The State of South Carolina
Occupational Safety and Health
Emergency Response Regulation
SC Version of 29 CFR 1910.156

Draft 43
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General Background, Intent, and Organization

It is the intent and purpose of this proposed regulation to exceed and replace the federal version of 1910.156 with a more applicable, appropriate, and feasible version of a standard regulating operations at emergency scenes involving but not limited to; fire suppression, emergency medical services, and specialized rescue. The regulation's justifying premise for application is based on limiting the risk and maximizing the safety of first responders while responding to and operating on emergency scenes and in an Immediately Dangerous to Life and Health (IDLH) atmosphere.

The regulation applies to employers or entities that provide one or more of the following emergency response services as a function; or the employees perform the emergency service(s) as a duty for the employer: firefighting, emergency medical service, and technical search and rescue. For the purposes of this section, this type of employer is called an Emergency Service Organization (ESO), and Emergency Medical Service (Service), Law Enforcement Agencies (LEA), Workplace Emergency Response Employer (WERE); and the employees are called responders or team members.

The further governing principle of the regulation is that contents may exceed the federal 29 CFR 1910.156 in the greater specificity of application to the emergency response community that could be found within The State of South Carolina statute for law enforcement, fire services, the industrial community and emergency medical services.

The application of the regulation is divided by primary service provision description for greater and more specific application to the responder and employer. Further division of the regulation is due to employers that have a workplace response team, as defined as employers that have employees that as collateral duty to their regular daily work assignments, respond to emergency incidents to provide services such as described above by ESOs and for the purpose of this regulation are called Workplace Emergency Response Employer (WERE) and the Workplace Emergency Response Team (WERT). If the organization /agency responds or has jurisdiction in more than one of the below disciplines, the organization(employer) would be expected to meet all requirements from the appropriate subpart.

Additionally, the regulation is organized into sub parts based on: Administration, Operations, Training, and Prevention.

SubPart a. Fire Service

a) 1. Administration
a) 2. Operations
a) 3. Training
a) 4. Prevention

SubPart b. Emergency Medical

(b)1. Administration
(b) 2. Operations
(b) 3. Training
(b) 4. Prevention

SubPart c. Special Operations Units

(c) 1. Administration
(c) 2. Operations
(c) 3. Training
(d) 4. Prevention

SubPart d. Law Enforcement

(d)1. Administration
(d)2. Operations
(d) 3. Training
(d) 4. Prevention

SubPart e. Workplace Emergency Response Team (WERT)

(e)1. Administration
(e)2. Operations
(e) 3. Training
(e) 4. Prevention

This regulation does not apply to:
(i) Employers performing disaster site clean-up or recovery duties following natural disasters such as earthquakes, hurricanes, tornados, and floods; and human-made disasters such as explosions and transportation incidents.
(ii) Activities covered by 29 CFR 1910.120 (Hazardous Waste Operations and Emergency Response (HAZWOPER)), nor 29 CFR 1910.146 (Permit-Required Confined Spaces in General Industry).
(iii) Where a federal, state, or local standard establishes a higher level of protection than this standard; the higher regulation shall apply.

Definitions

Below is offered a list of the acronyms or words requiring further clarity through definition or reference locations.

Authority Having Jurisdiction (AHJ)

An AHJ is an organization, office, or individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, an installation, or a procedure. An AHJ may be governmental or private based on the locale or extent of the issue at hand.

Emergency Response Plans (ERP)

An emergency response plan is a written document that outlines the exact steps an organization must take during a crisis, such as a fire, natural disaster, or active threat, to ensure safety, minimize damage, and guide recovery. An ERP may be synonymous with and SOP with SOP's often being more specific. An ERP may be synonymous with a risk management plan with an ERP often being reactive to a specific situation while a RMP is proactive in nature.

Equivalency

Recognizing a level of achievement, degree, or course credits from one institution or system as matching another such as a skills training equivalency certificate or college credits. The equivalency may be accredited and programmatic through reciprocity, or non-accredited and based on specific national standards; but typically requires transcripts and course content to be verified and documented. The AHJ or ESO/EMS/LE/WERE is responsible for documenting and providing equivalency.

Facility Hazard Assessment

A facility hazard assessment is a systematic safety management process used to identify, evaluate, and control potential safety and health risks in a specified workplace.

Fixed Facility

A fixed facility is a permanent, stationary (does not move) building, structure, or plant in one set location such as a factory, hospital.

Gross Decontamination

Gross decontamination is the rapid, on-scene physical process of removing heavy debris, soot, bloodborne pathogens, and surface contaminants from PPE or equipment; or possibly by removing and isolating PPE or equipment before leaving the emergency, and/or the cleaning of skin exposed to any of these contaminants through general processes such as wipes.

Hazard Control Zone

See the Zones/Workplace Zones definitions. Primarily an unspecified area limiting access to untrained or civilian personnel from access to hazardous locations/environments. Generally, an area of hazard/contamination reduction through distance or shielding.

Hot Wash

A Hot Wash is an immediate informal briefing held right after an incident while details are still fresh in the minds of the responders to provide immediate feedback with a focus on scene safety that is conducted with a focus on observations and points over formality and process. A hot wash may be on-scene or in a secured private location. The hot wash should not be unrealistically delayed but conducted by the IC or a supervisory designee at an appropriate convenience.

Incident Action Plan (IAP)

The IAP is a plan (usually written) that sets forth the incident objectives and reflects the tactics necessary to manage an incident during an operational period. The IAP provides essential information regarding incident organization, work assignments, resources, and safety-all of which are driven by the incident objectives. The incident objectives drive response and recovery activities and answer the question of what must be accomplished. Good incident objectives: are concise and stated in the form of a command; begin with an action verb; provide actionable guidance for the Operations Section; and address incident operations not administrative and internal support activities.

Incident Commander (IC)

The Incident Commander (IC) is the single person responsible for the overall management of the incident and determines which Command and General Staff positions to staff in order to maintain a manageable span of control and ensure appropriate attention to the necessary incident management functions.

Incident Management System (IMS)

Synonymous and interchangeable with NIMS the National Incident Management System (FEMA.gov) but at the core is a process of standardized, collaborative, communicative, and structured methodology of handling emergencies.

Initially Dangerous to Life and Health (IDLH)

An IDLH environment is an atmospheric concentration of any toxic, corrosive, or asphyxiant substance that poses an immediate threat to life, causes irreversible health effects, or prevents a person from escaping unaided.

Interior Burn Refresher

An interior live burn refresher is an essential, high-risk training evolution designed to maintain tactical proficiency in IDLH environments while strictly complying with the safety standards of **NFPA 1400 / NFPA 1403**. The primary objective is to review modern fire behavior, coordination of hose lines, door control, and victim extrication under live smoke and heat conditions. No time limit or requirement is implied but skills measurement is expected.

Job Performance Requirement (JPR)

A JPR is a written statement that defines a specific job task, lists the tools needed to complete it, and sets measurable outcomes for evaluation, most commonly used in fire and emergency services.

MayDay

An urgent declaration, usually through a radio broadcast, that a firefighter is lost, trapped, injured, or facing an immediate, life-threatening danger.

National Fire Protection Association (NFPA)

{NFPA.ORG} – a consensus based standards advocacy agency focused on elimination of death, injury, and loss through codes and information.

National Response Framework

The Federal Emergency Management Agency offers The National Response Framework (NRF) is a guide to how the nation responds to all types of disasters and emergencies. It is built on scalable, flexible, and adaptable concepts identified in the National Incident Management System to align key roles and responsibilities. The NRF is structured to help jurisdictions, citizens, nongovernmental organizations and businesses: Develop whole community plans; Integrate continuity plans; Build capabilities to respond to cascading failures among businesses, supply chains, and infrastructure sectors and; Collaborate to stabilize community lifelines and restore services.

PFAS – Per-and Polyflouroalkyl Substances

The National Institute of Health (niehs.nih.gov) offers- Per- and polyfluoroalkyl substances (PFAS) are a large, complex group of synthetic chemicals that have been used in consumer products around the world since about the 1950s. They are ingredients in various everyday products. For example, PFAS are used to keep food from sticking to packaging or cookware, make clothes and carpets resistant to stains, and create firefighting foam that is more effective. PFAS molecules have a chain of linked carbon and fluorine atoms. Because the carbon-fluorine bond is one of the strongest, these chemicals do not degrade easily in the environment.

Post Incident Analysis (PIA)

A PIA is a gathering of pertinent responders for a structured review of processes and policies which evaluates a response, identifies root causes of issues and successes of that response, and improves future emergency incident response. The PIA is a scheduled, formatted event involving all agencies that responded to the incident and necessary subject matter experts. The PIA result is documentable and distributable to the responding agencies. The PIA may be facilitated and is non-punitive in nature.

Pre-Incident Plans (PIP)

PIP's are documented blueprints and site evaluations that help first responders mitigate emergencies safely and effectively at specified facilities or locations. The format of the PIP may vary and be made available in numerous methods; however, the PIP typically contains information about the building characteristics, hazard identifications, built in protection systems, utility shutoffs, and emergency access and layout. NFPA 1620 offers a template for pre-incident planning.

Primary Licensed Healthcare Professional (PLHCP)

The PLHCP is the main, ongoing point of contact for routine, non-emergency medical care and preventative health for the AHJ or ESO/EMS/LEA/WERE. The PLHCP could be a medical doctor, or a contract provider typically with specialization in occupational medicine. The PLHCP should be familiar with the NFPA 1580 standard or at minimum the services which are being provided by the agency/department.

Privately Owned Vehicle (POV)

Typically, a vehicle not owned or operated by the AHJ/ESO/EMS/SOU/LEA/WERE but privately owned by the operating responder. No authorization is intended by this definition but recognition of SC Code of regulations 56-5-170 helps further delineate the POV role and responsibility. Expectation by virtue of reference through this regulation is that the POV must obey all standards traffic laws and does not classify as a standard emergency response vehicle.

Rapid Intervention Team (RIT)

A Rapid Intervention Team (RIT)—also known as a Rapid Intervention Crew (RIC)—is a dedicated group of at least two firefighters assigned at a fire scene solely to rescue trapped, lost, injured, or disoriented firefighters. Typically, the RIT remains outside of the hot zone in full gear, completely unassigned, and ready for immediate deployment. Typically, the RIT will be equipped with specialized gear to facilitate the extrication and will have received advanced training into the skills and tactics necessary to effect rescues.

Risk Management Plan (RMP)

A risk management plan is a proactive formal document that outlines how an organization or project team will find, evaluate, and handle potential problems or uncertainties. A RMP may be synonymous with an ERP with an ERP often being more general. A RMP may be synonymous with a SOP with a SOP often being more process specific.

Standard Operating Procedure (SOP)

A standard operating procedure (SOP) is a documented set of step-by-step instructions that describes how to perform a specific task or process consistently. An ERP may be synonymous to an SOP with an ERP often being more general in content. A RMP may be synonymous to a SOP with a RMP often being more proactive in content.

Unified Command

A Unified Command is an Incident Command System (ICS) structure that allows different agencies or jurisdictions to jointly manage an emergency response while keeping their individual authority and accountability.

Vulnerability Assessment

A vulnerability assessment is a two part process of an individual, organization, local government agency, or AHJ conducting a review of the primary coverage district in assessing risk (what could happen to adversely impact the coverage area) and documenting or scoring vulnerability of how each hazard is likely to occur, the area impacted, and severity (how and where will it affect the coverage area).

Vulnerability assessments are often done through emergency management or post 9/11 assessment projects and can be incorporated into the vulnerability assessment required herein. No specific template/methodology is required, though numerous assessment models do exist. Depending on the location, size, complexity, and scope; the vulnerability assessments will greatly vary.

Zones / Workplace Zones

An essential element of any emergency site is the establishment of safety or work zones. These zones are established primarily to limit hazardous exposure, reduce the accidental involvement of untrained personnel or civilians, and limit the spread of hazardous substances by workers or equipment from contaminated areas to clean areas. Zones specify: the type of operations that will occur in each zone; the degree of hazard at different locations within the emergency site; and the areas at the site that should be avoided by unauthorized or unprotected civilians/employees. The three most frequently identified zones are below:

1. The exclusion zone (or hot zone) is the area with actual or potential contamination and the highest potential for exposure to hazardous environments/substances.
2. The contamination reduction zone (or warm zone) is the transition area between the exclusion and support zones. This area is where responders enter and exit the exclusion zone and where decontamination activities take place.
3. The support zone (or cold zone) is the area of the site that is free from hazards/contamination and that may be safely used as a command, planning, and staging area.

