast and plan to stay, secure the building, moving all loose items indoors and boarding up windows and openings.
  - f. Collect drinking water in appropriate containers.
- 4) Once a hurricane warning has been issued:

- a. Be ready to evacuate as directed by the Emergency Coordinator and/or the designated official.
  - b. Leave areas that might be affected by storm tide or stream flooding.
- 5) During a hurricane remain indoors and seek areas without windows:
- a. Small interior rooms on the lowest floor
  - b. Hallways on the lowest floor away from doors
  - c. Rooms constructed with reinforced concrete, brick, or block

## Blizzard

- 1) If indoors:
  - a. Stay calm and await instructions from the Emergency Coordinator or the designated official.
  - b. Stay indoors.
  - c. If there is no heat:
    - I. Close off unneeded rooms or areas
    - II. Stuff towels or rags in cracks under doors
    - III. Cover windows at night
  - d. Eat and drink. Food provides the body with energy and heat. Fluids prevent dehydration.
  - e. Wear layers of loose-fitting, lightweight, warm clothing, if available.
- 2) If outdoors:
  - a. Find dry shelter. Cover all exposed parts of the body.
  - b. If shelter is not available:
    - I. Prepare a lean-to, wind break, or snow cave for protection from the wind.
    - II. Build a fire for heat and to attract attention. Place rocks around the fire to absorb and reflect heat.
    - III. Melt snow before consuming it or it will lower your body temperature.
- 3) If stranded in a car or truck
  - a. Stay in the vehicle.
  - b. Run the motor about ten minutes each hour. Open the windows a little for fresh air to avoid carbon monoxide poisoning. Make sure the exhaust pipe is not blocked.
  - c. Make yourself visible to rescuers.
    - I. Turn on the dome light at night when running the engine.
    - II. Tie a colored cloth to your antenna or door.
    - III. Raise the hood after the snow stops falling.
  - d. Exercise to keep blood circulating and to keep warm

## **AMI PANDEMIC PLAN**

### **I. INTRODUCTION**

Organizations across the Nation perform essential functions and services that may be adversely affected in the event of a natural or man-made disaster. In such events, organizations should have continuity plans to assist in the continuance of their essential functions. Continuing to perform essential functions and provide essential services is vital to an organization's ability to remain a viable entity during times of increased threats from all hazards, manmade or natural. Since the threat to an organization's continuity of operations is great during a pandemic outbreak; it is important for organizations, in particular for AMI, to have a COVID Plan in place to ensure it can carry out its essential functions and services. While organizations may be forced to suspend some operations due to the severity of a pandemic outbreak, an effective COVID Plan can assist an organization in its efforts to remain operational, as well as strengthen the ability to resume operations.

### **II. PURPOSE**

This plan provides guidance to AMI and may serve as the plan for maintaining essential functions and services during an influenza pandemic. This guidance neither replaces nor supersedes any current, approved AMI continuity plan; rather it supplements it, bridging the gap between the traditional, all-hazards continuity planning and the specialized continuity planning required for a pandemic by addressing additional considerations, challenges, and elements specific to the dynamic nature of a pandemic.

This guidance stresses that essential functions can be maintained during a pandemic outbreak through mitigation strategies such as social distancing, increased hygiene, the vaccination of employees and their families, and similar approaches. COVID may not, in itself, require a traditional continuity response, such as partial or full relocation of the organization's essential functions, although this response may be concurrently necessary due to other circumstances.

### **III. CONCEPT OF OPERATIONS**

AMI and its leadership will monitor the severity of the pandemic and establish continuity activation triggers to address the unique nature of the pandemic threat; AMI leadership will routinely monitor guidance and information communicated by the Centers for Disease Control (CDC) and the World Health Organization (WHO) as applicable, as well as state and local authorities. To put the Pandemic Plan into action, the following steps should be followed:

- 1) Communicate to the organization that the Pandemic COVID Plan is being put into action and let them know of any measures that need to be taken immediately.
- 2) Provide information on reliable sources of news and guidance about the pandemic.

## Sample Email to Employees:

### COVID-19 Office Plan

- Any personnel testing positive must inform HSSE or HR immediately, so that they can receive medical attention, self-quarantine, and it will be recorded. The people who were near the individual will be tested and have the option to self-quarantine for the preceding 21 days.
- Personnel testing positive must quarantine at home until fully recovered and should not return to work until cleared by a doctor.
- The office should be cleaned and fumigated before anyone can return to use the office.
- Personnel working in the office need to wear PPE (face masks/coverings at a minimum) and maintain safety by practicing social distancing. Personnel for health reasons should not feel obliged to work from the office until local conditions in Northern Virginia improve.
- No cutlery and cups etc. should be brought from home. Disposal items should be used instead.
- Cleaning of hands is mandatory after using the restroom, kitchen, and touching of handrails.
- Clean work surfaces and equipment with a suitable sanitizer often.
- When using disposable masks- replace when wet.
- When using a disposable mask, it is required to use a new disposable mask daily.
- Do not share drinking cups.
- Do not wear mask continuously. Make room for fresh air for 10 out of 60 minutes (step outside for fresh air).
- Wear nitrile gloves only when necessary.

