

Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

AFOMMI WHEELCHAIR TRANSPORTATION LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** NO **Previous Authority?** NO

If YES, at PUC No. A- _____

4. **Are you a business entity registered with the PA Dept. of State?** NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number _____

(See checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

Lansana Sillah _____

6. **Mailing Address**

6910 Chester Ave
Street Address

Philadelphia PA 19142 _____ Philadelphia _____
City, State and Zip Code County

610-656-7231 _____ lansrover@aol.com _____
Telephone Number E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

6910 Chester Ave
Street Address

Philadelphia PA 19142 _____ Philadelphia _____
City, State and Zip Code County

610-656-7231 _____ lansrover@aol.com _____
Telephone Number E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

X No _____ Yes, at No. _____

10. **Describe the service area proposed by this application.**
(Use the space below or attach additional sheet if space provided is not sufficient).
-

To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Philadelphia County to points in PA, and return.

Examples:

- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.*
- *To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.*
- *To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.*
- *To transport people between points in Northumberland County.*

11. **Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Lansana Sillah

(Print Name)

Lansana Sillah 3/24/26

(Signature) (Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

AFOMMI WHEELCHAIR TRANSPORTATION LLC

Legal Name of Applicant

Trade Name, if any

6910 Chester Ave

Street Address (principal place of business)

Philadelphia

City or Municipality

PA

State

19142

Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

NA

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

NA

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

I have been working in non medical transportation for 3 years and am trained by my employer on wheel chair transporting and how to safely tie down wheelchairs for transport.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

See attached Service Policy

AFOMMI WHEELCHAIR TRANSPORTATION located at 6910 Chester Ave Philadelphia PA 19142 will use cell phones, computers, NEMT software (simplitransport) to track and communicate with drivers. Currently AFOMMI has 1 Vehicle not owned by the corporation

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
 - a. Your hiring standards for drivers;
 - b. Your system for conducting criminal background checks;
 - c. Your driver training program;
 - d. Your system for conducting driver license checks;
 - e. Your policies regarding alcohol and drug use by your drivers.

See attached Personnel Policy

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2011	Ford	Econoline	7	0310	63,000

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

7. Describe your vehicle safety program. Please include the following in your explanation:
 - a. Your periodic vehicle maintenance plan
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

See attached Maintenance Policy

AFOMMI WHEELCHAIR TRANSPORTATION will have vehicles serviced monthly and track the vehicle maintenance in a transportation software (Simplitransport) or by using a vehicle maintenance form attached

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

We have contacted an insurance carrier and recieved a quote...

9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ YES ✓ NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

Lansana Sillah

 (Signature)
 Lansana Sillah, Owner

 (Name and Title, printed or typed)

03/24/26
 (Date)

Statement of Financial Position (Balance Sheet)
As of (date) _____
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	4,000	
Other Current Assets (specify)		
Total Current Assets		
Tangible Assets		
Motor Vehicle Equipment	27,000	
Property (buildings, land, etc.)		
Office Equipment		
TOTAL ASSETS		31,000

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans		
Credit cards/revolving credit		
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		
Long Term Liabilities (Due after one year of date)		
Mortgage		
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	0	
Total Long-Term Liabilities		
TOTAL LIABILITIES		

Date of this notice: 12-07-2023

Employer Identification Number:
93-4759307

Form: SS-4

Number of this notice: CP 575 A

AFOMMI WHEELCHAIR TRANSPORTATION
LANSANA SILLAH SOLE MBR
6910 CHESTER AVE
PHILADELPHIA, PA 19142

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-4759307. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 940	01/31/2025
Form 943	01/31/2025
Form 944	01/31/2025

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.



Bank Account

TD SIMPLE CHECKING

MAY 13, 2024

490641	SHAREMONEY	-\$23.99
866 8190119	* NJ	

MAY 10, 2024

VISA DDA PUR AP		
473309	PA PUC	-\$350.00
717 783 6190	* PA	

VISA DDA PUR AP		
420429	DICKS SPORTING	
GOODS	PLYMOUTH	-\$89.01
MEET * PA		

VISA DDA PUR AP

BANK OF AMERICA, N.A. (THE "BANK")

Thank you for allowing us to assist you with your banking needs. Here is a summary of the accounts and services we set up for you or which you applied for today. If any of this information is incorrect, please let us know. We appreciate the opportunity to serve you.