SubPart a. Fire Service

1. Administration

a. This portion of the regulation specifically applies to all fire departments which are defined by SC Code of Laws 40-80-10.
b. SubPart a. applies to all volunteer, combination, and paid fire services and is applicable to public (municipal, tax districts, and county) entities.
c. The Emergency Service Organization (ESO) shall develop and implement a written Emergency Response Plan (ERP) that provides protection for each of its responders who is designated to operate at an emergency incident.
d. The ESO shall ensure a community or facility vulnerability assessment of hazards within the primary response area where the emergency service(s) it provides is/are expected is performed.
e. The assessment required by this section shall identify structures, vacant structures, facilities, and other locations where PreIncident Plans (PIPs) are needed.
    i. The contents of the PIPs are further explained by section 4 e. within the subpart of this document.
f. The ESO shall evaluate the resources needed, including personnel and equipment, for mitigation of emergency incidents identified in the community or facility vulnerability assessment, and establish in the ERP the type(s) and level(s) of emergency service(s) it intends to perform.
    i. The ESO shall provide to its local governing body, a formal presentation of this resource assessment and receipt of same shall be provided by the local governing body.
        A. This presentation shall identify shortcomings and vulnerabilities to the community.
        B. This presentation shall be repeated quinquennially.
        C. The format or layout of this presentation is not dictated.
g. In the ERP, the ESO shall establish tiers of responders based on responsibilities, qualifications and capabilities for the type(s) and level(s) of service it intends to perform.
    i. Examples of tiers include, but are not each required or limited to:
        A. For firefighting types of operations, tiers such as: trainee, support personnel (non-IDLH), basic firefighter (Job Performance Required {JPR} documented), National Fire Protection Association (NFPA) Firefighter I, NFPA Firefighter II, {the previous three tiers comprising Immediately Dangerous to Life and Health (IDLH) operations}, officer/crew leader, command officer, and levels of hazardous materials response.
        B. For technical search and rescue types of operations, tiers such as: awareness, operation, technician, support.
        C. For emergency medical types of services, tiers such as: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), advanced EMT (EMT-A), paramedic, nurse, or support personnel.

h. In the ERP, the ESO shall define the service(s) needed, based on the assessment, that the ESO is unable to provide, and develop mutual aid agreements where possible with WEREs or other ESOs as necessary to ensure adequate resources are available to safely mitigate foreseeable incidents.
    1. The SC Firefighters Mobilization system is an acceptable mutual aid program for satisfaction of this section if the ESO is a signed and active participant in this mutual aid delivery system.
i. The ESO shall ensure that each employee has access to the ERP at all times.
j. The ESO shall develop and implement a written comprehensive risk management plan (RMP) or Standard Operating Procedures (SOPs), based on the type and level of service(s) established in this section, that covers, at a minimum, risks to team members and responders associated with the following:
    A. Activities at ESO facilities.
    B. Training.
    C. Vehicle operations
    D. Operations at emergency incidents.
    E. Non-emergency services and activities.
    F. Activities that lead to exposure to combustion products, carcinogens, and other incident-related health hazards
    G. Unusual hazards such as downed power lines, natural gas or propane leaks, flammable liquid spills, and bomb threats.
k. The RMP or SOP shall include, at a minimum, the following components with respect to hazards faced by responders operating at incidents
    A. Identification of actual and reasonably anticipated hazards.
    B. Evaluation of the likelihood of occurrence of a given hazard and the severity of its potential consequences.
    C. Establishment of priorities for action based upon a particular hazard's severity and the likelihood of occurrence.
    D. Risk control techniques for elimination or mitigation of potential hazards, and a plan for implementation of the most effective solutions.
    E. A plan for post-incident evaluation of effectiveness of risk control techniques such as hot washes and/or after-action reports.
l. The RMP or SOP shall include, at a minimum, the following:
    A. A personal protective equipment (PPE) hazard assessment that meets the requirements of 29 CFR 1910.132(d).
    B. A respiratory protection program that meets the requirements of 29 CFR 1910.134.
    C. An infection control program that identifies and limits or prevents the exposure of team members and responders to infectious and contagious diseases; and

D. A bloodborne pathogens exposure control plan that meets the requirements of 29 CFR 1910.1030.

m. The RMP shall include a decision making process for extraordinary situations when a responder, after making a risk assessment determination based on the responder's training and experience, is permitted to attempt to rescue a person in imminent peril, potentially without benefit of, (for example), Personal Protective Equipment (PPE), Rapid Intervention Teams (RITs) or certain equipment.

n. The ESO shall review the RMP/SOP not less than every three years, and update it as needed.

2. Operations

A. Operation of Motorized Vehicles

1. The ESO shall include in the SOP, in accordance with local and state law, a section(s) on the procedures for safely driving vehicles, both ESO owned and POV, during both non-emergency ESO related travel and emergency response.

i. The SOP should contain at minimum: criteria for actions to be taken at stop signs and signal lights; permissible vehicle speeds; crossing intersections; driving on the opposite side of the road with oncoming traffic; use of cross-over/turnaround areas on divided highways; traversing railroad grade crossings; the use of emergency warning devices; and the backing of vehicles.

ii. For backing vehicles with obstructed views to the rear, the SOP shall require use of at least one of the following: a spotter, a 360-degree walk-around of the vehicle by the operator, or a back-up camera.

iii. The responder operating the vehicle shall ensure the vehicle does not move until all responders in or on the vehicle are seated and secured with seat belts or vehicle safety harnesses and that the responders remained seated and secured any time that the vehicle is in motion including donning and doffing PPE. The does not apply to responders actively performing necessary emergency medical care.

iv. The ESO shall establish policies governing the alternate means for ensuring safety of responders or passengers, when the ESO determines it is not feasible for each person to be seated and belted such as hose loading, funerals, parades, rescue operations, and for vehicles without seatbelts.

v. The ESO shall include a policy on the operation of POV while being used for department functions to include emergency response, if applicable.

b. Incident Management

i. All emergency incident operations will be managed with the use of an Incident Management System (IMS).

ii. All incidents will utilize a method of personnel accountability when direct line of sight contact cannot be achieved.
    A. At minimum this system shall establish a process for maintaining personnel accountability, expanding as required or needed, tracking location(s) and function, and coordinating evacuation of all responders operating at an incident that includes: periodic accountability checks and reports; procedures for orderly evacuation of responders; and procedures for rapid evacuation of responders from escalating situations, such as rapid growth of fire, impending collapse, impending explosion; in the event of PPE or equipment failure; and acts of active violence against team members and responders.

c. PreIncident Plans (PIP) usage
    i. The ESO shall ensure that the most recent version of the PIPs is disseminated and accessible as needed by responders operating at emergency incidents.
        A. This may be in the form of hard copies or electronic versions.
    ii. The Incident Commander (IC) should consider the content of the PIP in the developing of the Incident Action Plan (IAP).
d. Safety Zones of Operation
    i. Work Zones on Emergency Scenes
        A. The IC shall establish work zones on emergency scenes where access should be limited due to site specific hazards, unusual perimeters, or risk limiting access control zones.
        B. The zones shall be identified as: no-entry, hot, warm, cold; and shall be conspicuously noted and communicated to responders on the scene.
            a. The interior and immediate exterior of structural fires would be presumed hot zones in all incidents.
        C. Hot zones are considered an IDLH atmosphere and shall require the appropriate PPE for all responders.
        D. The PPE required for warm zones shall vary but be communicated to all personnel on the scene.
    ii. Work Zones of Roadways
        A. The precepts of Part 6 of the Manual of Uniform Traffic Control Devices (MUTCD) standard and/or the Traffic Incident Management Systems (TIMS) network program shall be recognized and implemented by all ESO's.

e. Personal Protective Equipment (PPE) Issuance and Use
    i. The ESO shall provide at no cost to the responder, PPE based on the type and tier level of response for which the responder is likely to be exposed and suitable for the task and associated hazard.
        A. The ESO may allow through local policy, the usage of personally owned PPE by the responder but that PPE must fully comply with the safety standards of all applicable regulations.
    ii. PPE shall comply with safety and design regulations under general industry duty for safety as defined in 29 CFR 1910 Subpart I
    iii. PPE shall be used at all times when an IDLH atmosphere is expected or measured.
        A. Air Purifying respirators cannot be used in an IDLH atmosphere. Specifically deemed safe use environments are required through the IMS process.
        B. Discontinuation of PPE usage while on scene can only be approved through the IMS process and based on monitoring or risk assessment.
    iv. If PPE has been contaminated by potentially harmful products of combustion, hazardous materials, bloodborne pathogens, or other products deemed harmful to the wearer or the equipment; the PPE shall be cleaned per manufacturers recommendation prior to placing the PPE back into service.
        A. Practicality of call volume and pending emergency job tasks will prevail in the complete decontamination of the PPE with an expectation of gross decontamination as soon as possible.
f. Gross Decontamination
    i. After a responder completes a task or tasks in an IDLH environment, the IMS shall provide and the responder shall complete, gross decontamination at the scene, where feasible; to remove as much potentially harmful contaminants as possible prior to returning the gear or responder back in service.
g. Staffing
    i. Rapid Intervention Teams (RIT)
        A. When a hot zone is established by the IC, a RIT team must be designated.
        B. No one shall be permitted to serve as a member of the RIT team when the other activities in which the firefighter is engaged inhibit the firefighter's ability to assist in or perform rescue or are of such importance that they cannot be abandoned without placing other firefighters in danger.
    ii. Minimum Staffing
        A. Minimum staffing requirements needed to ensure incidents are mitigated safely and effectively shall be provided or on-scene

job duties and functions shall be limited to match the staffing resources.

B. Minimum staffing may be achieved through call in staff, mutual aid, or SC Firefighter Mobilization but initiated by the IC upon scene size up and strategical determinations.

C. Per section 1.m. of this subpart, extraordinary situations may exist when a responder, trained in the decision making process; after making a risk assessment determination based on the responder's training and experience, is permitted to attempt to rescue a person in imminent peril, potentially without benefit of, (for example), Personal Protective Equipment (PPE), Rapid Intervention Teams (RITs) or certain equipment.

iii. Rehabilitation

The ESO shall establish a systematic approach to provide responders with medical monitoring and rehabilitation at emergency incidents as needed, such as adequate work/rest cycles, medical treatment, rehydration (fluid replacement), active warming or cooling, and protection from extreme elements.

A. The Rehab protocol should be identified as part of the RMP/SOP.

B. If mutual aid is required to meet the rehab requirements, proof of familiarization and training on the RMP/SOP with the mutual aid group shall be conducted and documented.

iv. Support Roles

A. On scene and ancillary support roles such as, but not limited to; Emergency Scene Water Supply, SCBA refill, Rehab, EMS surveillance, etc. shall:
-only perform functions to which they have been trained and equipped,
-shall be trained in the recognition and limitation of scene zones,
-shall have trained in basic ICS functions,
- shall be trained in radio operations.

B. On scene and ancillary support roles shall not:
- be required to have FF 1 or beyond certification
- be eligible to serve on the RIT
- operate in the no-entry or hot zones
-operate in the warm zone without specific instructions and limitations offered by the IC or strategic function coordinator.

h. MayDay Orders

All ESO's shall establish procedures for Mayday situations, such as when a responder becomes lost, trapped, injured, or ill, including the use of the radio's emergency alert buttons and implementation of a rapid

intervention team (RIT) for immediate deployment to search and rescue any missing, disoriented, injured, ill, lost, unaccounted-for, or trapped responders. The SOP shall specify the minimum number of responders needed for the RIT, based on the size and complexity of potential incidents; and a standard list of equipment to be assembled by the RIT for foreseeable incidents.

A. Mutual Aid departments and supplied RIT shall be trained and familiar with the ESO's MayDay order system and the training shall be documented.

i. Evacuation Orders and Signals
   i. All ESOs shall incorporate into the ERP, SOP's, and Training Modules; the use of standard methodology for notification of the necessity to evacuate any identified zone of work.
      A. This should incorporate radio traffic, air horn usage, direct contact, and any other forms deemed necessary.

3. Training

All persons on the emergency scene shall be trained in the duties which they are expected to perform.

i. All training shall be documented and readily available for presentation upon request.

a. Initial Training

Initial training job performance tasks, for any position, may exceed the below; but general duty to train in any task assigned is expected prior to deployment and standard models of programmatic learning is suggested such as the South Carolina Fire Academy.

i. Initial training should be by an accredited institution or equivalent and based on applicable NFPA standards.
   1. If training is conducted in house and or through a non-accredited pathway, the training shall be documented and verified through a job performance requirements (JPR) style format.
ii. The activities of each newly employed responder during emergency operations are restricted until the responder has demonstrated to a trainer/instructor, supervisor/team leader/officer, the skills and abilities to safely complete the tasks required.
iii. Every responder will be trained in the concepts and application of the incident command system (ICS) in order to operate safely within the scope of an IMS and emergency scene operations.
iv. For interior structural firefighting, any individual operating in an IDLH atmosphere, NFPA 1010 Firefighter (FF) 1 {or its equivalent}is required while being directly supervised by a

responder trained in the supervisory components of FF 2, or its equivalent; or greater. For a responder in charge of a team operating in an IDLH atmosphere or part of an advanced suppression tactics team, NFPA 1010 (FF) 2 {or equivalent} is required.

1. Equivalency at the level of and by the ESO shall be demonstrated through specific written documentation by the Authority Having Jurisdiction (AHJ) and maintained in personnel files.

v. Any person acting as an Incident Commander (IC) or directing or leading a crew within a hazard control zone shall have the experience and training in applicable strategy and tactics of that position.
    1. Training shall include IMS courses/programs from an institution such as, but not limited to, the National Fire Academy (NFA) or SC Fire Academy.
    2. Training should also include elements such as the Federal Emergency Management Agency (FEMA) 100, 200, 300, 400, 700, 800 programs, as applicable.
vi. Any person operating an emergency response vehicle, shall be trained on the type of vehicle and its usage before operating the apparatus. As an example, the employer may require the SC Fire Academy Emergency Vehicle Driver training; and for suppression vehicles - pump operations training; and for rural water supply operations- the appropriate course(s).
    1. An equivalent for any of the above is permitted as long as the training conducted by the AHJ contains written JPR documentation.
    2. Driving capability shall be verified and documented by the AHJ and maintained in personnel files.
    3. The contents of all driver training shall contain and comply with South Carolina Code of Laws Section 56-5-760.
vii. Every responder performing as a member of a specialized response team (beyond basic first response NFPA 1010 JPRs), will be trained in the performance of that job position through programs specifically covering at minimum the tasks expected to be performed and assigned.
    1. If the AHJ designs in house training to meet the task needs, a written JPR shall document the training and be maintained.

viii. The ESO must ensure each instructor/trainer has the knowledge, skills, and abilities to teach the subject matter being presented.

b. Refresher Training
    i. Based on the job duty for each position of responder, the department shall outline in writing, annual training requirements and document their outcomes.
        1. Annual Refresher training for all personnel should at minimum cover: 1910.1200, Incident Management Systems, 1910.1030, and maintain current CPR/First Aid requirements.
        2. Annual Refresher training for persons operating in an IDLH atmosphere shall contain at minimum: 1910.134 requirements, and an interior burn refresher with the minimum contents specifically tailored to the needs of the hazards within the fire service protection area and conducted with knowledge of, and in accordance with the principles, of NFPA 1403.
        3. Annual refresher training for emergency vehicle driving, and POV operation (where applicable in the departments expecting POV response to emergency scenes) will be conducted and documented.