## IV. CONTINUITY PLANNING

Organizations must develop operational plans to provide and implement selected mitigation, prevention, protection, or control measures, to decrease the threat of and impact from identified risks, to include pandemic. Organizations must conduct an analysis of the remaining risk based on implemented measures. In accordance with Federal Continuity Directive 1, Federal Executive Branch Continuity Programs and Requirements, October 2017, continuity pandemic plans/guidance should address the following:

- Identification of appropriate mitigation and protective measures, to include measures necessary during a pandemic
- An operational plan to provide and implement selected mitigation, prevention, protection, or control measures, to include those necessary during a pandemic
- For those essential functions that employees must conduct onsite, organizations must classify jobs by exposure risk level to pandemic. Organizations must notify these employees that they are expected to work onsite during a pandemic.

All organization personnel are to be informed regarding protective actions and/or modifications related to this plan. Messaging and risk communications during an emerging infectious disease or pandemic will be conducted by AMI leadership. Guidance and instructions on established infection control measures such as social distancing, personnel protective equipment, and telework policies are provided by AMI to assist in limiting the spread of COVID at the primary and alternate worksite.

Within the workplace, social distancing measures could take the form of:

- Modifying the frequency and type of face-to-face employee encounters (e.g., placing moratoriums on hand-shaking, substituting teleconferences for face-to-face meetings, staggering breaks, posting infection control guidelines)
- Establishing flexible work hours or worksite, (e.g., telecommuting)
- Promoting social distancing between employees and customers to maintain three-feet spatial separation between individuals
- Implementing strategies that request and enable employees with COVID to stay home at the first sign of symptoms.

Organizations are encouraged to communicate with their employees, particularly any who are in harm's way. The messages should follow the messages from HR, and Leadership should echo that message's themes, and should be in the same voice employees' associate with their leader.

Frequent, daily contact is important to keep employees informed about developments in the organization's response, impacts on the workforce, and to reassure employees that the organization is continuing to function as usual. Planners and pandemic response teams should include deliberate methods to measure, monitor, and adjust actions to changing conditions and improved protection strategies.

- Implement a formal worker and workplace protection strategy with metrics for assessing worker conformance and workplace cleanliness.
- Monitor and periodically test protection methods.
- Track and implement changes in approved or recommended protection measures.
- Pre-position material and equipment onsite.
- Ensure essential personnel are at the primary worksite.
- Reaffirm that essential suppliers have their material and personnel on-hand and are able to respond and support as planned.
- Coordinate with local public health and emergency response points of contact to ensure open, adequate communications.

Component-specific risk assessments that identify actual control band designations for all personnel and/or positions will be conducted initially and periodically thereafter for each participating organization by the AMI office in coordination with a component POC. These assessments are kept as part of each component's specific action plan documentation.

## V. PANDEMIC PLANNING ASSUMPTIONS

### A. NATIONAL STRATEGY FOR COVID IMPLEMENTATION ASSUMPTIONS

- 1) Susceptibility to the pandemic virus will be universal.
- 2) Efficient and sustained person-to-person transmission signals an imminent pandemic.
- 3) The clinical disease attack rate will likely be 30% or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
- 4) Some persons will become infected but not develop clinically significant symptoms.
- 5) Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- 6) While the number of patients seeking medical care cannot be predicted with certainty, in previous pandemics about half of those who became ill sought care. With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- 7) Rates of serious illness, hospitalization, and deaths will depend on the virulence of the pandemic virus and differ by an order of magnitude between more and less severe scenarios.
- 8) Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic or immunosuppressive medical conditions.
- 9) Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members, and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak. Certain public health measures (closing organizations, quarantining household contacts of infected individuals, “snow days”) are likely to increase rates of absenteeism.
- 10) The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately two days.
- 11) Persons who become ill may shed virus and can transmit infection for up to one day before the onset of symptoms. Viral shedding and the risk of transmission will be greatest during the first two days of illness. Children usually shed the greatest amount of virus and therefore are likely to pose the greatest risk for transmission.
- 12) On average, infected persons will transmit infection to approximately two other people.
- 13) A pandemic outbreak in any given community will last about six to eight weeks for each wave of the pandemic.

- 14) Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting two-three months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

## B. ORGANIZATIONAL ASSUMPTIONS

- 1) Organizations will be provided with guidance and/or direction by Federal, State, local, and/or Tribal governments regarding current pandemic status in its area.
- 2) Organizations will have actionable plans and procedures to assist in the ability to remain operational during a pandemic. Plans and procedures may include social distancing protocols, personal protection equipment (PPE), and temporary suspension of some non-essential activities.
- 3) AMI has a viable Agency-wide continuity capability, and an AMI COVID Pandemic Plan.
- 4) AMI will review its continuity communications programs to ensure they are fully capable of supporting pandemic and other related emergencies, and give full consideration to supporting social distancing operations, including telework and other virtual office options.
- 5) AMI HQ Offices will be accessible, but right of entry may be limited.
- 6) AMI may require remote work/work from home in the case of a mandatory stay at home order, or if employee health and safety require it.
- 7) During a COVID event, Office Manager may make its alternate facilities available for staff to implement social distancing protocols.
- 8) Essential functions, operations, and support requirements will continue to be people dependent. However, human interactions may be remote or virtual, resulting in the employment of appropriate teleworking and other approved social distancing protocols.
- 9) Travel restrictions, such as limitations on mass transit, implemented at the Federal, State, tribal, territorial, and local levels may affect the ability of some staff to report to work.
- 10) Additional funding will be budgeted for the acquisition of additional equipment required for a possible surge in teleworking capabilities.