Gracias por permitirnos ayudarle con sus necesidades bancarias. Este es un resumen de las cuentas y los servicios que configuramos para usted o que usted solicitó hoy. Si alguna información es incorrecta, infórmenos. Le agradecemos la oportunidad de servirle.

AFOMMI WHEELCHAIR TRANSPOTATION LLC

CHECKING ACCOUNT

Account Number	Business Adv Fundamentals
ACH Routing Number	3830 2783 9133
Title on Account	031202084
	AFOMMI WHEELCHAIR TRANSPOTATION LLC
Address	6910 CHESTER AVE
	PHILADELPHIA, PA 19142

BUSINESS DEBIT CARD

Business	AFOMMI WHEELCHAIR LLC
Name on Card	LANSANA SILLA
Account Number	*****3737
Address	6910 CHESTER AVE
	PHILADELPHIA, PA 19142
Account(s) Linked for Access:	Business Adv Fundamentals, *****9133

Bank Information

Date	06/20/2024
Banking Center Name	QUARTERMASTER
Associate's Name	Rhonda Harvey
Associate's Phone Number	215-271-2730

PENNSYLVANIA VEHICLE REGISTRATION

PLEASE SIGN YOUR CREDENTIAL - To validate your credential, you need to sign your name in ink as indicated below. The registration must be available when the vehicle is used.

PENNSYLVANIA'S LITTERING LAWS - As a reminder, Pennsylvania has laws against littering on our roadways and on public and private property. Under law, PennDOT is required to include this statement on vehicle credentials to remind motorists of littering laws. By signing your registration credential, you acknowledge that you have received notice of this provision.

Section 3709 of the Pennsylvania Vehicle Code provides for a fine of up to \$300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, you may be subject to a fine of up to \$300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within the vehicle with your permission, if you do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

2 OF 2

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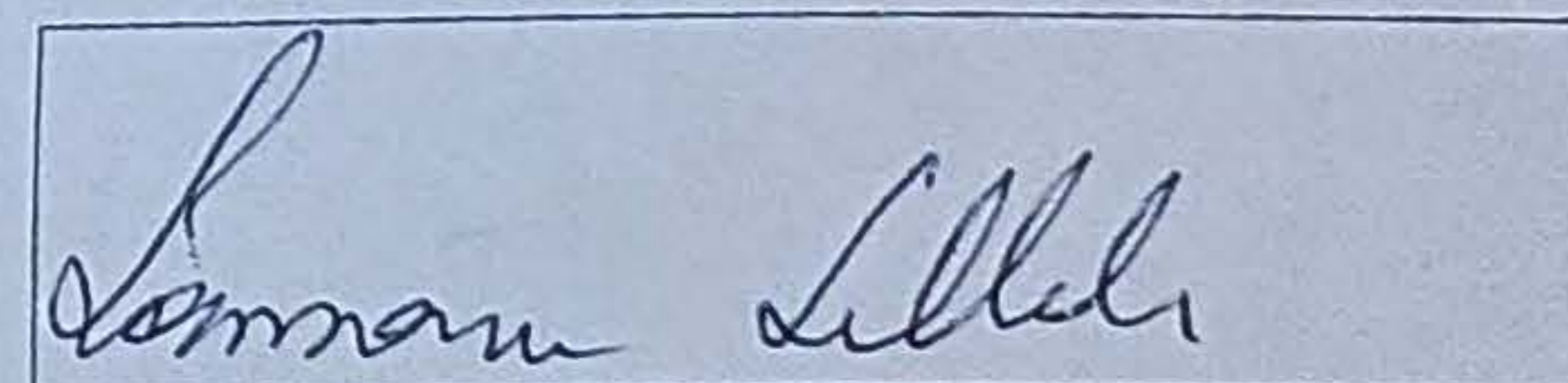
COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: Apr 30, 2025 **VALID:** 05/30/2024