4. Prevention

a. Personal Health and Wellness
    i. Assessment of Physical Capability to Perform Job Function
        1. The ESO shall establish the minimum medical requirements for responders, based on the type and level of service(s) established in the administrative section of subpart a. and developed in consultation or under advisement of a Primary Licensed HealthCare Physician (PLHCP).
            a. The medical requirements may differ based on the tiers of responders in accordance with tiers or job duties as performed.
        2. The ESO shall maintain a confidential record for each responder that records at a minimum: duty restrictions based on medical evaluations; occupational illnesses and injuries; exposures to combustion products through incident reports, known or suspected exposure to other toxic products, contagious diseases, and dangerous substances encountered on an emergency response scene.
        3. The ESO shall ensure that medical records are maintained and made available to the responder in accordance with 29 CFR

1910.1020, Access to Employee Exposure and Medical records.

4. Medical evaluations, tests, and laboratory analysis required to comply with this section shall be provided at no cost to responders and, if applicable; without loss of pay.
5. Prior to performing emergency response duties, each responder shall be evaluated to determine fitness for duty by policy established by the ESO and each responder shall also be evaluated in accordance with this section prior to placement in a job performance duty role for that tier.
6. All medical evaluations must include as a minimum the following to detect any physical or medical condition(s) that could adversely affect the team member or responder's ability to safely perform the essential job functions:
   (A) Medical and work history with emphasis on symptoms of cardiac and respiratory illness or defect,
   (B) Physical examination with emphasis on the cardiac, respiratory, and musculoskeletal systems;
   (C) Spirometry;
   (D) An assessment of heart disease risk including blood pressure, cholesterol levels, and relevant heart disease risk factors; and
   (E) A full blood panel evaluation as defined by the ESO and the Primary Licensed Healthcare Professional (PLHCP);
   (F) An exercise induced cardiac stress test.
7. This regulation recognizes the value in comparably recognized physicals such as those recommended by the National Fire Protection Association in the 1580 standard, Chapters 9 through 13, but does not require its adoption; yet would recommend providing the NFPA1580 standard to the Primary Licensed Healthcare Professional (PLHCP) utilized by the ESO; as a reference or benchmark and possible incorporation and application to higher risk tiers of employees.
8. Additional screening may be required as deemed appropriate by the PLHCP or contractor providing health screening services at no cost to the employee.
9. If any of the above items are found to indicate a medical condition that prohibits the responder from performing the essential job functions, they must be cleared by a PLHCP prior to return to work.
10. The medical evaluation shall be repeated annually thereafter unless the PLHCP deems more frequent evaluations are necessary; and

11. The ESO shall establish policy regarding the length of time that absence from duty due to injury or illness requires a responder to have a return-to-duty medical evaluation by a PLHCP.

ii. Cancer Prevention and Detection

1. Medical Cancer Surveillance

For ESOs whose responders are exposed to combustion products, medical surveillance shall include a component based on the frequency and intensity of expected exposure to combustion products established in accordance with the risk management plan in the administrative section of subpart a. and determined by the ESO's PLHCP.

2. The ESO shall provide a systematic approach to protection of responders from contaminants, and for decontamination of responders, PPE, and equipment, including at a minimum:

(A) Proper techniques for doffing (removing) contaminated PPE;

(B) On-scene gross decontamination, and decontamination at the ESO's facility, of PPE, equipment, and team members and responders;

(C) Encouraging responders to shower with soap and water, as soon as reasonably practicable, and change into clean clothing; and

(D) Protecting team members and responders from contaminated PPE after an incident.

iii. Behavioral Health and Wellness

1. The ESO shall provide, at no cost to the responder, behavioral health, and wellness resources for responders, or identify where such resources are available at no cost to the employee, such as the program provided by the South Carolina General Assembly- the South Carolina Firefighter Assistance Support Team (SCFAST) program as provided for in Act 264 of 2018.
2. The resources shall include, at minimum:

(A) Diagnostic assessment;

(B) Short-term counseling;

(C) Crisis intervention; and

(D) Referral services for behavioral health and personal problems that could affect the responder's performance of emergency response duties.

3. The ESO shall inform each responder, on a regular and recurring basis, and following potentially traumatic events, of the resources available.

iv. Improving Physical Capability to Perform Job Functions

The ESO shall establish and implement a fitness for duty program that enables responders to develop and maintain a level of physical fitness that allows them to safely perform their assigned functions, based on the type and level of service(s), and tiers of responders established in this subpart.

b. Per-and Polyflouroaklkyl Substances (PFAS)
    i. Firefighting Foam which has a known incorporation of any PFAS material, or components shall not be purchased after the date of enaction of this regulation.
    ii. Existing in service material, PPE, or equipment containing PFAS shall be phased out of service by 2040.

c. Personal Protective Equipment (PPE) Maintenance
    i. All PPE shall be inspected by the ESO at least annually, and documentation of the inspection shall be maintained.
        1. Any PPE found deficient in safety or condition shall be tagged and removed from service until repair according to manufacturers' recommendation is achieved.
    ii. All PPE shall be appropriately inspected, cleaned, and maintained in the best method possible, both post incident and routinely.

d. Station Design
    i. All stations built, or renovated to more than 50% assessed value, after the date of the adoption of this regulation; shall comply with all current state and local building and fire codes.
    ii. All stations built, or renovated, which may include a change of occupancy, which adds sleeping quarters after the date of the adoption of this regulation; shall comply with the following:
        a. Built in vehicle exhaust removal systems or incorporated on-board of the vehicle exhaust removal systems shall be installed for the vehicle storage compartment areas of all stations.
        b. Sleeping areas and common areas shall be free from worn or stored PPE and station design shall incorporate a decontamination zone for processing contaminated PPE.
        c. The entire building shall be protected by an automatic fire protection system in accordance with 29 CFR 1910.159.

e. Pre Incident Planning
The ESO shall determine the locations and facilities where responders may be called to provide service that need a PIP, based on the community or facility vulnerability assessment and the type(s) and level(s) of service(s) required.

1. At minimum, the ESO shall prepare a PIP for each facility within the ESO's primary response area that is subject to reporting requirements under 40 CFR part 355 pursuant to the Emergency Planning and Community Right-to-Know Act (EPCRA) (also referred to as the Superfund Amendments and Reauthorization Act of 1986 (SARA), 42 U.S.C. § 11001 et seq.) or sites which contain a significant risk or vulnerability to community safety or threat or terrorist activities.
2. When conducting the PIP, the ESO shall ensure facility personnel are consulted and that employees of the ESO are knowledgeable about the facility's use, contents, processes, hazards, design and layout, and occupant loading.
3. PIPs shall include actions to be taken by responders if the scope of the incident is beyond the capability of the ESO.
4. The ESO shall ensure that the most recent versions of PIPs are disseminated as needed and are accessible and available to responders operating at emergency incidents.
5. PIPs shall be reviewed annually and updated as needed.
6. Major target hazards identified by the ESO which pose significant impacts to the community should an emergency occur; the PIP should be exercised by all associated responders on a frequent basis.

f. Post Incident Evaluation
   i. At scenes of a large scale, significant impact, or near miss; an on-scene debrief, Hot Wash, will occur and be conducted by the IC or their designee.
      1. All reasonably available responders on the scene shall participate.
         a. The Hot Wash may occur at a neutral location due to staffing, staging, or the sensitive nature of the call; and at the soonest reasonable time if an on-scene hot wash is not possible.
      2. The definition of significance which would trigger the use of this Hot Wash, is determined by the ESO and based on

numerous local issues and the impact to the ESO and personnel and may differ from other ESO's.

ii. After a large scale, significant impact, or near miss incident; a formal post incident analysis (PIA) shall be conducted.
    1. The PIA shall be conducted as soon as possible after the incident and with time to notify all involved agencies.
    2. The PIA shall be open to all agencies which responded to the emergency.
    3. The PIA shall cover at minimum: the PIP- if one exists, the IAP, the timeline of the event, SOP's applicable or impacted, lessons learned, changes needed, and recommendation(s) for implementation of those changes.
    4. The PIA shall result in a report produced by the ESO to include recommendations of improvement and disseminated to all associated agencies.
    5. The definition of significance which would trigger the use of this PIA, is determined by the ESO and based on numerous local issues and the impact to the service and personnel and may differ from other ESO's.

g. Apparatus and Equipment Maintenance
    i. The ESO shall establish in the RMP, equipment maintenance policy(ies) based on manufacturers' recommendations or industry best practice and shall implement and train all personnel to that policy.
    ii. All vehicles and equipment used on an emergency scene found to not meet this policy shall be immediately taken out of service until repaired or re-certified as operable and safe.
    iii. Proof of testing and records of maintenance checks shall be maintained.

h. Sleep Deprivation
    i. The ESO shall establish policy, in the ESO's RMP/SOP, to address the risk in decision-making, mental acuity, and cognitive function decline; due to the lack of sleep of employees.
        1. The RMP/SOP shall describe the risk to employees and the public and shall evaluate and direct the ESO's policy to deal with sleep deprivation based on but not limited to: secondary employment (if applicable), length of active duty shifts, call backs or mandatory overtime, and designated down(sleep) time allotment while on duty.

2. Sleep time management policies in the RMP should be developed in conjunction with the ESO's PLHCP and based on national trends and scientific evidence.
3. Down Time/Sleep time shall be documented.

SubPart b. Emergency Medical

(b)1. Administration

a. This portion, Subpart b., of this regulation specifically applies to all providers of emergency medical services (EMS) as defined by the appropriate South Carolina Statute and/or Code of Regulations; and no part of this Subpart will be found to supersede such.
    a. Where a federal, state, or local standard establishes a higher level of protection than this standard; the higher regulation shall apply.
        i. South Carolina EMS licensure, clinical practice, medical direction, or South Carolina statutory requirements are not altered by this personnel safety regulation.
    b. The intent of this section would be the application to those organized persons or groups that are providers of any emergency medical services, which as part of their mission or charter may incorporate extrication, patient packaging, victim recovery and removal; in a jurisdictional boundary defined by local government policy or ordinance, or a contractual arrangement with the local authority having jurisdiction.
        i. Non-emergency medical transport agencies do not fall within the scope of this document.
        ii. Transport agencies utilizing helicopters do not fall within the application of this standard.
        iii. Licensed event medical personnel or contractors may fall under other sections of this or other regulations; but if they are not incorporated or organized, thus lone service providers as defined herein, they are not subject to this subpart.
b. SubPart b. applies to all licensed medical service providers whether volunteer, combination, and/or paid; and is applicable to public (municipal, tax districts, and county), private, and tribal entities.
    a. Exemptions to this subpart may include organizations or entities responding only on the property owned by that organization or entity, which may result in that organization responding only on that property to facility employees. The organization may then be, by operation, defaulted to subpart e. of this regulation.
c. The service shall develop and implement a written Emergency Response Plan (ERP) that provides protection for each of its responders who is designated to operate at an emergency incident.

d. The service shall ensure a community or facility vulnerability assessment within the primary response area where the emergency service(s) it provides is/are expected is performed.
    a. Assessments may be provided by the local governing authority or responsible entity.
    b. The assessment shall only incorporate items which would necessitate safety and planning components for the medical provider.
    c. The assessment is intended to be a functional document and should be updated given developments of significant community impact.
    d. The service shall evaluate the resources needed, including personnel and equipment, for mitigation of emergency incidents identified in the community or facility vulnerability assessment, and establish in the ERP the type(s) and level(s) of emergency service(s) it intends to perform.
        ii. The service shall provide to its local governing body or authority having jurisdiction that contracted for the EMS service, a formal presentation of this resource assessment and receipt of same shall be provided by the local governing body.
            A. This presentation shall identify shortcomings and vulnerabilities to the community.
            B. This presentation shall be repeated quinquennially.
                a. This presentation may be repeated as needed when significant community impact changes occur.
            C. The format or layout of this presentation is not dictated.

e. Employee Tiers
    i. Each service shall establish and designate each employee within a system of tiers based on responsibilities, qualifications, and capabilities for the type(s) and levels of service it intends to perform.
    ii. For emergency medical services, tiers may be, but not limited to: trainee, Emergency Medical Responder (EMR), Driver, Emergency Medical Technician (EMT), advanced EMT (AEMT), paramedic, nurse, physician, or support staff.

f. Mutual/Automatic Aid Programs
    i. The service, and or local entity, shall develop aid agreements or plans, with other WEREs, ESOs, or other entities, as necessary; to ensure adequate resources are available to safely mitigate incidents exceeding normal operating capacities.

g. The service shall ensure that each employee has access to the ERP at all times.

h. The service shall develop and implement a written comprehensive risk management plan (RMP) or Standard Operating Procedures or Guidelines (SOP/SOGs) based on the type and level of service(s) established in

Subpart b., that covers, at a minimum, risks to team members and responders associated with the following:

i. Activities at EMS facilities.
ii. Training.
iii. Vehicle operations
iv. Operations at emergency incidents.
v. Non-emergency services and activities.
vi. Activities that lead to exposure to combustion products, carcinogens, and other incident-related health hazards
vii. Unusual hazards such as downed power lines, natural gas or propane leaks, flammable liquid spills, and bomb threats.

i. The RMP or SOP/SOG shall include, at a minimum, the following components with respect to hazards faced by responders operating at incidents
    i. Identification of actual and reasonably anticipated hazards.
    ii. Evaluation of the likelihood of occurrence of a given hazard and the severity of its potential consequences.
    iii. Establishment of priorities for action based upon a particular hazard's severity and the likelihood of occurrence.
    iv. Risk control techniques for elimination or mitigation of potential hazards, and a plan for implementation of the most effective solutions.
    v. A plan for post-incident evaluation of effectiveness of risk control techniques such as hot washes and/or after-action reports for, at minimum; large scale, significant impact, or near miss incidents.
j. The RMP or SOP/SOG shall include, at a minimum, the following as it applies to potentially dangerous to life and health atmospheres:
    i. A personal protective equipment (PPE) hazard assessment that meets the requirements of 29 CFR 1910.132(d).
    ii. A respiratory protection program that meets the requirements of 29 CFR 1910.134.
    iii. An infection control program that identifies and limits or prevents the exposure of team members and responders to infectious and contagious diseases 29 CFR 1910.1030.
    iv. A bloodborne pathogens exposure control plan that meets the requirements of 29 CFR 1910.1030.
k. The RMP shall include a decision making process for extraordinary situations when a responder, after making a risk assessment determination based on the responder's training and experience, is permitted to attempt to provide service to a person in imminent peril,

potentially without benefit of, (for example), Personal Protective Equipment (PPE) or certain equipment.

l. The service shall review the RMP/SOP/SOG not less than every three years, and update it as needed.