## VI. CONCLUSION

Maintaining AMI's essential functions and services in the event of a pandemic requires additional considerations beyond traditional continuity planning. Unlike other hazards that necessitate the relocation of staff performing essential functions to an alternate operating facility, a pandemic may not directly affect the physical infrastructure of the organization. As such, a traditional "continuity activation" may not be required during a pandemic outbreak. However, a pandemic outbreak threatens an organization's human resources by removing essential personnel from the workplace for extended periods of time. Accordingly, the AMI continuity plan addresses the threat of a pandemic outbreak.

 <b>Standard Operating Procedure</b>			Prepared By:	Approved By:
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<b>Title</b>	Fire Prevention and Control Procedure			

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## 1. Purpose

- 1.1. To ensure the protection of AMI Expeditionary Healthcare Staff, Clients and Visitors and limit damage to property, equipment, and operations in the event of a fire event by outlining general fire prevention, protection, and control measure requirements.

## 2. Scope

- 2.1. This document applies to all AMI Expeditionary Healthcare staff including staff, contractors, volunteers, work experience students, trainees, and clients (when applicable). It is applicable to all workplace locations including storage locations, operational sites, and office facilities.

## 3. Definitions & Acronyms

Term/Acronym	Definition
Exit Route	A continuous and unobstructed path of exit travel from any point within a workplace to a place of safety.
Incipient Fire	A fire which is in the initial or beginning stage and which can be controlled or extinguished by portable fire extinguishers without the need for protective clothing or breathing apparatus.
GHS	Globally Harmonized System

## 4. Responsibilities

### 4.1. Executive Managers will:

- 4.1.1. Be responsible for the implementation of this procedure including inspection and maintenance requirements.

### 4.2. The HSSE Manager will:

- 4.2.1. Be responsible for ensuring compliance with this procedure and maintaining documentation of all inspections and maintenance conducted.

### 4.3. All AMI Staff will:

- 4.3.1. Be responsible for knowing exit routes, primary and secondary assembly points, and firefighting equipment at their workplace.

## 5. Procedures

- 5.1. Fires have the potential to cause more widespread damage and destruction than any other event. These procedures seek to reduce the opportunities for a fire to occur and to contain a fire if it does occur.
- 5.2. Mitigation measures include identifying and eliminating hazards to the greatest extent possible through scheduled inspections, maintenance of firefighting equipment and robust fire safety training program.

### 5.3. Identification of Hazards

- 5.3.1. There are three components required to start and maintain a fire, commonly referred to as the fire triangle. These components are oxygen, heat, and fuel. Fire prevention means keeping these three components of fire away from each other.

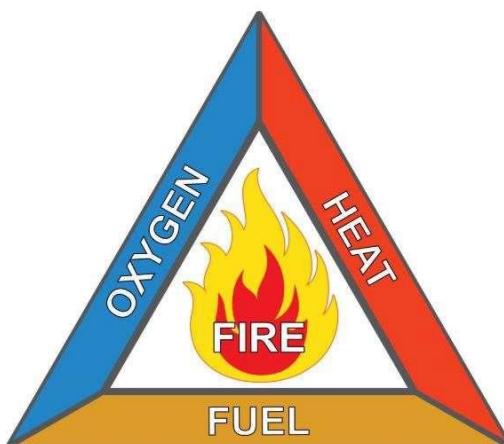


Figure 1: The Fire Triangle

- 5.3.2. Each AMI location will develop a documented 2034-0616 HSSE Fire Hazard Identification and Assessment Form which will be reviewed and updated at least annually. This will include the amount and location of sources of fuel including combustible materials, flammable materials, and other materials such as vegetation.

### 5.4. Fire Prevention

- 5.4.1. After identifying the fire hazards present, or potentially present, at each location, all efforts will be made to eliminate, substitute, or reduce the hazards.
- 5.4.2. In addition, all locations will follow the 5022-0614 HSSE Electrical Safety and Practices Procedure and flammable material regulations including:

- All use and storage of flammable materials must comply with all applicable AMI Policies and Procedures.
- Flammable liquids may only be stored in their original containers with a compliant Globally Harmonized System (GHS) label.
- Areas where flammable liquids or gases are stored will be identified with “Danger: Flammable Material” and “No Smoking within 50 feet” signs.
- Smoking will only be permitted in designated smoking areas. These areas will be no less than 50 feet from any flammable material storage area.
- No open fires are allowed at any AMI workplace locations.