PLATE: MMR3755
TITLE: 70308393103 AF
VIN: 1FMNE1BLXBDB27298
YR/MAKE: 2011/FORD
TYPE: SW
WID: 24151 3428 009548

EMISSION INSPECTION REQUIRED/DIESEL VEHICLES EXEMPT COUNTY: PHILADELPHIA

AFOMMI WHEELCHAIR TRANSPORTATION
6910 CHESTER AVENUE
PHILADELPHIA PA 19142



SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code



If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit www.irs.gov/mefbusproviders for a list of companies that offer IRS e-file for business products and services.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is AFOM. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, *Safeguarding Taxpayer Data: A Guide for Your Business*.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

AFOMMI WHEELCHAIR TRANSPORTATION

NON EMERGENCY MEDICAL TRANSPORTATION



BUSINESS PLAN

6910 Chester Ave, Philadelphia PA 19142
610-656-7231
lansrover@aol.com

AFDMMMI WHEELCHAIR TRANSPORTATION

6910 CHESTER AVE PHILADELPHIA PA 19142

EXECUTIVE SUMMARY

AFOMMI WHEELCHAIR TRANSPORTATION is a Pennsylvania-based non-medical transportation service. AFOMMI WHEELCHAIR TRANSPORTATION provides fleets including highly efficient wheelchair vans, minivans and private automobiles to Medicaid recipients and other medically appropriate clients in Philadelphia County, Pennsylvania area. AFOMMI WHEELCHAIR TRANSPORTATION is led by Lansana Sillah, a transportation industry veteran. AFOMMI WHEELCHAIR TRANSPORTATION has forecasted healthy sales by year three.

The Market and Services Offered

AFOMMI WHEELCHAIR TRANSPORTATION currently has 2 Non-Emergency Medical Transportation wheelchair vans, and four taxis servicing the entire County. The County of Philadelphia has a population of about 1.216 million with almost 13.1% Medicaid recipients. Research indicates there is a high demand for non-emergency medical transportation services and few providers leading to long wait times for transportation and cancelled appointments for residents in the County that desperately need the service. The non-emergency medical transportation market is growing on an average at 9% per year and there are over a million potential customers.