(b)2. Operations

A. Operation of Motorized Vehicles

1. The service shall include in the SOP/SOG, in accordance with local and state law(s), a section(s) on the procedures for safely driving vehicles, both service owned and POV, during both non-emergency service related travel and emergency response, if applicable.

i. The SOP/SOG should contain at minimum: criteria for actions to be taken at stop signs and signal lights; permissible vehicle speeds; crossing intersections; driving on the opposite side of the road with oncoming traffic; use of cross-over/turnaround areas on divided highways; traversing railroad grade crossings; the use of emergency warning devices; encountering school buses, and the backing of vehicles.

ii. For backing vehicles with obstructed views to the rear, the SOP/SOG shall require use of at least one of the following: a spotter, a 360-degree walk-around of the vehicle by the operator, or a back-up camera.

iii. The responder operating the vehicle shall ensure the vehicle does not move until all responders in or on the vehicle are seated and secured with seat belts or vehicle safety harnesses and that the responders remained seated and secured any time that the vehicle is in motion. This does not apply to responders where restraints would prohibit actively performing necessary emergency medical care or accessing needed equipment.

iv. The service shall establish policies governing the alternate means for ensuring safety of responders or passengers, when the service determines it is not feasible for each person to be seated and belted such as funerals, parades, rescue operations, and for vehicles without seatbelts.

b. Incident Management

i. All emergency incident operations will be managed with the use of an Incident Management System (IMS).

c. Work Zones of Roadways

i. The precepts of Part 6 of the Manual of Uniform Traffic Control Devices (MUTCD) standard and/or the Traffic Incident Management Systems (TIMS) network program shall be recognized and implemented by all emergency medical services.

d. Personal Protective Equipment (PPE) Issuance and Use

i. The service shall provide at no cost to the responder, PPE based on the type and tier level of response for which the responder is likely to be exposed and suitable for the task and associated hazard.

a. The service may allow through local policy, the usage of personally owned PPE by the responder but that PPE must fully comply with the safety standards of all applicable regulations.

ii. PPE shall comply with safety and design regulations under general industry duty for safety as defined in 29 CFR 1910 Subpart I

iii. PPE shall be used at all times when a hazardous scene or atmosphere is expected or measured.

1. Discontinuation of PPE usage while on scene can only be approved through the IMS process and based on monitoring or risk assessment.

iv. If non-disposable PPE has been contaminated by potentially harmful products of combustion, hazardous materials, bloodborne pathogens, or other products deemed harmful to the wearer or the equipment; the non-disposable PPE shall be cleaned per manufacturers recommendation prior to placing the PPE back into service.

1. Practicality of call volume and pending emergency job tasks will prevail in the complete decontamination of the non-disposable PPE with an expectation of gross decontamination as soon as possible.

v. Procedures for the active use of PPE shall exist regarding the decontamination, interim cleaning practices and protocols, and processes to ensure safety until full decontamination can be completed.

e. Gross Decontamination

ii. After a responder completes a task or tasks in a hazardous environment, the IMS shall provide and the responder shall complete, gross decontamination at the scene, where feasible; to remove as much potentially harmful contaminants as possible prior to returning the gear or responder back in service.

iii. Gross decontamination of the working space within the emergency medical vehicle shall be done in accordance with the SOP/RMP as soon as possible to prevent additional or cross contamination.

(b) 3. Training

(1) Minimum training. The service shall:

(i) Establish the minimum knowledge and skills required for each team member and responder to participate safely in emergency operations, based on the type and level of service(s), and tiers of team members and responders.

(ii) Provide new hire training, ongoing training, refresher training, and tier specific professional development for each team member and responder commensurate with the safe performance of expected duties and functions based on the tiers of team members and responders and the type and level of service(s) required.

(iii) Restrict the activities of each new team member and responder during emergency operations until the team member or responder has demonstrated to a trainer/instructor, supervisor/team leader/officer, the skills and abilities to safely complete the tasks expected

(iv) Ensure each instructor/trainer has the documented knowledge, skills, and abilities to teach the subject matter being presented.

(v) Ensure training is provided at a level that responders understand through assessment verification, and that the training provides an opportunity for interactive questions and answers.

(vii) Train each responder about the safety and health policies established in the RMP and/or the Standard Operating Procedures/Guidelines (SOP/SOGs) established in Subpart b.

(viii) Provide each responder with training that covers the selection, use, limitations, maintenance, and retirement criteria for all PPE used by the responder based on the type and level of service(s), and tiers of responders.

(ix) Train each responder in the selection, proper use, and limitations of portable fire extinguishers provided for employee use in the service's facilities and vehicles, in accordance with 29 CFR 1910.157;

(x) Train each responder in the incident management system (IMS) established in this Subpart, in order to operate safely within the scope of the IMS based on their tier or classification of job function.

(xi) Ensure training for each responder engaged in emergency activities includes procedures for the safe exit and accountability of responders during orderly evacuations, rapid evacuations, equipment failure, or other dangerous situations and events.

(xii) Ensure each responder is trained to meet the requirements of 29 CFR 1910.120(q)(6)(i) (HAZWOPER), First Responder Awareness Level.

(xiii) Ensure each responder who is not further trained and authorized to enter specific hazardous locations (e.g., confined spaces, trenches, and moving water) is instructed in the recognition of such locations and their hazards and avoid entry.

2) Contents and Requirements for EMS training

b. All services will comply with training requirements in accordance with South Carolina Statute and Code of Regulations.

3) The service shall maintain and make available all training records for all personnel.

(b) 4. Prevention

a. Assessment of Physical Capability to Perform Job Function

(i) The EMS shall establish the minimum medical requirements for responders. The medical requirements may differ based on the tiers of team members and responders based on job duties and consultation with the Primary Licensed Healthcare Provider (PLHCP).

(ii) The EMS shall maintain a confidential record for each team member and responder that records, at a minimum, duty restrictions based on medical evaluations; occupational illnesses and injuries; and exposures to combustion products, known or suspected toxic products, contagious diseases, and dangerous substances.

a. Records shall be maintained in compliance with all applicable federal privacy standards.

(iii) The EMS shall ensure that medical records are maintained and made available in accordance with 29 CFR 1910.1020, Access to employee exposure and medical records.

(iv) The EMS shall establish a medical evaluation program for team members and responders based on the type and level of service(s), and tiers of team members and responders

(v) Prior to performing emergency response duties, each team member and responder shall be medically evaluated to determine fitness for duty by a physician or other primary licensed health care professional (PLHCP) and as directed by 29 CFR 1910.134.

(vi) The EMS must make medical evaluation required by this paragraph available at no cost to the team members and responders, and at a reasonable time and place, to each team member and responder;

(vii) All medical evaluations must include the following to detect any physical or medical condition(s) that could adversely affect the team member or responder's ability to safely perform the essential job functions:

(A) Medical and work history with emphasis on symptoms of cardiac and respiratory condition;

(B) Physical examination with emphasis on the cardiac, respiratory, and musculoskeletal disease and systems;

(C) Spirometry when respiratory protection (PPE) is utilized as directed by 29 CFR 1910.134 or when respiratory disease indicators are presented;

(D) An assessment of heart disease risk including blood pressure, lipid levels, and relevant heart disease risk factors;
(E) An exercise induced cardiac stress test when risk factors determined by the PLHCP are indicated.

i. Risk factors may be, but not limited to; age, job duties assigned/tiers, or risk factors determined by the medical/work history.

(viii) Additional screening may be provided as deemed appropriate by the PLHCP or the contractor providing services;
(ix) If any of the above items are found to indicate a medical condition that prohibits the responder from performing the essential job functions, they must be cleared by a PLHCP prior to return to work.
(x) The medical evaluation shall be repeated biennially (every two years) thereafter unless the PLHCP deems more frequent evaluations are necessary with the exception of spirometry which will be repeated when deemed appropriate by the PLHC.
(xi) The EMS shall establish protocols regarding the length of time that absence from duty due to injury or illness requires a team member or responder to have a return-to-duty medical evaluation by a PLHCP.
(xii) The EMS shall establish an implementation period of assessment of physical capability that will begin at the enactment of this regulation and not to exceed two years. This provision and allowance will end after two years from the date of adoption of this regulation.

b. Improving Physical Capability to Perform Job Function

i. The service shall establish and implement a fitness for duty program that enables responders to develop and maintain a level of physical fitness that allows them to safely perform their assigned functions, based on the type and level of service(s), and tiers of responders established in this subpart.

c. Behavioral Health Programs

i. The service shall provide, at no cost to the team member or responder, behavioral health and wellness resources for responders or identify where such resources are available at no cost in the community.

(ii) The resources shall include, at minimum:
(A) Diagnostic assessment;
(B) Short-term counseling;
(C) Crisis intervention; and
(D) Referral services for behavioral health and personal problems that could affect the team member or responder's performance of emergency response duties.

(iii) The service shall inform each team member and responder, on a regular and recurring basis, and following potentially traumatic events, of the resources available.
(iv) The service shall ensure that if there are any records of team member or responder use of these resources in possession of the service, the records are kept confidential.

d. Facility Safety

1. Each service facility complies with 29 CFR 1910 Subpart E – Exit Routes and Emergency Planning;
2. Provide facilities for the decontamination, disinfection, cleaning, and storage of PPE and equipment. If PPE is to be decontaminated off-site, the service must provide for bagging and storage of contaminated PPE while it is still at the service's facility;
3. All stations built, or renovated to more than 50% assessed value, after the date of the adoption of this regulation; shall comply with all current state and local building and fire codes.
4. All stations newly built or renovated, which may include a change of occupancy, which adds sleeping quarters after the date of the adoption of this regulation; shall comply with the following:
    a. Vehicle exhaust removal systems shall be built in for the vehicle storage compartment areas.
    b. Sleeping areas shall be free from worn or stored PPE and shall incorporate a decontamination zone for processing contaminated PPE.
    c. The entire building shall be protected by an automatic fire protection system in accordance with 29 CFR 1910.159.
    d. The service shall ensure interconnected hard-wired smoke alarms with battery back-up are installed inside each sleeping area, and outside in the immediate vicinity of each opening (door) to a sleeping area, and on all levels of the facility, including basements.
5. Ensure that contaminated PPE is not worn or stored in sleeping and living areas.

e. Apparatus and Equipment Maintenance

i. All vehicles and equipment used at emergency scenes shall be maintained per manufacturers guidelines.

ii. All vehicles and equipment used on an emergency scene found to not meet this requirement shall be immediately taken out of service until repaired or re-certified as operable and safe.
iii. Proof of testing and records of maintenance checks shall be maintained.

f. Post Incident Evaluation
    i. After incidents of a large scale or significant impact, or near miss; a debrief, Hot Wash, will occur and be conducted by the IC or their designee at a compatible location and as soon as possible.
        1. All reasonably available responders on the scene shall participate.
            a. The Hot Wash may occur at a neutral location due to staffing, staging, or the sensitive nature of the call; and at the soonest reasonable time if an on-scene hot wash is not possible.
        2. The definition of significance which would trigger the use of this Hot Wash, is determined by the service and based on numerous local issues and the impact to the service and personnel and may differ from other services.
    ii. After incidents of a large scale or significant impact, or near miss; a formal post incident analysis (PIA) shall be conducted.
        1. The PIA shall be conducted as soon as possible after the incident and with time to notify all involved agencies.
        2. The PIA shall be open to all agencies which responded to the emergency.
        3. The PIA shall cover at minimum: the pre-incident plan (PIP)- if one exists, the incident action plan (IAP), the timeline of the event, SOP's applicable or impacted, lessons learned, changes needed, and recommendation(s) for implementation of those changes.
        4. The PIA shall result in a report produced by the service to include recommendations of improvement and disseminated to all associated agencies.
        5. The definition of significance which would trigger the use of this PIA, is determined by the service and based on numerous local issues and the impact to the service and personnel and may differ from other services.
    iii. The Hotwash or PIA may be incorporated into industry best practices such as Quality Assurance / Quality Improvement reviews or patient care evaluation processes.

g. Sleep Deprivation

ii. The Service shall establish policy, in the Service's RMP/SOP, to address the risk in decision-making, mental acuity, and cognitive function decline; due to the lack of sleep of employees.
    1. The RMP/SOP shall describe the risk to employees and the public and shall evaluate and direct the Service's policy to deal with sleep deprivation based on but not limited to: secondary employment (if applicable), length of active duty shifts, call backs or mandatory overtime, and designated down(sleep) time allotment while on duty.
    2. Sleep time management policies in the RMP should be developed in conjunction with the Service's PLHCP and based on national trends and scientific evidence.
    3. Down Time/Sleep time shall be documented.