## 5.5. Fire Prevention and Protection Equipment

5.5.1. All AMI workplace locations will have NFPA compliant fire prevention and protection equipment installed. This includes fire alarms, smoke detectors, automatic sprinkler systems, fire doors, and portable fire extinguishers.

5.5.2. All fire doors will be left closed and unlocked at the end of each working day.

## 5.6. Maintenance and Inspections

5.6.1. The HSSE Manager is responsible for ensuring the inspection, maintenance, and testing of all fire prevention and protection equipment is conducted and documented according to the schedule detailed in the Fire Prevention and Protection Inspection and Maintenance Schedule (See Pictures section).

5.6.2. This includes:

- Automatic Sprinkler Systems
- Fire Alarms
- Fire Doors
- Fire Extinguishers
- Smoke Detectors

## 5.7. Fire Extinguisher Requirements

5.7.1. In all AMI workplaces, fire extinguishers will be present and located according to the following requirements:

- No more than 75 feet travel distance will exist between fire extinguishers.
- No fire extinguisher or the path to the fire extinguisher will be blocked by storage or equipment.
- All fire extinguishers will be visible and easy to identify by clear and consistent signage.

- All fire extinguishers will be securely installed using the hanger or bracket supplied by the manufacturer.
- Placement should be in the vicinity of hazard areas, with consideration given to normal paths of travel including entrance and exits.
- Fire extinguishers weighing 40 lbs. or less will be installed to ensure that the top of the canister is no more than 5 feet above the floor.
- Fire extinguishers weighing 40 lbs. or more will be installed to ensure that the top of the canister is no more than 3.5 feet above the floor.

## 5.8. Fire Response Plan

5.8.1. Only AMI staff who have received hands-on training in the use of fire extinguishers are allowed to use a fire extinguisher and only in an attempt to put out an incipient fire.

5.8.2. If a fire is seen or detected, AMI staff should take the following actions:

1. Activate a fire alarm and alert any other people in the area.
2. Isolate the fire by closing a door if it is safe to do so.
3. Begin evacuation procedures.
4. Only attempt to fight a fire if it is in the incipient stage and the person has had the appropriate training.
5. Call for emergency services assistance.

## 5.9. Fire Response Plan

5.9.1. Fire drills will be conducted at each AMI site twice per year and will be documented.

5.9.2. At the conclusion of each drill, the Site Program Manager and HSSE Manager will conduct a review of the drill in order for tracking and assessment purposes by those administrating the drill.

5.9.3. Full participation of AMI staff is required.

## 6. Training

6.1. Training will be conducted for all AMI staff prior to initial assignment and annually thereafter. Training will include, at a minimum:

- Awareness of fire dangers
- Types of fire extinguishers
- Fire prevention methods
- How to respond to a fire

## 7. Document Retention

- 7.1. All records and documentation related to this procedure will be maintained for a period of 12 months or until the end of the contract, whichever is longer. This procedure will be reviewed at least annually and amended as required in accordance with 5002-0512 Control of Documents and Records SOP.

## 8. Pictures & References

### 8.1. Associated SOPs, Forms, or Policies

- 8.1.1. 5022-0614 HSSE Electrical Safety and Practices Procedure
- 8.1.2. 5002-0512 Control of Documents and Records SOP
- 8.1.3. 2034-0616 HSSE Fire Hazard Identification and Assessment Form

### 8.2. Associated Certification Requirements

- 8.2.1. ISO 9001:2015 - 5.3 Organizational roles, responsibilities, and authorities
- 8.2.2. ISO 45001:2018 - 5.3 Organizational roles, responsibilities, and authorities
- 8.2.3. ISO 14001:2015 – 5.3 Organizational roles, responsibilities, and authorities

### 8.3. References

- 8.3.1. 29 CFR 1910.38
- 8.3.2. NFPA 13, 25, 30, 70, 72 and 101

### 8.4. Pictures

- 8.4.1. Fire Prevention and Protection Inspection and Maintenance Schedule

<b>Fire Extinguishers</b>			
Equipment	Frequency	Type	Details
All Fire Extinguishers	Monthly	Inspection	Located in the designated place Easily accessible and visible Tamper indicators in place (pin with tie) Pressure gauge reading indicates proper charge No physical damage
All Fire Extinguishers	Annually	Maintenance	The nozzle checked for obstructions The extinguisher hydrostatically tested if corrode damaged turned upside down and tapped several times with a rubber mallet to loosen any powder that may have become caked. Care should be taken not to damage the gauge when the extinguisher is turned upside down.
Carbon Dioxide (CO2)	Annually	Testing	A conductivity test shall be conducted annually on all carbon dioxide hose assemblies.
Carbon Dioxide (CO2)	5 Years	Maintenance	
Pressurized Water	5 Years	Maintenance	
Store Pressure Fire Extinguisher	Every 6 Years	Maintenance	Every 6 years, stored-pressure fire extinguishers that require a 12-year hydrostatic test shall be emptied and subjected to the applicable maintenance procedures.
Dry Chemical(s)	12 Years	Maintenance	Dry chemical fire extinguishers must be hydrostatically tested every twelve years. A label must be affixed to the fire extinguisher stating the month and year of the test, the test pressure, and the name of the person and company conducting the test.
Halogenated Agent(s)	12 Years	Maintenance	
<b>Automatic Sprinkler Systems</b>			
Automatic Sprinkler Systems	Weekly	Inspection	Visual inspection of all components of the sprinkler system including risers, gage-sand control valves
Automatic Sprinkler Systems	Annually	Inspection/Testing	Must have an annual inspection tag placed by a licensed inspector which shows the date of inspection and results.
<b>Fire Doors</b>			
Fire Doors	Weekly	Inspection	Visual inspection for damage to the door, door rails, chains and for any items that would prevent the door from closing properly,
Fire Doors	Annually	Testing	Physical drop test will be documented with a door sticker.

