



Safety Benefits Inc.

December 5, 2022

2023 EMS Safety & Loss Control Recognition Awards

Safety Benefits, Inc., on behalf of the SDML Workers' Compensation Fund and the South Dakota Public Assurance Alliance, is pleased to share the criteria for the 2023 EMS Safety and Loss Control Recognition Awards.

The purpose of these awards is to promote loss control and safety awareness and recognize the EMS Services who work very hard in these areas.

There are three levels of achievement: bronze, silver, and gold. EMS Services can apply to receive any level award for which they feel criteria has been met, but bronze is a good place to start. Remember, this is not a competition against other services. Every EMS Service meeting the qualifications for a level will receive an award. The same award level can be earned in consecutive years.

Attached are applications for each level of safety and loss control award - bronze, silver, and gold. Please consider participating in the 2023 EMS Safety and Loss Control Recognition Awards Program!

Recipients will receive their awards at the 2023 Annual Conference of the South Dakota Ambulance Association (SDAA) in February 2023. More information on this event will be coming soon.

DETAILS

- Completed applications must be received by **FRIDAY, JANUARY 20, 2023**
- Send to: Safety Benefits Inc., 602 E State St, Plankinton SD 57368; OR
- Email to: Keri Warnke at kwarnke@safety-benefits.com
- Include your email address on the application for easy communication
- Contact Safety Benefits Inc. at 1-888-313-0839 with questions



2023 EMS Safety & Loss Control Recognition Awards Application



Service: _____	Date: _____
Contact Person: _____	Title: _____
Address: _____	
Phone: _____	Email Address: _____
Member of (please check one): <input type="checkbox"/> SDML WC Fund & SDPAA <input type="checkbox"/> SDPAA <input type="checkbox"/> SDML WC Fund	

BRONZE LEVEL

To achieve a Bronze Level award, your service must comply with each of the following items. Please answer yes or no and attach the appropriate information/documentation as indicated after certain items.

1. Has your service adopted written patient care guidelines and/or Standard Operating Guidelines (SOGs)? If yes, please provide the information noted below: <ul style="list-style-type: none">• Table of contents page and dates adopted and/or revised• If submitted previously, only send a new copy if revised. Note in comments if previously submitted. Date Adopted: _____ Date Revised: _____	Yes	No
Comments:		
2. Does your service provide in-service training for employees? If yes, please include training records for the past 12 months indicating frequency and the type/topic of training provided.	Yes	No
Comments:		
3. Has your service adopted a Personnel Policies and Procedures Manual addressing hiring, termination, discipline, sexual harassment, and workplace violence? If yes, provide the information noted below: <ul style="list-style-type: none">• Table of contents page and dates adopted and/or revised• If submitted previously, only send a new copy if revised. Note in comments if previously submitted. Date Adopted: _____ Date Revised: _____	Yes	No
Comments:		
4. If SBI has conducted a formal survey for your service within the past 36 months has the service responded to the recommendations made as a result of the survey?	Yes	No
Comments:		
5. Has your service installed first-aid kits in each occupied building?	Yes	No
Comments:		
6. Has your service installed an AED in all primary response vehicles?	Yes	No
Comments:		
7. Has your service installed fire extinguishers in all buildings so employees do not have to travel more than 75 feet (Class A fires) or 50 feet (Class B and C fires) to reach one?	Yes	No
Comments:		
8. Has your service installed fire extinguishers in all primary vehicles and pieces of equipment?	Yes	No
Comments:		
9. Have the fire extinguishers been serviced by a certified technician (usually an outside vendor) within the past 12 months?	Yes	No
Comments:		
10. Have your employees received training on the proper use of fire extinguishers within the past 2 years? If yes, please attach the date of training and name of trainer.	Yes	No
Comments:		



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Address: _____	
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Member of (please check one): <input type="checkbox"/> SDML WC Fund & SDPAA <input type="checkbox"/> SDPAA <input type="checkbox"/> SDML WC Fund	
Due Date: 01/20/2023	

SILVER LEVEL

To achieve a Silver Level award, your service must comply with each of the Bronze Level items and each of the following Silver Level items. Please answer yes or no and attach the appropriate information/documentation as indicated after certain items. **To be eligible for a Silver Level award in 2023, your service must have had a representative(s) attend the 2022 Annual SD Ambulance Association Conference.**