<u>SubPart c. Special Operations Units</u>

(c)1. Administration

a. Scope of Application of Subpart c.

i. The application of subpart c is for Special Operations Units (SOU) organized for operations beyond the normal ESO, EMS, LE, or WERT duties and must be clearly defined in a mission or organizational statement showing specifics as to operational intent for the unit.

ii. If the unit is stand alone, chartered, or a local or state government organized team(s) with statutory reference; then administration, operations, and prevention sections shall apply as an ESO from subpart a. of this regulation.

    a. The tiers and training section may differ and must be delineated.

iv. If the individual members of the unit are derived from differing agencies or industries and the special operations unit is activated and comprised during and for a specific emergency(or emergencies); then subpart c. will apply to the activity/organization/risk reduction of the unit, and all other safety and risk reduction requirements for the individual will be met in subpart a.; b.; d.; or e. -depending on the employer of the individual unit member.

v. The intent of Subpart c. is to specify the requirements of special operations unit members which respond to calls for service that fall clearly beyond the scope of normal ESO, EMS, LE, or WERE operations such as but not limited to: helicopter rescue, swift water rescue, urban search and rescue operations, high angle rescue, wildland search operations, and/or rope rescue.

1. The application of subpart c. to units which respond to hazardous materials or confined space operations does not supersede or replace other applicable OSHA regulations.

vi. If the operating procedures of the unit have plans for the capability to operate in an IDLH atmosphere derived from firefighting activities, subpart a. will then be applied to the unit.

b. Emergency Response Plan
   i. The SOU shall develop and implement a written ERP that provides protection for each of its team members who is designated to provide services at an emergency incident.
   ii. The ERP shall reference applicable ERP/SOP's from the ESO/WERE/EMS/LE community from which each team member derives to ensure compliance and coverage of all applicable safety regulations.
   iii. The ERP will establish and reference governing or originating documents that establish the existence of the SOU.
   iv. The ERP will identify the scope and limitations of the response of the SOU.
      1. Staffing, Operations, and Training shall be dictated by the stated scope and limitations, and clearly defined.
   v. The ERP will identify SOU member tiers and the responsibilities, qualifications, and capabilities for each tier.
      1. Tiers and typing should be determined and organized around the FEMA Resource Typing Library Tool (RTLT) or an equivalent.
   vi. The ERP will be made available to all participating ESO/EMS/LE/WERE locations from where the SOU team member derives.
   vii. The ERP will be made available to all team members.
   viii. SOU team members will be notified of any changes to the ERP.

c. Risk Management Plan
   i. The SOU will maintain a risk management plan (RMP).
   ii. The RMP may be a component(s) of the ERP.
   iii. The RMP will cover at least:
      1. Activities at SOU facilities
      2. Training
      3. Vehicle Operations
      4. Operations at emergency incident
      5. Non-Emergency services as applicable
      6. Activities that may lead to the exposure to combustion products carcinogens and other related incident health hazards
      7. Identification of reasonably anticipated hazards and their given likelihood

8. Risk control techniques
9. Methodology for implementation of incident action plans (IAPs) based on the most effective solutions
10. Inclusion of other related OSHA regulations pertaining to the discipline being utilized.

d. The ERP, SOP, or RMP shall include a policy for extraordinary situations when a team member(s), after making a risk assessment determination based on the team members training and experience, is permitted to attempt to rescue a person in imminent peril, potentially without the benefit of, for example, PPE or equipment.

e. The ERP/SOP/RMP will be updated and reviewed as needed or at minimum every three years.

f. The SOU shall evaluate the resources needed, including personnel and equipment, for mitigation of emergency incidents identified in the organizing mission statement developed by the participating agencies, and establish in the ERP the type(s) and level(s) of emergency service(s) it intends to perform.

i. The SOU shall provide to its governing body, a formal presentation of this resource assessment and receipt of same shall be provided by the local governing body.

D. This presentation shall identify shortcomings and vulnerabilities to the community/service area.
E. This presentation shall be repeated quinquennially.
F. The format or layout of this presentation is not dictated.

g. Pre-Incident Plans (PIP)

i. By virtue of the mobile and specialized nature of the SOU, PIPs may be less site specific and more function specific.

1. Routine or expected SOU mission functions should have in place in the EPR, PIP templates/formats that can be easily adapted to the emergency scenario encountered
2. SOU Pips may differ in content that those prescribed in subpart a., but must contain job specific expectations and standard protocols of operations.
3. Examples of SOU PIPs may be but not limited to: helicopter rescues, confined space rescues, trench rescues, water recues, hazardous material responses, etc.
4. The SOU shall ensure that all team members are trained in the contents and use of the PIPs.

(c)2. Operations

a. Operation of Motorized Vehicles

1. The SOU shall include in the SOP, in accordance with local and state law, a section(s) on the procedures for safely driving all motorized vehicles, both SOU owned and POV, during both non-emergency SOU related travel and emergency response.

i. The SOP should contain at minimum: criteria for actions to be taken at stop signs and signal lights; permissible vehicle speeds; crossing intersections; driving on the opposite side of the road with oncoming traffic; use of cross-over/turnaround areas on divided highways; traversing railroad grade crossings; the use of emergency warning devices; and the backing of vehicles.

ii. For backing vehicles with obstructed views to the rear, the SOP shall require use of at least one of the following: a spotter, a 360-degree walk-around of the vehicle by the operator, or a back-up camera.

iii. The responder operating the motorized vehicle shall ensure the vehicle does not move until all responders in or on the vehicle are seated and secured with seat belts or vehicle safety harnesses and that the responders remained seated and secured any time that the vehicle is in motion including donning and doffing PPE. This does not apply to responders actively performing necessary emergency medical care.

iv. The SOU shall establish policies governing the alternate means for ensuring safety of responders or passengers, when the SOU determines it is not feasible for each person to be seated and belted such as funerals, parades, rescue operations, and for vehicles without seatbelts.

v. The SOU shall include a policy on the operation of POV while being used for SOU functions to include emergency response, if applicable.

b. PreIncident Plans (PIP) usage

i. The SOU shall ensure that the most recent version of the PIPs is disseminated and accessible as needed by responders operating at emergency incidents.

ii. This may be in the form of hard copies or electronic versions.

iii. The Incident Commander (IC) or unit manager should consider the content of the PIP in the developing of the Incident Action Plan (IAP).

c. Incident Management

i. All emergency incident operations will be managed with the use of an Incident Management System (IMS).

ii. All incidents will utilize a method of personnel accountability when direct line of sight contact cannot be achieved.

iv. At minimum this system shall establish a process for maintaining personnel accountability, expanding as required or needed, tracking location(s) and function, and coordinating evacuation of all team members operating at an incident that includes: periodic accountability checks and reports; procedures for orderly evacuation of team members; and procedures for rapid evacuation of team members from escalating situations, such as rapid growth of fire, impending collapse, impending explosion; in

the event of PPE or equipment failure; and acts of active violence against team members.

iv. The SOU's IMS shall coordinate with other requesting or on scene organizations.

d. Safety Zones of Operation

1.Work Zones on General Emergency Incidents

a. The IC shall establish work zones on emergency scenes where access should be limited due to site specific hazards, unusual perimeters, or risk limiting access control zones.

b. The zones shall be identified as: no-entry, hot, warm, cold; and shall be conspicuously noted and communicated to responders on the scene.

c. Hot zones are considered an IDLH atmosphere and shall require the appropriate PPE for all responders.

d. The PPE required for warm zones shall vary but be communicated to all personnel on the scene.

2. Work Zones of Roadways

a. The precepts of Part 6 of the Manual of Uniform Traffic Control Devices (MUTCD) standard and/or the Traffic Incident Management Systems (TIMS) network program, or equivalent, shall implemented by all SOU's.

e. Staffing

a. Staffing

iii. Rapid Intervention Teams (RIT)/Safety Back Up Teams

A. The RIT/Safety is designed as a backup or extra safety team for differing on scene operations.

B. When a hot zone is established by the IC, a RIT/Safety team must be designated.

C. No one shall be permitted to serve as a member of the RIT/Safety team when the other activities in which the team member is engaged inhibit the team member's ability to assist in or perform rescue or are of such importance that they cannot be abandoned without placing other team in danger.

D. Levels of danger and typing of the incident will dictate number of RIT/Safety team members.

iv. Minimum Staffing

A. Minimum staffing requirements needed to ensure incidents are mitigated safely and effectively shall be provided or on-scene job duties and functions shall be limited to match the staffing resources.

B. Minimum staffing may be achieved through call in staff, mutual aid, or SC Firefighter Mobilization but initiated by the IC upon scene size up and strategical determinations.

C. Per section 1.d. of this subpart, extraordinary situations may exist when a team member, after making a risk assessment determination based on the responder's training and experience, is permitted to attempt to rescue a person in imminent peril, potentially without benefit of, (for example), Personal Protective Equipment (PPE), Rapid Intervention Teams (RITs) or certain equipment.

f. Rehabilitation

The SOU shall establish a systematic approach to provide responders with medical monitoring and rehabilitation at emergency incidents as needed, such as adequate work/rest cycles, medical treatment, rehydration (fluid replacement), active warming or cooling, and protection from extreme elements.

1. The Rehab protocol should be identified as part of the RMP/SOP.
2. If mutual aid is required to meet the rehab requirements, proof of familiarization and training on the RMP/SOP with the mutual aid group shall be conducted and documented.

g. MayDay Orders

1.All SOUs shall establish procedures for Mayday situations, such as when a team member becomes lost, trapped, injured, or ill, including the use of the radio's emergency alert buttons and implementation of a rapid intervention team (RIT) for immediate deployment to search and rescue any missing, disoriented, injured, ill, lost, unaccounted-for, or trapped responders.

2.The SOP shall specify the minimum number of team members needed for the RIT, based on the size and complexity of potential incidents; and a standard list of equipment to be assembled by the RIT for foreseeable incidents.

3.Mutual Aid departments and supplied RIT shall be trained and familiar with the SOU's MayDay order system and the training shall be documented.

h. Evacuation Orders and Signals

1.All SOUs shall incorporate into the ERP, SOP's, and Training Modules; the use of standard methodology for notification of the necessity to evacuate any identified zone of work.

a. This should incorporate radio traffic, air horn usage, direct contact, and any other forms deemed necessary.

i. Medical Monitoring

1. A baseline, or predeployment, assessment and assessment during the incident shall occur to ensure team member safety during strenuous physical activity.

2. Assessment shall be conducted by trained medical professionals equipped to determine physical readiness and capability.
3. Items being evaluated should be determined in conjunction with the SOU's PLHCP.

(c)3. Training

a. The SOU shall establish the minimum knowledge, skills, and ability (KSA) required for each tier or job function of membership.

b. The SOU will ensure provision of initial training, ongoing training, and refresher training for each team member.

i. Activities of each new team member will be restricted until the team member has demonstrated to a trainer/instructor/supervisor/team leader, the KSA's necessary to complete the tasks associated with the tier or job function.

c. Training shall cover at minimum:

1. Access to and knowledge of the SRP/RMP/SOP
2. Selection and use of required PPE
3. Appropriate components of an IMS based on the tier of the team member
4. Specific training as appropriate to the team member for specific hazardous locations (for example Confined spaces, trenches, moving water, rope rescue, helicopter rescue) in which the member is expected to perform job functions
5. CPR / First Aid or per SOU policy and tier requirements.

d. Training shall include compliance with any OSHA regulation which may pertain to the job function of the team member such as but not limited to: the necessitated use of SCBA, Operations in an IDLH environment, provision of emergency medical treatment, or participation in a safety (RIT) team.

e. Training shall be compatible with, and as appropriate comply with, FEMA Resource Typing Library Tool (RTLT) or equivalent.

f. Driver/Apparatus Operator training shall be provided to all team members which, within their job function, are expected to operate each type of mobile equipment.

i. The wide range of potential mobile equipment will potentially dictate compliance with other OSHA regulations, such as but not limited to; fork lift operation.

g. Additional training shall be provided for each team member who is a manager/supervisor/crew leader on the necessary leadership, decision making, or safety skills as appropriate for the job function and the training must be based on a recognized standard or standard of care.

h. All training shall be documented and records of the training retained by the SOU.

i. Refresher Training shall be conducted by national consensus standard or other OSHA regulations.

(c)4. Prevention

a. Assessment of Physical Capability to Preform Job Function

1. In conjunction with the ESO/EMS/LE/WERE from which the SOU team members derive, minimum medical requirements shall be established for team members and responders, based on the tier of service.

i. If, due to the nature of the duties performed by the SOU team member which are above and beyond those of the derivative agency; additional medical requirements will need to be established.