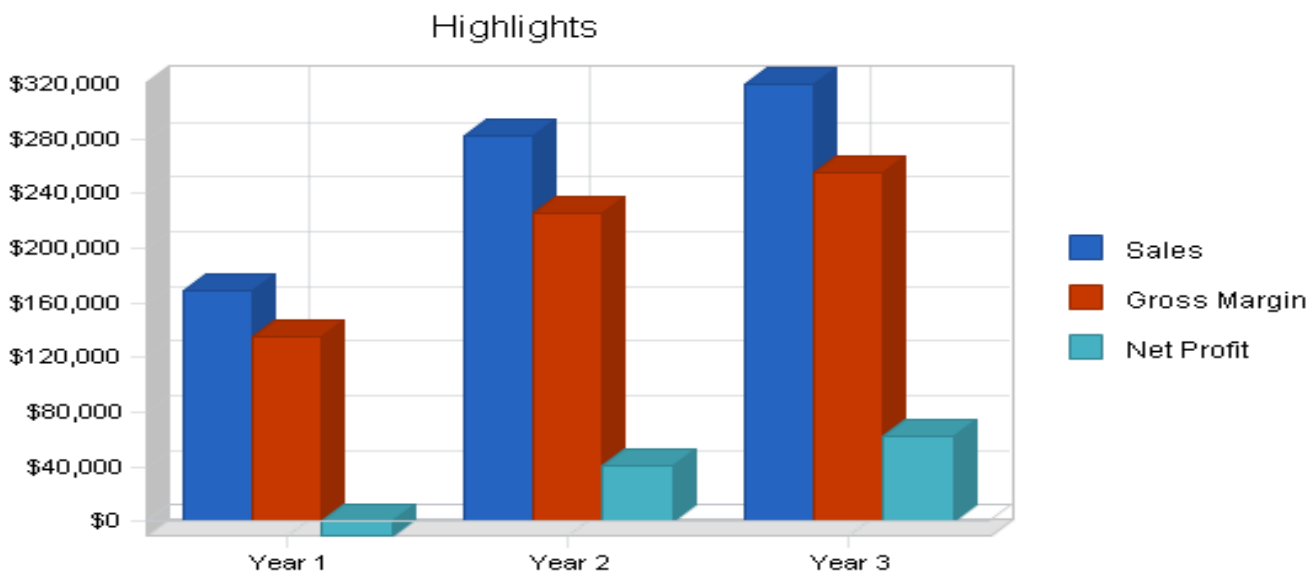
The Competitive Edge

AFOMMI WHEELCHAIR TRANSPORTATION recognizes the key to success in this industry is to provide unmatched customer service and to appeal to families as a reliable source for non-medical emergency transportation. AFOMMI WHEELCHAIR TRANSPORTATION has infused the importance of customer service into the drivers' training and jobs by offering financial incentives to the drivers for superior service. This will ensure that the best customer service will be offered at every level.

Management Team (Add background material)

AFOMMI WHEELCHAIR TRANSPORTATION was founded and is run by Lansana Sillah

AFOMMI WHEELCHAIR TRANSPORTATION will fulfill Pennsylvania's unmet need for reliable and timely non-emergency transportation services, and high service level transportation service. AFOMMI WHEELCHAIR TRANSPORTATION will achieve break-even status by month eight and will double sales of year one by year three. While AFOMMI WHEELCHAIR TRANSPORTATION will incur a loss for year one, we will generate a tidy net profit by year three.



1.1 OBJECTIVES

The objectives for the first three years of operation include:

- 1. To create a service-based company whose primary goal is to exceed customer's expectations*
- 2. To fill the gap between the lack of service and the high demand for non-emergency transportation service*
- 3. To increase customers by 20% per year through superior performance and word-of-mouth referrals.*
- 4. To develop a sustainable non-emergency medical transportation company serving the Cleveland Metropolitan Area*

1.2 MISSION

The Mission of AFOMMI WHEELCHAIR TRANSPORTATION is to provide the customer with reliable, timely, high quality and customer focused non-emergency transportation services. Our focus is to attract and maintain customers. When we adhere to this maxim, everything else will fall into place. Our services will exceed the expectations of our customers.

Company Summary

AFOMMI WHEELCHAIR TRANSPORTATION, located in Philadelphia County, Pennsylvania will contract with the NEMTS Medicaid managed care program, OLTL, ODP and other state agencies to offer non-emergency transportation service for the Philadelphia County Area. Services will also be provided to families and individuals to the community at a private pay rate. AFOMMI WHEELCHAIR TRANSPORTATION will offer their service 24 hours a day to most neighborhoods Pittsburgh PA. AFOMMI WHEELCHAIR TRANSPORTATION services will be priced to match the reimbursement rate under the Medicaid managed care program.

Lansana Sillah will be working full time as the dispatcher and back office person. Lansana Sillah will have another employee to assist with management.