10. Has your service developed a formal Safety Committee and/or appointed a Safety Coordinator? If yes, please provide the information noted below: <ul style="list-style-type: none">• Safety Committee - date formed, number of members, date of last meeting, minutes of meetings for past 12 months• Safety Coordinator - date appointed, duties of Safety Coordinator, etc.	Yes	No
Comments:		
11. Has your service adopted a formal accident/incident investigation and evaluation program? If yes, please provide the information noted below: <ul style="list-style-type: none">• Attach written policies or an explanation as to how the program works.• If submitted previously, only send a new copy if revised. Note in comments if previously submitted. Date Adopted: _____ Date Revised: _____	Yes	No
Comments:		
12. Has your service provided back injury prevention/proper lifting training for employees within the past 12 months? If yes, please provide the information noted below: <ul style="list-style-type: none">• Attach a training roster noting the training date(s), trainer, attendees, and the kind of training (safety committee meeting, video, online, in person, etc.).	Yes	No
Comments:		
13. Has your service provided training on "Preventing Slips, Trips and Falls" within the past 12 months? If yes, please provide the information noted below: <ul style="list-style-type: none">• Attach a training roster noting the training date(s), trainer, attendees, and the kind of training (safety committee meeting, video, online, in person, etc.).	Yes	No
Comments:		
14. Does your service have a Personal Protective Equipment (PPE) program for employees? If yes, please provide the information noted below: <ul style="list-style-type: none">• Attach written policies or an explanation as to how the program works.• If submitted previously, only send a new copy if revised. Note in comments if previously submitted. Date Adopted: _____ Date Revised: _____	Yes	No
Comments:		



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Address: _____	
Phone: _____	Email Address: _____
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Due Date: 01/20/2023	

GOLD LEVEL

To achieve a Gold Level award, your service must comply with each of the Bronze and Silver Level items and each of the following Gold Level items. Please answer yes or no and attach the appropriate information/documentation as indicated after certain items.

17. Has your service provided drivers with Emergency Vehicle Operator training within the past 2 years? If yes, please provide the information noted below:	Yes	No
<ul style="list-style-type: none">• Attach a training roster noting the training date(s), trainer, attendees, and the kind of training (safety committee meeting, video, in person, etc.).• For the On-line Defensive Driving Class, please submit a copy of the printed certificate received after successful completion of the course.		
Comments:		
18. Does your service conduct written/document self-inspections of your buildings and properties on a regular basis (i.e. monthly or quarterly)?	Yes	No
<ul style="list-style-type: none">• <i>Explanation:</i> Such self-inspections consist of a walk through conducted specifically to identify hazards. Hazards identified are documented and written recommendations are provided to management for correction. Examples of such audits might include self-inspections of buildings such as shops, sidewalks, parking lots, etc.• If yes, please include some samples of self-inspections conducted within the past 12 months.		
Comments:		
19. Does your service comply with the Emergency Medical Services Loss Control Checklist (where applicable) provided by SBI?	Yes	No
Please see the attached form.		
Comments:		

EMERGENCY MEDICAL SERVICES CHECKLIST

Service: _____	Date: _____
Contact Person: _____	Title: _____
Address: _____	
Phone: _____	Email Address: _____

(Please Complete for Gold Level Award)

GENERAL HIRING PRACTICES		
1. Are applicants required to fill out an application?	YES	NO
2. Are background/reference checks conducted on new applicants?	YES	NO
3. Are checks conducted to make sure applicants have a valid SD driver's license?	YES	NO
a) Is a motor vehicle driver's history obtained?	YES	NO
4. Are applicants' names checked through the State Sex Offender's Registration files?	YES	NO
5. Is there an interview?	YES	NO
6. Is there a probationary period?	YES	NO
7. If already certified, is a check made to verify their certification level?	YES	NO
PHYSICAL REQUIREMENTS		
8. Are there written job descriptions for each position?	YES	NO
9. Are members given a physical pre-employment/post offer? (Optional)	YES	NO
STATE REQUIREMENTS		
10. Is each member currently certified by South Dakota Emergency Medical Services?	YES	NO
11. Are the members receiving the required number of hours required for recertification as EMTs or Paramedics?	YES	NO
NEW MEMBER TRAINING		
12. Are new members provided orientation training before being allowed to take calls?	YES	NO
13. Is there a written training plan/checklist?	YES	NO
14. Is this training documented?	YES	NO
IN-SERVICE TRAINING		
15. Are there training officer(s)	YES	NO
16. Is in-service training provided	YES	NO
17. Is there a written training program	YES	NO
18. Are the following topics covered on at least an annual basis	YES	NO
a) Review of the service's Standard Operating Guidelines (SOG's) / Policies and Procedures	YES	NO
b) Review of the service's patient care guidelines		
c) Review electronic-based patient care documentation		
d) Use of equipment	YES	NO
e) Recognition and identification of hazardous materials	YES	NO
f) Emergency vehicle operations	YES	NO
g) Bloodborne pathogens	YES	NO
h) CPR/AED	YES	NO
i) Back Injury Prevention	YES	NO
j) Confined Space Entry	YES	NO
k) Excavation and trenching rescue	YES	NO
19. Is all training documented by individual member?	YES	NO