2. Unless otherwise stated in the ERP, the medical requirements for SOU participation shall be assumed to be the responsibility of the deriving members' agency (ESO, EMS, LE, WERE).

i. Medical records, in this event, will be maintained by the agency providing the medical assessment for the requirements.

3. Medical evaluations, tests, and analysis required to comply with the section shall be provided at no cost to the SOU team member.

4. Before the employee is placed on initial active duty, performing emergency response duties; each SOU member will be medically evaluated in accordance with the SOU's ERP/SOP/RMP.

5. Components of the medical evaluation shall be determined by the ERP/SOP/RMP and or based on the team members derivative agency and the appropriate subpart of this regulation.

i. Additional medical requirements should be derived by a Primary Licensed Healthcare Professional (PLHCP) in conjunction with the SOU team participating agencies.

6. The SOU shall maintain proof of a current medical evaluation of each team member.

i. Frequency of the medical evaluation shall be based on the appropriate subpart of this regulation or at minimum every two years.

ii. The SOU shall establish protocols regarding the length of time that absence from SOU participation due to injury, illness, active team participation; shall require a return to duty medical evaluation.

b. Behavioral Health and Wellness

1. In conjunction with the ESO/EMS/LE/WERE from which the SOU team members derive, behavioral health programs shall be established for team members and responders.

i. If, due to the nature of the duties performed by the SOU team member which are above and beyond those of the derivative agency or the absence of provision of appropriate behavioral health and wellness programs; the SOU shall establish a program and provide services as outlined in Subpart a. a (a) iii .

c. Improving Physical Capability to Perform Job Function

a. The SOU shall establish and implement a fitness for duty program that enables responders to develop and maintain a level of physical fitness that allows them to safely perform their assigned

functions, based on the type and level of service(s), and tiers of responders established in this subpart.

d. Fixed Facilities Owned/Operated by the SOU
    1. If the SOU operates out of a fixed facility; then all facility requirements as outlined in subpart a. 4. D. (Station Design) shall apply.

e. Equipment Maintenance
    1. All equipment (rolling stock, PPE, and tools) operated by the SOU shall be tested and maintained according to manufacturer's recommendations.
    2. Records of all maintenance shall be maintained by the SOU.
    3. Any equipment found deficient through inspection of after use, shall be removed from service until repaired per manufacturer's recommendation or repaired by a certified technician.

f. Personal Protective Equipment (PPE)
    a. The SOU shall provide all necessary PPE and equipment at no cost to the team member.
    b. The SOU shall establish within the ERP/SOP applicable standards addressing PPE typing, issuance, recognition and requirements of when to use the PPE, usage of personally owned gear, frequency of inspection, and maintenance and cleaning to manufacturers specifications.
    c. The SOU will remove from service any defective or damaged PPE ensembles.

g. Decontamination of Equipment and Gear
    1. The SOU shall institute a process of on-scene, or as soon as possible; gross decontamination, and cleaning/maintenance of all PPE and tools used by team members.

h. Post Incident Evaluation
    i. After incidents of a large scale or significant impact, or near miss; a debrief, Hot Wash, will occur and be conducted by the IC or their designee at a compatible location and as soon as possible.
        1. All reasonably available team members on the scene shall participate.
            a. The Hot Wash may occur at a neutral location due to staffing, staging, or the sensitive nature of the call; and at the soonest reasonable time if an on-scene hot wash is not possible.
        2. The definition of significance which would trigger the use of this Hot Wash, is determined by the SOU and based on numerous local issues and the impact to the SOU and personnel and may differ from other subparts of this regulation.

ii. After incidents of a large scale or significant impact, or near miss; a formal post incident analysis (PIA) shall be conducted.
    1. The PIA shall be conducted as soon as possible after the incident and with time to notify all involved agencies.
    2. The PIA shall be open to all agencies which responded to the emergency.
    3. The PIA shall cover at minimum: the pre-incident plan (PIP)- if one exists, the incident action plan (IAP), the timeline of the event, SOP's applicable or impacted, lessons learned, changes needed, and recommendation(s) for implementation of those changes.
    4. The PIA shall result in a report produced by the SOU to include recommendations of improvement and disseminated to all associated agencies.
    5. The definition of significance which would trigger the use of this PIA, is determined by the SOU and based on numerous local issues and the impact to the service and personnel and may differ from other subparts of this regulation.

SubPart d. Law Enforcement

1. Administration

a. This regulation does not apply to any regularly organized and duly recognized law enforcement agency (LEA) or emergency service organization (ESO), as recognized and defined in the South Carolina Code of Laws Title 23, that is performing duties solely engaged in law enforcement or crime prevention activities.

i. Law enforcement officers are exempt from 1910.156 mandates while doing traditional police (e.g. traffic control, investigations, or establishing an emergency perimeter).

ii. Dual-Role Officers (Public Safety Officers) – If a South Carolina municipality employs "Public Safety Officers" who cross over to participate in firefighting activities or supplement emergency medical staff, those individuals must comply with 1910.156 – but only for the duration of those specific rescue or fire duties.

b. If the LEA or ESO has a specific division or a dedicated internal team, or and individual(s) trained to provide fire suppression and investigation, hazardous materials response, technical rescue, or specialized medical response in an IDLH atmosphere created by a chemical, biological, radiological, explosive, nuclear, or fire incident; then this regulation applies.

i. LEAs or ESOs considered or defined as Public Safety agencies (those having full time organized fire suppression components within the organization) will revert to subpart a. Fire Service, of this regulation, for compliance requirements.

ii. The LEA or ESO must determine the applicability of this regulation to individuals or units such as arson investigators based on the exposure potential to the employee to products of combustion during performance of duty activities.

c. The LEA or ESO shall develop and implement a written Emergency Response Plan (ERP) that provides protection for each of its responders who are designated to operate at an emergency incident.

d. The LEA OR ESO shall conduct threat assessments for vulnerable targets within their jurisdiction. The LEA shall work with local ESOs to develop clearly defined roles in the event of an emergency.

e. In the ERP, the LEA shall establish tiers of responders based on responsibilities, qualifications and capabilities for the type(s) and level(s) of service it intends to perform.

i. The Authority Having Jurisdiction (AHJ) will maintain detailed SOPs for all specialized teams under their employ based on the tiers.

ii. All officers who are anticipated to operate in an IDLH environment shall be equipped and trained for potential exposures based on the tiers.

g. The LEA shall ensure that each employee has access to the SOPs at all times.

h. The LEA shall develop and implement written comprehensive Standard Operating Procedures (SOPs), based on the type and level of service(s) established in this section, that covers, at a minimum, risks to responders associated with the following:

A. Training.

B. Operations at emergency incidents.

C. Activities that lead to exposure to combustion products, carcinogens, and other incident-related health hazards.

A. Unusual hazards such as downed power lines, natural gas or propane leaks, flammable liquid spills, and explosives threats.

i. The SOP shall include, at a minimum, the following components with respect to hazards faced by responders operating at incidents

A. Identification of actual and reasonably anticipated hazards.

B. Evaluation of the likelihood of occurrence of a given hazard and the severity of its potential consequences.

C. Establishment of priorities for action based upon a particular hazard's severity and the likelihood of occurrence.
D. Risk control techniques for elimination or mitigation of potential hazards, and a plan for implementation of the most effective solutions.
E. A plan for post-incident evaluation of effectiveness of risk control techniques such as hot washes and/or after-action reports.
F. A personal protective equipment (PPE) hazard assessment that meets the requirements of 29 CFR 1910.132(d).
G. A respiratory protection program that meets the requirements of 29 CFR 1910.134.
H. An infection control program that identifies and limits or prevents the exposure of team members and responders to infectious and contagious diseases; and
I. A bloodborne pathogens exposure control plan that meets the requirements of 29 CFR 1910.130.

2. Operations

a. Incident Management
    1.All emergency incident operations will be managed with the use of an Incident Management System (IMS).
b. Safety Zones of Operation
    1.Work Zones on General Emergency Incidents
        i.The IC or Unified Command Structure shall establish work zones on emergency scenes where access should be limited due to site specific hazards, unusual perimeters, or risk limiting access control zones.
        ii.The zones shall be identified as: no-entry, hot, warm, cold; and shall be conspicuously noted and communicated to responders on the scene.
            1.The interior and immediate exterior of structural fires would be presumed hot zones in all incidents.
        iii.Hot zones are considered an IDLH atmosphere and shall require the appropriate PPE for all responders.
        iv.The PPE required for warm zones shall vary but be communicated to all personnel on the scene.
    2.Work Zones of Roadways
        i. The precepts of Part 6 of the Manual of Uniform Traffic Control Devices (MUTCD) standard and/or the Traffic Incident Management Systems (TIMS) network program shall be recognized and implemented by all applicable LEAs of this subpart.
c. Personal Protective Equipment (PPE) Issuance and Use
        i. The LEA shall provide at no cost to the responder, PPE based on the type and tier level of response for which the responder

is likely to be exposed and suitable for the task and associated hazard.

1. At no time shall a responder use personally owned PPE.

ii. PPE shall comply with safety and design regulations under general industry duty for safety as defined in 29 CFR 1910 Subpart I

iii. PPE shall be used at all times when an IDLH atmosphere is expected or measured.

1. Air Purifying respirators cannot be used in an IDLH atmosphere.
2. Discontinuation of PPE usage while on scene can only be approved through the IMS process and based on monitoring or risk assessment.

iv. If PPE has been contaminated by potentially harmful products of combustion, hazardous materials, bloodborne pathogens, or other products deemed harmful to the wearer or the equipment; the PPE shall be cleaned per manufacturers recommendation prior to placing the PPE back into service.

1. Practicality of call volume and pending emergency job tasks will prevail in the complete decontamination of the PPE with an expectation of gross decontamination as soon as possible.

b. Gross Decontamination

i. After a responder completes a task or tasks in an IDLH environment, the IMS shall provide and the responder shall complete, gross decontamination at the scene, where feasible; to remove as much potentially harmful contaminants as possible prior to returning the gear or responder back in service.

n. Rehabilitation

The LEA shall establish a systematic approach to provide responders with medical monitoring and rehabilitation at emergency incidents as needed, such as adequate work/rest cycles, medical treatment, rehydration (fluid replacement), active warming or cooling, and protection from extreme elements.

1. The Rehab protocol should be identified as part of the SOP.

3. Training

a. All persons on the emergency scene shall be trained in the duties which they are expected to perform.

ii. All training shall be documented and readily available for presentation upon request.

b. All training shall be at the direction of and provided per the South Carolina Code of Laws Title 23 Chapter 23 and the Law Enforcement Training Council (LETC).

c. Training not provided by, or outside the scope of the LETC, will be provided through an accredited institution or equivalent and based on NFPA standards.

d. Refresher Training shall be based on the job duty for each position of responder, the department shall outline in writing, annual training requirements and document their outcomes.

b. Annual Refresher training for all personnel should at minimum cover: 1910.1200, Incident Management Systems, 1910.1030, 1910.134, and maintain current CPR/First Aid requirements.

4. Prevention

a.Personal Health and Wellness

iii. Assessment of Physical Capability to Perform Job Function

1. The LEA or ESO shall establish the minimum medical requirements for responders, based on the type and level of service(s) established in the administrative section of subpart d. and developed in consultation or under advisement of a Primary Licensed HealthCare Physician (PLHCP).
    a. The medical requirements may differ based on the tiers of responders in accordance with tiers or job duties as performed.
2. The LEA or ESO shall maintain a confidential record for each responder that records at a minimum: duty restrictions based on medical evaluations; occupational illnesses and injuries; exposures to combustion products through incident reports, known or suspected exposure to other toxic products, contagious diseases, and dangerous substances encountered on an emergency response scene.
3. The LEA or ESO shall ensure that medical records are maintained and made available to the responder in accordance with 29 CFR 1910.1020, Access to Employee Exposure and Medical records.
4. Medical evaluations, tests, and laboratory analysis required to comply with this section shall be provided at no cost to responders and, if applicable; without loss of pay.
5. Prior to performing emergency response duties, each responder shall be evaluated to determine fitness for duty by policy established by the LEA and each responder shall also be evaluated in accordance with this section prior to placement in a job performance duty role for that tier.
6. All medical evaluations must include as a minimum the following to detect any physical or medical condition(s) that could adversely affect the team member or responder's ability to safely perform the essential job functions:

(A) Medical and work history with emphasis on symptoms of cardiac and respiratory illness or defect,
(B) Physical examination with emphasis on the cardiac, respiratory, and musculoskeletal systems;
(C) Spirometry;
(D) An assessment of heart disease risk including blood pressure, cholesterol levels, and relevant heart disease risk factors; and
(E) A full blood panel evaluation as defined by the LEA and the Primary Licensed Healthcare Professional (PLHCP);
(F) An exercise induced cardiac stress test.

