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

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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, hazardous materials, emergency medical services, specialized rescue, and weapons of mass destruction. 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), and the employees are called responders.

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

SubPart d. Law Enforcement

(d) 1. Administration

(d)2. Operations

(d) 3. Training

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.

<u>SubPart b. Emergency Medical</u>

(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.
    b. The intent of this section would be to those organized persons or groups that are providers of any emergency medical services in a defined jurisdictional boundary.
b. SubPart b. applies to all licensed volunteer, combination, and/or paid medical service providers; 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 property owned by the entity which may result in that organization responding on that property. The organization may then be by definition defaulted to subpart e. of the 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.
e. 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.
        i. The service 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.
                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.

f. 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), Emergency Medical

Technician (EMT), advanced EMT (AEMT), paramedic, nurse, physician, support.

g. 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.

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

i. 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.

j. 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.

k. 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 1910.130.

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

l. The RMP shall include a policy 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.

M. The service shall review the RMP/SOP/SOG not less than annually, 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 Command

i. All emergency scene 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.

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

ii. 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.

iii. 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.

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.

(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.

(b) 4. Prevention

a. Fitness for Duty

(i) The EMS shall establish the minimum medical requirements for team members and responders. The medical requirements will differ based on the

tiers of team members and responders.
(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.
(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) Medical evaluations, tests, and laboratory analysis required to comply with section shall be provided at no cost to team members or responders and without loss of pay.
(v) The EMS shall establish a medical evaluation program for team members and responders, except for those in a support tier, based on the type and level of service(s), and tiers of team members and responders
(vi) 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).
(vii) The EMS must make medical surveillance 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;
(viii) 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;
(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.
(ix) Additional screening shall be provided, such as spirometry and an exercised induced cardiac stress test; as deemed appropriate by the PLHCP;
(x) 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.
(xi) 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.
(xii) 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.

b. Physical Fitness Programs

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 each potentially traumatic event, 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.
   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.