STANDARD OPERATING GUIDELINES/PATIENT CARE GUIDELINES

20. Are there written Patient Care Guidelines/SOGs?	YES	NO
21. Are these reviewed annually?	YES	NO
22. Are all members given a copy?	YES	NO
23. Are members required to sign a document acknowledging they received a copy, read them and understand them?	YES	NO
24. Are revisions handled the same way?	YES	NO
25. Do you have a written bloodborne pathogens exposure plan?	YES	NO
a) Are the members provided gloves, protective eye wear, masks and mouth shields?	YES	NO
b) Are they required to use them?	YES	NO
26. Are there policies and procedures for accident/incident investigation?	YES	NO
a) Are these in writing?	YES	NO
27. Are members offered Hepatitis B vaccinations?	YES	NO
a) If a member refuses to receive the vaccination, are they required to sign a waiver?	YES	NO

NARCAN™ (NALOXONE)

28. Do your members carry Narcan (Naloxone)?	YES	NO
29. If so, have you met all the State mandated requirements including standing orders, training and for medical records?	YES	NO

VEHICLES

30. Is your ambulance stored in a heated building?	YES	NO
31. Is there a preventative maintenance program?	YES	NO
32. Are repairs documented by each individual apparatus?	YES	NO
33. Are inspections made of each ambulance?	YES	NO
34. Are these inspections documented and kept on file?	YES	NO

EQUIPMENT

35. Is equipment inspected on a regular basis?	YES	NO
36. Are all inspections documented and kept on file?	YES	NO
37. Is there a fire extinguisher in the ambulance?	YES	NO
a) If so, has it been serviced within the past 12 months?	YES	NO
b) Have the members received annual training on the proper use of extinguishers?	YES	NO
c) Is there documented visual inspections once every 30 days?	YES	NO

DISASTER AND EMERGENCY RESPONSE PLANS

38. Is there a County written Emergency Disaster Plan?	YES	NO
39. Is it reviewed at least annually?	YES	NO
40. Is it used in training?	YES	NO

SAFETY APPAREL

41. Are EMTs/Paramedics issued ANSI approved vests or clothing for working in traffic?	YES	NO
42. Are they required to wear them?	YES	NO

EMERGENCY VEHICLE OPERATIONS

43. Are there any special requirements before a member is allowed to operate an emergency vehicle?	YES	NO
44. Are members provided with Emergency Vehicle Operations training every 2 years?	YES	NO
45. Are members required to provide you with a copy of their proof of automobile insurance annually?	YES	NO
46. Are members required to sign a statement verifying they have a valid driver's license and automobile liability insurance?	YES	NO

MISCELLANEOUS

47. Is there a medical director?	YES	NO
48. Is there a ride-along program?	YES	NO
a) Is there a waiver and written rules?	YES	NO
49. Do you sponsor dances or feeds?	YES	NO
a) Are alcoholic beverages served or consumed at these events?	YES	NO
b) Are there proper licenses in place?	YES	NO
c) Is there proper insurance coverage?	YES	NO
1) If someone else has the license and the dance is being held on department property, have they provided you with a certificate of insurance?	YES	NO
2) Are you named as an additional insured?	YES	NO
50. Are alcoholic beverages allowed to be consumed on department property?	YES	NO
a) Are there written rules for this?	YES	NO
51. Does the governing board include the names of all volunteers on the meeting minutes, at least annually?	YES	NO
ADVANCED LIFE SUPPORT		
52. Are there controlled drugs on the ambulance?	YES	NO
a) If so, is there a written inventory?	YES	NO
b) Are expiration dates reviewed?	YES	NO
c) Is access restricted to these drugs?	YES	NO