7. This regulation recognizes the value in comparably recognized physicals such as those recommended by the National Fire Protection Association in the 1580 standard, Chapters 9 through 13, but does not require its adoption; yet would recommend providing the NFPA1580 standard to the Primary Licensed Healthcare Professional (PLHCP) utilized by the LEA; as a reference or benchmark and possible incorporation and application to higher risk tiers of employees.
8. Additional screening shall be provided as deemed appropriate by the PLHCP or contractor providing health screening services at no cost to the employee.
9. The medical evaluation and fitness for duty shall be repeated bi-annually thereafter unless the PLHCP deems more frequent evaluations are necessary; and
10. The LEA or ESO shall establish protocols regarding the length of time that absence from duty due to injury or illness requires a responder to have a return-to-duty medical evaluation by a PLHCP.

ii. Cancer Prevention and Detection

For LEAs whose responders are exposed to combustion products, medical surveillance shall include a component based on the frequency and intensity of expected exposure to combustion products established in accordance with the risk management plan in the administrative section of subpart d. and determined by the LEA's PLHCP.

b. The LEA or ESO shall provide a systematic approach to protection of responders from contaminants, and for decontamination of responders, PPE, and equipment, including at a minimum:

(A) Proper techniques for doffing (removing) contaminated PPE;
(B) On-scene gross decontamination, and decontamination at the LEA's facility, of PPE, equipment, and team members and responders;

(C) Encouraging responders to shower with soap and water, as soon as reasonably practicable, and change into clean clothing; and

(D) Protecting team members and responders from contaminated PPE after an incident.

c. Personal Protective Equipment (PPE) Maintenance

i. All PPE shall be inspected by the LEA at least annually, and documentation of the inspection shall be maintained.

a. Any PPE found deficient in safety or condition shall be tagged and removed from service until repair according to manufacturers' recommendation is achieved.

e. Post Incident Evaluation

i. At scenes of a large scale, significant impact, or near miss; an on scene debrief, Hot Wash, will occur and be conducted by the IC or their designee.

1. All reasonably available responders on the scene shall participate.

a. The Hot Wash may occur at a neutral location due to staffing, staging, or the sensitive nature of the call; and at the soonest reasonable time if an on-scene hot wash is not possible.

2. The definition of significance which would trigger the use of this Hot Wash, is determined by the LEA or AHJ and based on numerous local issues and the impact to the LEA and personnel and may differ from other LEAs.

ii. After a large scale, significant impact, or near miss incident; a formal post incident analysis (PIA) shall be conducted.

1. The PIA shall be conducted as soon as possible after the incident and with time to notify all involved agencies.

2. The PIA shall be open to all agencies which responded to the emergency.

3. The PIA shall cover at minimum: the PIP- if one exists, the IAP, the timeline of the event, SOP's applicable or impacted, lessons learned, changes needed, and recommendation(s) for implementation of those changes.

4. The PIA shall result in a report produced by the LEA to include recommendations of improvement and disseminated to all associated agencies.

5. The definition of significance which would trigger the use of this PIA, is determined by the LEA or AHJ and based on numerous local issues and the impact to personnel and may differ from other LEAs.

SubPart e. Workplace Emergency Response Employer (WERE)

(e)1. Administration

a. Employers that have 1) a workplace emergency response team on which employees on the team, as a collateral duty to their regular daily work assignments, respond to emergency incidents; or 2) a dedicated site specific non-public emergency response team, whether contractual or through an employee/employer relation -to provide service such as organized firefighting, emergency medical service, technical search or rescue, or hazardous materials release mitigation- teams; shall comply with subpart e. of this regulation.
    i. Subpart e. shall not pertain to teams at, or members of, places of worship.
b. The emergency response team within the facility shall be referred to in this document as a Workplace Emergency Response Team (WERT).
c. The WERE shall develop and implement a written ERP that provides protection for each of its employees (team members) who are designated to provide services at an emergency incident.
d. In the ERP, the WERE shall establish the existence of a WERT; describe the basic organizational structure; the type, amount, frequency of training to be provided, as described in the Training section below; the expected number of members of the WERT; and describe how the WERT is expected to address items found in a facility hazard assessment. The ERP must include an up-to-date copy of all written plans and procedures, except for PreIncident Plans (PIPs), required by this section.
e. The WERE shall conduct a facility hazard assessment for the purpose of establishing its emergency response capabilities and determining its ability to match the facility's hazards with available resources. The assessment required by this section shall identify structures, facilities, other locations, and areas and equipment which may be abandoned in place; where PIPs are needed.
f. The WERE shall specify the resources needed, including personnel and equipment, for mitigation of emergency incidents identified in the facility hazard assessment.
g. The WERE shall establish, and document in the ERP, the type(s) and level(s) of emergency service(s) that it intends for the WERT to perform.
h. The WERE shall establish, and document in the ERP, tiers of team members based on responsibilities, qualifications, and capabilities for the type(s) and level(s) of service it intends to perform. Examples of tiers include, but are not limited to:
    i. For firefighting types of operations, tiers such as: trainee, incipient stage, advanced exterior, interior structural, both advanced exterior and interior firefighter, and/or support {skilled support worker (SSW)}.
    ii. For technical search and rescue types of operations, tiers such as: trainee, awareness, operation, technician, support.
    iii. For emergency medical types of services, tiers such as: trainee, Adult CPR/AED First Aid, Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), advanced EMT (EMT-A), paramedic, nurse, physician, support.
    iv. For hazardous materials response, the WERE is to refer to 29CFR1910.120 for WERT classifications.

i. The WERE shall periodically contact the local ESO to coordinate emergency response resources.
j. The WERE shall notify team members of any changes to the ERP and make the ERP available for inspection by team members and OSHA representatives.
k. The WERE shall incorporate into the ERP, opportunities for WERT involvement to foster safe workplace operations to include ERP reviews and updates, review of injuries and near misses to ensure adequacy of the ERP, workplace process changes, and posting of safety processes for WERT.
l. The WERE shall develop, incorporate into the ERP, and implement a written risk management plan (RMP) based on the services required as identified in the ERP. The RMP shall, at minimum cover risks to the WERT associated with: 1) regular WERT activities; 2) Training; 3) Emergency Vehicle Operation (if any); 4) Operations at emergency incidents; 5) A communications plan with team members and ESO/WERT responders and 6) Exposure related activities such as (but not limited to) fires, carcinogens, other health hazards.
    a. Training related topics on the RMP are found in section 3 of subpart e.
    b. The RMP shall coordinate with other OSHA regulations such as, but not limited to 29CFR1910.120, 29CFR1910.132, 29CFR1910.134,29CFR1910.1030 and other standards as they relate to needs found in the WERE's hazard assessment.
    c. THE RMP shall be reviewed no less than every three years and updated as needed.
m. The ERP and the RMP shall clearly outline a decision making process for extraordinary situations when a team member, after making a risk assessment determination based on the team members training and experience, is permitted to attempt to rescue a person in eminent peril, potentially without the benefit of other preestablished safety requirements.
n. The WERE should involve any effected mutual aid providers, ESO's or other WERT's; in the review of post incident critiques, investigations or alterations made to the ERP.
o. The WERE shall develop a Pre-incident Plan (PIP) for all locations, processes, or items identified in the hazard assessment and for which is expected and provided by the WERT.
    a. The PIP shall serve as a pre-incident, projected methodology of planning and training for emergency response remediation. Additionally, the PIP will serve as the incident guide for response.
    b. The PIP shall contain at minimum:
        i. Locations of hazards such as chemical use and storage, permit required confined spaces, and hazardous processes.
        ii. Location of fire suppression systems, hose cabinets/reels, or any potential related equipment particular to the assessed hazard.
        iii. The overall and prioritized incident actions should the assessed emergency occur.
        iv. Key ESO's and facility staff that shall be notified and engaged in response activities.

c. The PIP shall be available to the off-site resource(s) upon arrival to an emergency response incident.

(e)2. Operations

A. Operation of WERE Emergency Response Vehicles

1. The WERE shall include in the ERP/SOP, a section(s) on the procedures for safely driving facility owned emergency response vehicles during emergency response, backing of the vehicle, and training activities.

i. The SOP should contain at minimum, based on assigned tier and job function: criteria for actions to be taken at stop signs and signal lights; permissible vehicle speeds; crossing intersections; driving on the opposite side of the road with oncoming traffic; traversing railroad grade crossings; the use of emergency warning devices; use of seatbelts, and the backing of vehicles- per state law.

ii. The WERE shall establish policies governing the alternate means for ensuring safety of team members or passengers, when the WERE determines it is not feasible for each person to be seated and belted such as hose loading, rescue operations, and for vehicles without seatbelts.

iii. The WERE shall include a policy on the operation of a privately owned vehicle (POV) while being used for WERE functions to include emergency response, if applicable.

b. Incident Management

i. All emergency incident operations will be managed with the use of an Incident Management System (IMS). Standardization of the IMS such as provided in the National Incident Management System and the National Response Framework is essential to the successful coordination and function of WERT's and ESO's in incident response.

ii. All incidents will utilize a method of personnel accountability when direct line of sight contact cannot be achieved.

1. At minimum this system shall establish a process for maintaining personnel accountability, expanding as required or needed, tracking location(s) and function, and coordinating evacuation of all responders operating at an incident that includes: periodic accountability checks and reports; procedures for orderly evacuation of team members; and procedures for rapid evacuation of team members from escalating situations, such as rapid growth of fire, impending collapse, impending explosion; in the event of PPE or equipment failure; and acts of active violence against team members and responders.

iii. The IMS will be coordinated and cross trained with the local Emergency Service Organization (ESO) which may respond to the WERE's facility.
iv. The IMS shall identify and address items such as, but not limited to:
    1. Incident Command and transfer of same as appropriate
        a. In the case of multijurisdictional events, Unified Command (UC) shall be utilized.
    2. Safety
    3. Command Post processes and locations
    4. Scene size up on a routine basis
    5. Incorporation of the PIP
    6. Creation of an Incident Action Plan (IAP)
    7. Zones of control and perimeters
    8. Identification and usage of PPE by team members

c. PreIncident Plans (PIP) usage
    i. The WERE shall ensure that the most recent version of the PIPs is accessible as needed by team members operating at emergency incidents.
        1. This may be in the form of hard copies or electronic versions.
    ii. The Incident Commander (IC) should consider the content of the PIP in the developing of the Incident Action Plan (IAP).
d. Safety Zones of Operation
    i. Work Zones on General Emergency Incidents
        1. The IC shall establish work zones on emergency scenes where access should be limited due to site specific hazards, unusual perimeters, or risk limiting access control zones.
        2. The zones shall be identified as: no-entry, hot, warm, cold; and shall be conspicuously noted, unless not possible, and communicated to team members and responders on the scene.
            i. The interior and immediate exterior of structural fires would be presumed hot zones in all incidents.
        3. Hot zones are considered an IDLH atmosphere and shall require the appropriate PPE for all team members.
        4. The PPE required for warm zones shall vary but be communicated to all personnel on the scene.
    ii. Work Zones on Public Roadways (if applicable)

1. The precepts of Part 6 of the Manual of Uniform Traffic Control Devices (MUTCD) standard and/or the Traffic Incident Management Systems (TIMS) network program shall be recognized and implemented by all WEREs operating on public roadways.

e. Personal Protective Equipment (PPE) Issuance and Use
    i. The WERE shall provide at no cost to the team member, PPE based on the type and tier level of response for which the team member is likely to be exposed and suitable for the task and associated hazard.
    ii. PPE shall comply with safety and design regulations under general industry duty for safety as defined in National Fire Protection Standard 1970 and 29 CFR 1910 Subpart L Appendix D.
    iii. PPE shall be used at all times when an IDLH atmosphere is expected or measured.
        1. Air Purifying respirators cannot be used in an initially dangerous to life and health (IDLH) atmosphere unless specifically deemed safe through the IMS process or risk assessment.
        2. Discontinuation of PPE usage while on scene can only be approved through the IMS process and based on monitoring or risk assessment.
    iv. If PPE has been contaminated by potentially harmful products of combustion, hazardous materials, bloodborne pathogens, or other products deemed harmful to the wearer or the equipment; the PPE shall be cleaned per manufacturers recommendation prior to placing the PPE back into service.
f. Gross Decontamination
    i. After a team member completes a task or tasks in an IDLH environment, the IMS shall provide and the team member shall complete, gross decontamination at the scene, where feasible; to remove as much potentially harmful contaminants as possible prior to returning the gear or team member back into regular site job functions and readiness for emergency service.
g. Staffing
    i. Rapid Intervention Teams (RIT)
        1. When a hot zone is established by the IMS, a RIT team must be designated.
        2. No one shall be permitted to serve as a member of the RIT team when the other activities in which the

firefighter is engaged inhibit the firefighter's ability to assist in or perform rescue or are of such importance that they cannot be abandoned without placing other firefighters in danger.

ii. Minimum Staffing
    1. Minimum staffing requirements needed to ensure incidents are mitigated safely and effectively shall be provided or on-scene job duties and functions shall be limited to match the staffing resources and shall be outlined in WERE policy.
    2. Per section a. k. of this subpart, extraordinary situations may exist when a team member, after following the prescribed decision making process of subpart e. a. k., based on the team member's training and experience, is permitted to attempt to rescue a person in imminent peril, potentially without benefit of, (for example), Personal Protective Equipment (PPE), Rapid Intervention Teams (RITs) or certain equipment.

iii. IDLH Operations and Staffing
    1. Emergency scene staffing shall be assembled to ensure that at least four team members are assembled before operations are initiated in an IDLH atmosphere in a structure or enclosed area, unless upon arrival at an emergency scene, the initial team member(s) find an imminent life-threatening situation where immediate action could prevent the loss of life or serious injury, in which case such action is permitted with fewer than four team members or responders present;
    2. The IC shall organize staffing to ensure at least two team members enter the structure or enclosed area with an IDLH atmosphere as a team and remain in visual or voice contact with one another at all times, unless there is insufficient space for more than one team member or, such as for example, in a confined space or collapsed structure;
    3. Each team member in the IDLH atmosphere shall use the WERE's respiratory protection as prescribed by 29 CFR 1910.134;
    4. Post–emergency and extinguishment activities, such as overhaul and investigation, shall be deemed safe through appropriate air monitoring and risk

management mitigation prior to termination of the respiratory protection.

h. Rehabilitation

The WERE shall establish a systematic approach to provide team members with medical monitoring and rehabilitation at emergency incidents as needed, such as adequate work/rest cycles, medical treatment, rehydration (fluid replacement), active warming or cooling, and protection from extreme elements.