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<b>Title</b>	Lifting and Material Handling			

## 1. Policy

Lifting heavy items is one of the leading causes of injury in the workplace. In 2001, the Bureau of Labor Statistics reported that over 36 percent of injuries involving missed workdays were the result of shoulder and back injuries. Overexertion and cumulative trauma were the biggest factors in these injuries. Bending, followed by twisting and turning, were the more commonly cited movements that caused back injuries. Strains and sprains from lifting loads improperly or from carrying loads that are either too large or too heavy are common hazards associated with manually moving materials.

When employees use smart lifting practices, they are less likely to suffer from back sprains, muscle pulls, wrist injuries, elbow injuries, spinal injuries, and other injuries caused by lifting heavy objects. Please use this page to learn more about safe lifting and material handling.

## 2. Lifting Principles

### a. Lifting Stages

- Preparation
- Lifting
- Carrying
- Setting Down

### b. Preparation

Before lifting or carrying, plan out your lift. Think about:

- How heavy/awkward is the load? Should I use mechanical means (e.g. a hand truck) or another person to help me with this lift? Is it possible to break the load into smaller parts?
- Where am I going with the load? Is the path clear of obstructions, slippery areas, overhangs, stairs, and other uneven surfaces? Are there closed doors that need to be opened?
- Are there adequate handholds on the load? Do I need gloves or other personal protective equipment? Can I place the load in a container with better handholds? Should another person help me with the load?

## c. Lifting

Get as close to the load as possible. Try to keep your elbows and arms close to your body. Keep your back straight during the lift by tightening the stomach muscles, bending at the knees, keeping the load close and centered in front of you, and looking up and ahead. Get a good handhold and do not twist while lifting. Do not jerk; use a smooth motion while lifting. If the load is too heavy to allow this, find someone to help you with the lift.

## d. Carrying

Do not twist or turn the body; instead, move your feet to turn. Your hips, shoulders, toes, and knees should stay facing the same direction. Keep the load as close to your body as possible with your elbows close to your sides. If you feel fatigued, set the load down and rest for a few minutes. Don't let yourself get so fatigued that you cannot perform proper setting down and lifting technique for your rest.

## e. Setting Down

Set the load down in the same way you picked it up, but in the reverse order. Bend at the knees, not the hips. Keep your head up, your stomach muscles tight, and do not twist your body. Keep the load as close to the body as possible. Wait until the load is secure to release your handhold.

## 3. Important Reminders

- Use mechanical means (e.g. hand trucks, pushcarts, etc.) when possible for heavier or awkward loads. Remember to obtain training and authorization before using a forklift.
- It is easier and safer to push than to pull.
- Keep loads as close to the body as possible and do not twist while lifting, carrying, or setting down a load. Nose, shoulders, hips, and toes should all be facing the same direction.
- Minimize reaching.
- As a general rule, bend at the knees, not the hips.
- Get help when needed. Do not lift or carry things you don't feel comfortable with, no matter how light the load.
- Plan ahead for all parts of the lift: lifting, carrying, and setting down.
- Try to utilize proper handholds while lifting. If an item does not have a good handhold, think of ways to remedy this, such as placing the item in a container with good handholds, creating a safe and proper handhold with an appropriate tool, etc.
- Use personal protective equipment where needed, such as gloves with good grip and steel-toed boots where appropriate.
- Implement rest breaks and job rotation for frequent and/or heavy lifting.
- Place items to be lifted within the "power zone". The power zone is close to the body, between the mid-thigh and mid-chest of the person doing the lifting. This is the area where the arms and back can lift the most with the least amount of effort.

## 4. Weight Of Objects

Heavier loads place greater stress on muscles, discs, and vertebrae. Where possible, use mechanical means such as forklifts or hand trucks to transport heavy items. Ramps can be helpful in moving heavy items from one level to another. Materials that must be manually lifted should be placed at “power zone” height: about mid-thigh to mid-chest of the person doing the lifting. Ensure that proper lifting principles (see above) are used. Try to order supplies in smaller quantities and/or break loads up into smaller, lighter quantities where possible. Is the container itself heavy? Perhaps a smaller or lighter container is available. Limit weight you lift to no more than 50 pounds. When lifting loads heavier than 50 pounds, use two or more people to lift the load.