2.1 COMPANY OWNERSHIP

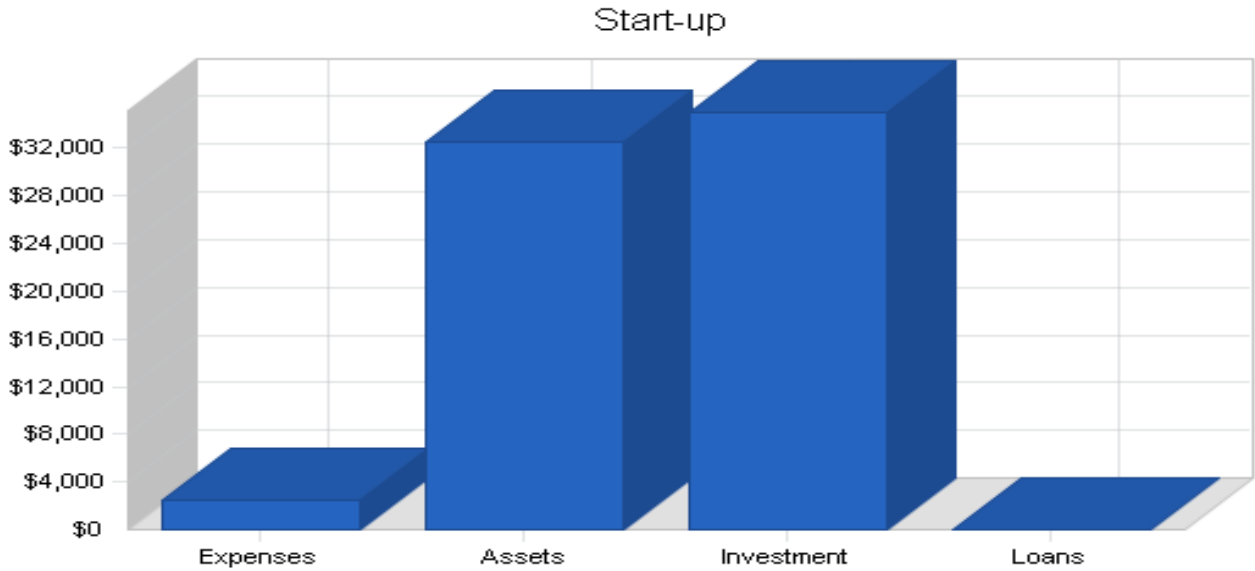
AFOMMI WHEELCHAIR TRANSPORTATION is a Pennsylvania Limited Liability Company founded and owned by Lansana Sillah.

2.2 START-UP SUMMARY

AFOMMI WHEELCHAIR TRANSPORTATION ' start-up costs will include all the equipment needed for the office, legal fees, website creation, and start-up advertising.

The office equipment will be the largest chunk of the start-up expenses. This equipment includes a computer system, fax machine, office supplies. The computer should have at least a 500 megahertz Celeron/ Pentium processor, 64 megabytes of RAM (preferably 128), 6 gigabyte hard drive, and a rewritable CD- ROM for backing up the system. A DSL line will need to be set up as well. AFOMMI WHEELCHAIR TRANSPORTATION will also need some Cisco phones. The advantage of the Cisco phones is it allows two-way communications from the base to the cars over cellular frequencies but at a drastically reduced rate.

The office will need some furniture such as a desk, file cabinets. The legal fees are used for the formation of the business as well as for reviewing/generating standard client contracts.



AFOMMI WHEELCHAIR TRANSPORTATION	
Start-up Requirements	
Start-up Expenses	
Legal	\$1,000
Stationery etc.	\$125
Brochures	\$400
Office equipment	\$500
Website creation	\$500
Other	\$0
Total Start-up Expenses	\$2,525
Start-up Assets	
Cash Required	\$30,975
Other Current Assets	\$0
Long-term Assets	\$1,500
Total Assets	\$32,475

Total Requirements	\$35,000
Start-up Funding	
Start-up Expenses to Fund	\$2,525
Start-up Assets to Fund	\$32,475
Total Funding Required	\$35,000
Assets	
Non-cash Assets from Start-up	\$1,500
Cash Requirements from Start-up	\$30,975
Additional Cash Raised	\$0
Cash Balance on Starting Date	\$30,975
Total Assets	\$32,475
Liabilities and Capital	
Liabilities	
Current Borrowing	\$0
Long-term Liabilities	\$0
Accounts Payable (Outstanding Bills)	\$0
Other Current Liabilities (interest-free)	\$0
Total Liabilities	\$0
Capital	
Planned Investment	
Investor 1	\$35,000
Other	\$0
Additional Investment Requirement	\$0
Total Planned Investment	\$35,000

<i>Loss at Start-up (Start-up Expenses)</i>	<i>(\$2,525)</i>
Total Capital	\$32,475
Total Capital and Liabilities	\$32,475
Total Funding	\$35,00

SERVICES

AFOMMI WHEELCHAIR TRANSPORTATION will provide for the pick-up and delivery of the customer or patient to the requested medical facility, treatment center or doctors office. Upon completion of the initial process, AFOMMI WHEELCHAIR TRANSPORTATION will deliver the patient to the designated treatment center for completion of any procedure, treatment or doctors visit. Patient will then be returned to the pre-designated location unless otherwise instructed by appropriately qualified healthcare professional or the Patient. Medical support services during transportation will be provided by independently contracted and medically licensed medical providers such as nurses and emergency medical technicians.