1. The Rehabilitation protocol should be identified as part of the RMP/SOP.
2. If mutual aid is required to meet the rehabilitation requirements, proof of familiarization and training on the RMP/SOP with the mutual aid group shall be conducted and documented.
3. This section shall comply with 29 CFR 1910 (Heat Illness Prevention Regulation)

i. Support Roles/Skilled support Worker (SSW)

A. On scene and ancillary support roles such as, but not limited to; Emergency Scene Water Supply, SCBA refill, Rehabilitation, EMS surveillance, etc. shall:

-only perform functions to which they have been trained and equipped,
-shall be trained in the recognition and limitation of scene zones,
-shall have trained in basic IMS functions,
- shall be trained in radio operations and maintain communications while operating on the scene of an emergency.

B. On scene and ancillary support roles shall not:

- be required to have certification for hot zone entry
- be eligible to serve on the RIT
- operate in the no-entry or hot zones
-operate in the warm zone without specific instructions and limitations offered by the IC or strategic function coordinator.

j. MayDay Orders

All WERE's shall establish procedures for Mayday situations, such as when a team member becomes lost, trapped, injured, or ill, including the use of the radio's emergency alert buttons (if equipped) and implementation of a rapid intervention team (RIT) for immediate deployment to search and rescue any missing, disoriented, injured, ill, lost, unaccounted-for, or trapped responders. The SOP shall specify the minimum number of team members needed for the RIT, based on the

size and complexity of potential incidents; and a standard list of equipment to be assembled by the RIT for foreseeable incidents.

1. The local ESO and emergency response resources shall be familiar with the WERE's MayDay order system and the training shall be documented.

k. Evacuation Orders and Signals

i. All WEREs shall incorporate into the ERP/SOP's, and Training Modules; the use of standard methodology for notification of the necessity to evacuate any identified zone of work.

1. This should incorporate radio traffic, air horn usage, direct contact, and any other forms deemed necessary.

l. Communications

a. The IC shall ensure, to the extent feasible, adequate dispatch and monitoring of on-scene radio transmissions by an emergency communications and dispatch center; and shall ensure effective communication capability between team members or ESO responders or other WERT and the IC; and ensure that communications equipment allows mutual aid team members and responders to communicate with the IC and other team members and responders.

(e) 3. Training

a. Training on the Risk Management Plan (RMP) shall be given to each WERT member and shall include at minimum the following:

1. Identification of actual and reasonably anticipated hazards, per -or as part of-the facility ERP.

2. Evaluation of the potential occurrence of a given hazard and its severity and likelihood of occurrence.

3. Familiarization of establishing incident action priorities to those identified hazards.

4. Incorporation of potential existing risk control methods for elimination or mitigation of those potential hazards to incorporate a plan of implementation to affect the solution.

5. The method by which post incident analysis (PIA) will be held and changes, as needed, to the RMP can be incorporated.

6. Risk control techniques for personal and equipment decontamination.

7. Proper selection and usage of applicable levels of PPE to protect from hazards.

b. WERT members shall be trained initially and coincidentally to any facility or hazard changes, in the facility ERP/RMP policy.

c. The WERE shall establish the basic skills and knowledge required for each team member to participate safely in emergency operations to the tiered level they have been designated.
    a. The WERE shall meet or exceed national standards, industry best practices, or their equivalent in making this determination.
d. No WERT member shall perform duties of emergency response to which they have not been trained.
e. The WERE shall, prior to emergency activities, provide training and education to ensure proficiency and knowledge commensurate with the safe performance of expected duties and functions based on the tier of classification of the employee.
    1. The WERE shall document job performance requirements for each assigned tier, at a frequency to ensure each team member maintains skills that align with national standards and industry best practices.
    2. If a national standard and its accompanying job performance requirements (JPRs) are not used; detailed record keeping of the tasks trained and evaluated shall be maintained by the WERE.
g. The WERE shall ensure that any instructor performing training has documented and demonstrated the knowledge, skills, and abilities aligned with nationally recognized standards and industry best practices to instruct the subject matter presented.
h. Team members shall be trained on, at minimum: 1) the ERP and/or RMP, 2) Any site emergency response plans developed by the WERE, 3) PPE training that covers the proper selection, use, limitations, maintenance, and retirement criteria, 4) portable and fixed fire protection system found on or at the WERE's vehicles and facilities, 5) nationally recognized incident management systems (IMS) to ensure safety and accountability and coordination with local, state, and federal resources, 6) at least awareness level training as prescribed in 29CFR1910.120 Q Chapter 6, 7) at least awareness level training in confined space, trench and moving water scenarios, as prescribed by OSHA, and where applicable, and 8) maintain CPR/AED and First Aid certification where applicable.
        1. Additional training is dependent upon the tier of classification of the employee but will adhere to the tenet of no job performed prior to training.
i. The WERE shall train organized firefighting team at least annually.
    1. Interior fire suppression teams shall meet quarterly.
j. If emergency response vehicles or mobile equipment are utilized by the WERT, driver / operator training on the equipment shall be conducted and properly documented.
k. All WERT members who are responsible for crew or scene management, incident commanders, instructors, and fire brigade leaders, are expected to have received training as necessary for the supervisory activities they are

expected to perform, more comprehensive, and in addition to, the training provided to the general membership of the WERT.

l. All WERT members which are expected to perform any form of technical rescue, whether firefighting or in hazardous environments; are expected to receive training in that area of technical rescue.

m. Training documentation shall be maintained according to industry best practices.

(e) 4. Prevention

a. Medical Requirements

1. The WERE shall establish the minimum medical requirements for team members based on the type and tiers of activity as defined in subpart e., section a., number I in the above document.

a. The medical requirements may differ based on the designated tier of the employee.

2. The WERE shall maintain a confidential record for each WERT member the medical records of: 1) duty restrictions, if any, of the employee; 2) occupational illnesses and injuries; 3) exposure beyond short term exposure limits (STEL) to products of combustion not normally found in the WERE's industrial process; and 4) exposures to WERT duty related toxic products, contagious diseases, or dangerous substances.

a. This record shall coordinate, were applicable, with the requirements of 29CFR1910.120.

3. The WERE shall provide all medical assessments at no cost to the employee.

4. Prior to assignment to duties with the WERT, the employee shall be medically evaluated by a physician or other primary licensed health care professional (PLHCP) to ensure fitness for duty.

5. The WERE shall coordinate with the PLHCP to determine the contents of the medical evaluation.

a. The PLHCP shall be provided applicable national standards for emergency responder physicals prior to the conduct of the medical evaluation.

b. At minimum based on the tier identified in section 1. a . above, the evaluation shall contain: 1) Medical and work history with emphasis on symptoms of cardiac and respiratory disease,

2) Physical examination with emphasis on the cardiac, respiratory, and musculoskeletal systems; 3) Spirometry; and 4) An assessment of heart disease risk including blood pressure, cholesterol levels, and relevant heart disease risk factors.

c. Additional screening shall be provided as deemed appropriate by the PLHCP;

d. The medical evaluation shall be repeated annually unless otherwise directed by the PLHCP and other OSHA regulations.

e. The WERE shall establish protocols regarding length of time that absence from duty due to injury or illness or job reassignment, requires a team member to have a return to duty medical evaluation.

f. The WERE in consultation with the PLHCP shall establish minimum fitness for duty requirements for the WERT members to ensure development and maintenance of a level of physical fitness that allow them to safely perform their assigned duties.

a. The fitness for duty requirements should also consider the tiers of job performance as describe in section a above.

b. Behavioral Health and Wellness

1. The WERE shall make available to the WERT members, consultation services for behavioral health upon request. The behavioral health services and records thereof, for the WERT members shall be kept confidential. The behavioral health services shall be made known to all WERT members.

c. WERE and WERT Facilities

1. The WERE shall provide facilities for the decontamination, disinfection, cleaning, and storage of PPE and equipment.

a. If PPE is to be decontaminated off-site, the WERE must provide for bagging and storage of contaminated PPE while it is still at the WERE facility.

2. The WERE shall ensure that for prompt firefighting support from local ESOs; fire hose connections and fittings are compatible with, or adapters are provided for, firefighting infrastructure such as fire hydrants, sprinkler system and standpipe system inlet connections, and fire hose valves (FHV).

d. Emergency Response Equipment

1. The WERE shall provide and ensure access to the WERT members, all equipment and training to safely perform the emergency service at no cost to the team member.

2. Equipment shall be provided based on the level of service and job functions of the WERT.

3. The WERE shall ensure inspection, cleaning, and maintenance of all rolling stock, tools, and protective equipment per the manufacturers recommendation.

i. Any equipment found defective shall be taken out of service and replace or repaired prior to placing back in service.

ii. A formal inspection based on industry best practices and manufacturers recommendation of any PPE shall be done at least annually.

4. PPE selection shall be conducted by the WERE based on level of service expectations for the team member and an evaluation of known or potential hazards.

i. PPE selection shall be guided by 29 CFR 1910 Subpart I, Personal Protective Equipment and, as pertinent, the appropriate national consensus standard.

ii. Structural firefighting gear shall comply with safety and design regulations under general industry duty for safety as defined in the National Fire Protection Association Standard 1970 and 29 CFR 1910 Subpart L Appendix D.

5. Respiratory Protection Devices shall comply with 29CFR 1910.134
   i. Air Purifying Respirators shall not be used in IDLH atmospheres.
   ii. Approved self-contained breathing apparatus with full-facepiece, or with approved helmet or hood configuration, shall be provided to and worn by fire brigade members while working inside buildings or confined spaces where toxic products of combustion or an oxygen deficiency may be present. Such apparatus shall also be worn during emergency situations involving toxic substances.
   iii. Approved self-contained breathing apparatus may be equipped with either a "buddy-breathing" device or a quick disconnect valve, even if these devices are not certified by NIOSH. If these accessories are used, they shall not cause damage to the apparatus, or restrict the air flow of the apparatus, or obstruct the normal operation of the apparatus.
   iv. Approved self-contained compressed air breathing apparatus may be used with approved cylinders from other approved self-contained compressed air breathing apparatus provided that such cylinders are of the same capacity and pressure rating. All compressed air cylinders used with self-contained breathing apparatus shall meet DOT and NIOSH criteria.
   v. Self-contained breathing apparatus must have a minimum service-life rating of 30 minutes in accordance with the methods and requirements specified by NIOSH under 42 CFR part 84, except for escape self-contained breathing apparatus (ESCBAs) used only for emergency escape purposes.
   vi. Self-contained breathing apparatus shall be provided with an End-of-Service Life indicator which automatically sounds an audible alarm when the remaining service life of the apparatus is reduced to within a range of its rated service time, dependent on its service pressure as stated in NFPA 1970 Chapter 17.2.6.
6. Emergency Response equipment and PPE shall undergo on scene gross decontamination processes and be cleaned per ERP and according to manufacturer's recommendation.
7. Contaminated equipment and PPE should not be stored in vehicles or gear racks until decontaminated.
8. Rolling stock equipment shall be maintained, inspected, and repaired per the manufacturer's recommendations.
   i. Any vehicle found with deficiencies shall be taken out of service until repair.

9. Fire Engines, Fire Pumps, Aerial fire apparatus shall be serviced, tested, and maintained to the manufacturer's recommendations.
10. Firefighting equipment shall be maintained and inspected annually to ensure the safe operational condition of the equipment.
    i. Portable fire extinguishers shall be inspected at least monthly.
    ii. Firefighting equipment that is damaged or in unserviceable condition shall be removed from service and replaced.

e. Post Incident Analysis

i. At scenes of a large scale, significant impact, or near miss; an on-scene debrief, Hot Wash, will occur and be conducted by the IC or their designee.
    1. All reasonably available team members and responders on the scene shall participate.
        b. The Hot Wash may occur at a neutral location due to staffing, staging, or the sensitive nature of the call; and at the soonest reasonable time if an on-scene hot wash is not possible.
    2. The definition of significance which would trigger the use of this Hot Wash, is determined by the WERE and based on numerous local issues and the impact to the WERE and personnel and may differ from other WEREs/ESOs.

ii. After a large scale, significant impact, or near miss incident; a formal post incident analysis (PIA) shall be conducted.
    1. The PIA shall be conducted as soon as possible after the incident and with time to notify all involved agencies.
    2. The PIA shall be open to all agencies which responded to the emergency.
    3. The PIA shall cover at minimum: the pre-incident plan (PIP)- if one exists, the IAP, the timeline of the event, SOP's applicable or impacted, lessons learned, changes needed, and recommendation(s) for implementation of those changes.
    4. The PIA shall result in a report produced by the WERE to include recommendations of improvement and disseminated to all associated agencies.
    5. The definition of significance which would trigger the use of this PIA, is determined by the WERE and based on numerous local issues and the impact to the service and personnel and may differ from other WEREs/ESOs.

f. Program Evaluation (Self Audit)

1. The WERE shall evaluate the adequacy and effectiveness of the ERP and WERT at least bi-annually, and upon discovering deficiencies document and effect change to the ERP/WERT, and document when the evaluation(s) are conducted.
2. Review of the ERP/WERT shall include determining whether the ERP was/has been implemented as designed and whether modifications are necessary to correct deficiencies.
    a. The Evaluation and review may incorporate internal and external evaluators.
    b. Program evaluation should be based on nationally recognized performance standards and subject matter expertise of both in house and external subject matter experts.
3. The WERE shall identify and implement recommended changes to the ERP, with written timelines for correcting identified deficiencies as soon as feasible, based on the review of the program, giving priority to recommendations that most significantly affect team member safety and health.