## 5. Awkward Postures

Bending while lifting causes several problems for the back. It adds the weight of the upper body to the weight of the object being lifted. Bending and/or reaching moves the load away from the body and allows leverage to significantly increase the effective load on the back, leading to stress on the lower spine and muscle fatigue. Carrying loads on one shoulder, under an arm, or in one hand creates uneven pressure on the spine.

Move items close to the body and use the legs when lifting from a low location to minimize bending and reaching. Ensure proper housekeeping is taking place so that you may get as close to your lifting load as possible. Store and place materials that need to be manually lifted at the “power zone”: mid-thigh to mid-chest height. This can be accomplished by placing objects on shelves, tables, racks, or stacked pallets; or by using ladders or aerial lifts where necessary to elevate yourself and minimize overhead reaching. Roll-out decks in truck beds can be utilized to bring materials closer to the employee and eliminate the need to crawl into the back of a truck. Ensure that proper lifting principles (see above) are used, including avoiding twisting and holding the load close to the body.

## 6. High-Frequency and Long-Duration Lifting

Holding items for long periods, even if loads are light, increases the risk of back and shoulder injury since muscles can be starved of nutrients and waste products can build up. Repeatedly exerting, such as when pulling wire, can fatigue muscles by limiting recuperation times. Inadequate rest periods do not allow the body time to recover.

Plan ahead when beginning work that will require high-frequency and long-duration lifting. This way, the work can be organized in such a way so as to minimize the time workers spend holding loads. Adequate rest breaks can be planned in, as well as job rotation between employees. This includes both rotating tasks (employees trade off on differing tasks) and team work (two or more employees work together doing different parts of the same activity to reduce strain). Planning can also include the pre-assembly of work items to minimize the time spent handling them during the actual work.

## 7. Inadequate Handholds

Inadequate handholds, such as boxes without handles or oddly-shaped loads, make lifting more difficult, move the load away from the body, lower lift heights, and increase the risk of contact stress and of dropping the load.

Where possible, utilize handholds such as handles, slots, or holes that provide enough room for gloved hands. Try to use materials that are packaged with proper handholds (your supplier may be able to provide different containers), or move materials into containers with good handholds. Wear protective equipment to avoid finger injuries and contact stress. Ensure that gloves fit properly and provide adequate grip. Suction devices are helpful in lifting junction boxes and other materials with smooth, flat surfaces. Other tools may be available that can create temporary handles.

## 8. Environmental Factors

Be aware of extreme temperatures that can affect lifting and material handling. For example, muscle flexibility decreases in cold temperatures, and hot temperatures can lead to heat stress. Low visibility or poor lighting increases the chance of trips and falls.

Do what you can to adjust work schedules to minimize exposure to extreme temperatures or low visibility. Wear appropriate clothing for the temperature in which you will be working. Drink lots of water to avoid dehydration in excessive heat. Provide proper lighting for areas with low light and try to perform work during daylight hours when possible.

## 9. Additional Resources

- OSHA Ergonomics eTool: Materials Handling: Heavy Lifting
- OSHA Ergonomics eTool: Ergonomic Principles Index – Lifting

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<b>Title</b>	HSSE SOP Ionizing Radiation			

## CONTENT

1. Purpose
2. Definitions & Acronyms
3. Responsibilities
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## 1. Purpose

1.1. This document serves as a guideline for effective management of equipment with radiation effect. Medical exams that use ionizing radiation include X-Rays, CT or CAST scan, PET (positron emission tomography scans, Fluoroscopy, nuclear medicine procedures. PPE's, Inspections, maintenance and facility structure help assure to keep employees exposure to radiation as low as reasonably achievable. (ALARA).

## 2. Definitions & Acronyms

Term/Acronym	Definition
PPE	Personal Protective Equipment
RADS/Roentgen	Unit of radiation
RADs Counter	Device to detect radioactivity
ALARA	As Low As Reasonably Achievable
IBC	International Building Code

## 3. Responsibilities

### 3.1. Practice Manager:

- 3.1.1. Allows time for training
- 3.1.2. Provides PPE's and ensures quarterly inspection.
- 3.1.3. Schedule for expert maintenance
- 3.1.4. Provides analytical tools to measure radioactivity
- 3.1.5. Implement written procedures and protocols and emergency contact information
- 3.1.6. Implements safety protocols to protect patients
- 3.1.7. Provides signage communicating hazard, indicates no entry during therapy etc.
- 3.1.8. Conducts site visits to determine fit for use of room/equipment and availability of all necessary PPE.

### 3.2. Radiographer:

- 3.2.1. Must make sure that all warning of exposure is given
- 3.2.2. Protect patient from unnecessary exposure

3.2.3. The radiographer also must make sure that no unauthorized personnel enter the facility while therapy is ongoing.

## 4. Facility

- 4.1. The facility needs to be built to international standard (such as IBC)
- 4.2. The room must provide suitable radiation protection
- 4.3. The room need to have a secure operator's station in place
- 4.4. Quarterly Inspections of the facility for radiation leaks must be completed.

## 5. Equipment

- 5.1. The equipment needs to have bi yearly maintenance.
- 5.2. Maintenance must be carried out by a qualified technician.
- 5.3. Only certified personnel may use machines.
- 5.4. Rads Counter.

## 6. PPE

- 6.1. Lead Cover for Throat/Thyroid
- 6.2. Led Cover for genitals
- 6.3. Lead Cover for Abdomen

## 7. Pictures & References

### 7.1. Associated SOPs, Forms, or Policies

- 7.1.1. SOP: 5014-0611: HSSE Equipment management procedure
- 7.1.2. SOP: 5026-0624: HSSE Site Induction Procedure
- 7.1.3. SOP: 5032-0818: Occupational Health and Hygiene management.

### 7.2. Associated Certification Requirements

- 7.2.1. ISO 9001:2015 - 5.3 Organizational roles, responsibilities, and authorities

7.2.2. ISO 45001:2018 - 5.3 Organizational roles, responsibilities, and authorities 8.1.2 Eliminating hazards and reducing OH&S risks & 9.2.2 Internal audit program

7.2.3. ISO 14001:2015 – 5.3 Organizational roles, responsibilities, and authorities

## 7.3. References

7.3.1. <https://ehs.stanford.edu/wp-content/uploads/sops/Hospital-Guidance-document.pdf>

7.3.2. <https://www.cdc.gov/nceh/radiation/emergencies/radiationhazardscale.htm>

7.3.3. <https://www.rasmussen.edu/degrees/health-sciences/blog/radiation-effects-on-healthcare-workers/>

## 7.4. Training

7.4.1. Ionizing Radiation Training

AMI Clinic Management System			Prepared By:	Reviewer:	Approved By:
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<b>Title</b>	<b>Waste Management Policy</b>				

## UNSO waste management Protocol

Waste produced in the course of healthcare activities from contaminated needles to radioactive isotopes carries a greater potential for causing infection and injury than any other type of waste. Inadequate or inappropriate management is likely to have serious public health consequences and harmful effects on the environment.

Most of the waste generated at UNSOS is general waste. The infectious waste is produced during patient care. No toxic waste is generated.

### Purpose

Ensure that all staffs, patients and clientele are safe.

### Scope

All staffs at the UNSOS facility will generate or come into contact with waste.

### Responsibility

The Environmental Health Officer (EHO) shall ensure that the waste in the facility is managed appropriately. The infection prevention and control nurse shall audit the process.

### Procedure

1. Appropriate PPE shall be donned by all staff handling waste; respirator, face shield, long sleeved gown, nitrile gloves, and heavy-duty gloves. Cleaning staff transporting trash from the red zone shall observe aerosol precautions; refer to donning and doffing policy.
2. Trash from the red zone shall not be mixed with trash from the green zone.
3. Color coded trash bags shall be used; red for infectious and black, blue or white for general waste.

4. Bins shall be labeled as either biohazard, for infectious waste, or potentially hazardous, for general waste. Red bins shall be used for the infectious waste while black for general waste.
5. Waste shall be segregated at the point of generation. Each bed space shall have red bin for infectious waste and small bin for patient use; general waste.
6. With the support of the EHO officer and IPC nurse, the unit managers shall ensure that staffs dispose of waste appropriately.
7. The waste from the patients' bed space shall be tied by the nurse when three quarter full, who will then dispose of it into the 240L red lined bins.
8. The cleaner shall tie, double pack and disinfect the waste from all 240L bins, and exit with it through the doffing area. All 240L bins will then be emptied three times a day (and any other time the bin is  $\frac{3}{4}$  full) by the cleaners.
9. There shall be another cleaner at the doffing area waiting for the trash with a blue transportation bin; the trash from red zone shall be deposited in the blue bin. The cleaners from the red zone shall tie and double pack the trash bags in the doffing area, sanitize them and put in the blue bin. They shall then proceed to the waste zone storage area.
10. Trash shall be transported to the storage area, next to incineration point, through the laundry washing area. The transportation bin shall then be cleaned with soap and water and rinsed with 0.1% hypochlorite solution. Different transportation bins shall be used for each zone.
11. All visibly soiled bed sheets should be disposed of in the 240L yellow bins labelled SOILED LINEN. These will then be brought to the waste zone and incinerated. These will be emptied three times a day (and any other time the bin is  $\frac{3}{4}$  full) by the cleaners.
12. Bed sheets which are not visibly soiled should be placed into the 240L blue bins labelled UNSOILED LINEN. These will be brought to the hospital laundry area and washed for reuse.

Liquid waste like secretions in suction bottles, serum in chest drainage bottles shall be disposed of by the nurse in the toilet labeled as SLUICE, with the cover down before flushing. The reusable bottles/equipment shall be cleaned and decontaminated as per their protocol.

14. Disposable bed pans should be emptied in the toilet labelled SLUICE. The empty bed pan should be placed into one of the large bin bags provided, tied and disposed of in the 240L red bin.
15. The management of waste once it reaches the waste zone is detailed in the separate Waste Zone Incineration Procedure Manual.
16. The sharps container shall be closed and sealed as per injection safety policy. A red biohazard sticker shall be pasted on the puncture proof containers after sealing.
17. The cleaners shall collect the safely sealed and labeled sharps container from the ablution to the doffing area where it shall be transported with other waste.
18. The sharps shall be collected by a contractor for treatment and disposal.

19. The EHO officer shall electronically document the waste generated and incinerated per day.

## Protocol for staffs in isolation/quarantine

Each person under quarantine / isolation restrictions is to be issued with 14 large strong black garbage bags.

All mixed rubbish from their rooms is to be placed inside the garbage bags with the emphasis of not overloading them (additional bags will be issued per request if necessary).

The black garbage bag is then to be closed on the top with duck-tape issued with the bags. The bags are to be placed behind the doors inside the rooms at a set time on alternate days.

A designated team will then collect the garbage bag from behind the room door, place the contaminated garbage bag inside a new clean garbage bag, tie the top of the outside garbage bag and disinfect the outside of the second bag with 75% alcohol solution.

Once handled in this manner the bag should no longer be considered as contaminated and is to be placed in the rear of the pick-up car with a cover.

The designated team handling the bags must be dressed in adequate PPE (as per Item 1 above), considering they are handling contaminated materials.

In order not to alarm other hotel guests, as well as for infection control purposes, all aprons and gloves must be changed between each floor, and hand hygiene performed as per PPE guidelines.

The pick-up car will transport the garbage to the facility, where it is to be placed in the waste zone storage area. The rear of the truck is to be cleaned with soap and water and disinfected with 75% alcohol.

## Laundry

Each person is to be issued with 14 WHITE small garbage bags for personal laundry and 4 big CLEAR bags for bed linen.

**Personal laundry** is to be placed in the white garbage bag with the emphasis of not overloading them. The bag is then to be tied on the top, and placed behind the door, inside the room, at the same time as the black garbage bag.

The designated team will then collect the white garbage bag from behind the room door, place the contaminated WHITE garbage bag inside the standard YELLOW LAUNDRY BAG, disinfect the outside of the YELLOW bag with 75% alcohol solution and leave it outside the door for the hotel staff to pick up.

Once handled in this manner the YELLOW bag should no longer be considered as contaminated and can be transported to the laundry room.

While handling the laundry in the laundry room adequate PPE should be worn by the hotel staff member.

Bed linen should be placed into a big TRANSPARENT bag. The bag is then to be tied on the top and placed behind the door at the same time as the other bags.

The transparent bag should be placed into a big YELLOW bag and disinfected with 75% alcohol solution by the designated team and left outside the door for the hotel housekeeping to collect.

## References

WHO | Injection Safety evidence, guidelines and publications Injection Safety evidence, guidelines and publications (WHO, 2020)

Waste management (WHO, July 2020)

<https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-WASH-2020.4>

AMI Clinic Management System			Prepared By:	Reviewer:	Approved By:
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Title	<u>Spills Management SOP</u>				

## INTRODUCTION

A spill kit is a set of equipment used for the removal of chemical or microbiological material. Spillages are a major cause of slips and falls in the workplace and must be rapidly identified and removed. When the staff has the tools to clean spillages promptly, downtime can be reduced, and the risk of accidents and injuries can be kept to the minimum possible level. Such spills include biohazard spill (blood, urine, sputum, vomit, faeces) and chemical spills in the laboratory.

The basic principles of blood and body fluid/substance spills management are:

- Standard precautions apply, including use of personal protective equipment (PPE)
- Spills should be cleared up before the area is cleaned
- Generation of aerosols from spilled material should be avoided.

### Basic spill kit contents list

- Protective clothing (gloves, overalls, shoes covers, safety goggles, face mask)
- Absorbent materials (paper towels, spill pads, spill socks)
- Disposal bags with tape or twist ties
- Dustpan and polypropylene broom
- Container for waste
- 0.5% hypochlorite solution

### Cleaning spills – procedures

In clinical areas, blood and body fluid/substance spills should be dealt with as soon as possible or as soon as it is safe to do so. PPE should be used for all cleaning procedures and disposed of after use.

Place wet floor signs around the contaminated area first. Notify people in the area. Spots or drops of blood or other small spills (up to 10 cm) can easily be managed by wiping the area immediately with paper towels, and then cleaning water and disinfectant or detergent, followed by rinsing and drying the area

Large blood spills that have occurred in clinical areas should be contained and generation of aerosols should be avoided. Use disposable paper towels or absorbed material to absorb as much of the body fluids as possible. A scraper and pan should be used to remove the absorbed material. Saturate the area with sodium hypochlorite 0.5% and wait for a few minutes, preferably 15 minutes after pouring chlorine solution. Then the area should be cleaned with a mop, and bucket of water and disinfectant or detergent. The bucket and mop should be thoroughly cleaned after use and stored dry.

Remove PPE and discard them appropriately. Wash hands carefully with soap and water, and dry thoroughly with single-use towels.

Single-use items in the spills kit should be replaced after each use of the spills kit

**NB:** it is essential that the affected area is left clean and dry.