The Customer:

When carrying our patients, we can send them an SMS message with pick-up details. A useful tool to increase security, this message will show:

- Arrival time.*
- The driver's name.*
- Car type.*

Our non-emergency medical transport service is available on a contractual or on-demand basis. We work with both medical facilities and private individuals.

MARKET ANALYSIS SUMMARY

AFOMMI WHEELCHAIR TRANSPORTATION will be focusing on families as well as medically appropriate Medicaid recipients. Both groups will likely demand AFOMMI WHEELCHAIR TRANSPORTATION services. The families will utilize our service because it is convenient and less expensive than if they drove themselves and paid for long-term parking of their car in the Pittsburgh area. Medicaid recipients will use our service because it offers a wheelchair

accessibility and immediate pick up and drop off as opposed to long wait times and lack of reliability with current providers. AFOMMI WHEELCHAIR TRANSPORTATION currently has Two Non-Emergency Medical Transportation Wheelchair Vans, and four taxi services servicing the entire city).

4.1 MARKET SEGMENTATION

Our customers can be divided into two groups: families/individuals on pleasure trips, and business travelers which are Medicaid and state funded recipients.

The first group is families with medical problems such as wheelchair bound patients and others with complex medical problems that require frequent visits to meet with providers such as dialysis patients without Medicaid insurance (private pay customers). This group does not typically mind paying a bit more for a solution that takes care of their transportation to and from medical appointments. All they have to do is make the reservation and show up at the arranged pickup point.

The second group is Medicaid recipients. This group will be served under a contract with the Pennsylvania Medicaid Health System to provide transportation. AFOMMI WHEELCHAIR TRANSPORTATION will be reimbursed at a rate set by Medicaid.

Market Analysis (Pie)



Market Analysis(Year 1-5)

		Year 1	Year 2	Year 3	Year 4	Year 5	
Potential Customers Growth							
Individual/families	9%	578,000	630,020	686,722	748,527	815,894	9.00%
Business Travelers	8%	425,000	459,000	495,720	535,378	578,208	8.00%
Total	8.58%	1,003,000	1,089,020	1,182,442	1,283,905	1,394,102	8.58%

4.2 TARGET MARKET SEGMENT STRATEGY

AFOMMI WHEELCHAIR TRANSPORTATION will be targeting these two groups because they consistently travel, and AFOMMI WHEELCHAIR TRANSPORTATION solution makes traveling easy, reliable and convenient for them. While a slow economy has some effect on travel, in general Medicaid recipients and families with complex medical problems will continue to make travel arrangements to get their medical needs met.

4.3 COMPETITION AND BUYING PATTERNS

Currently in Philadelphia there are several competing transportation systems however there are only a few options for non-emergency transportation services as mentioned above. Other transportation services available in the city are:

1. **Public transportation:** Port Authority of Philadelphia County provides rapid transit services around the County. While this is an inexpensive alternative there are several disadvantages. The service does not run all hours of the night. Port Authority of Philadelphia County also forces travelers to change buses which is a major inconvenience for medically frail travelers.

2. **Taxi service:** *Taxis do provide service in the County; however, travelers cannot book the trip in advance, forcing them to call right before they want to travel. The level of service is inconsistent from taxi service to taxi service as well as from occasion to occasion. Taxis can also be quite expensive if city dwellers are going out to the suburbs. Taxi services are also not wheelchair accessible and driver's lack first aid/CPR training. Taxis are not equipped with first AID supplies.*
3. **Airport parking:** *Airport parking can be cost effective if it is for fewer than four days. Driving oneself has the advantage of not having to deal with anyone else, the flip side to this however is they must do everything for themselves. Lastly, there is always the risk of damage to their car when it is parked, and all airport parking facilities have drivers sign a waiver absolving the lot from responsibility if anything happens to the car.*

STRATEGY AND IMPLEMENTATION SUMMARY

AFOMMI WHEELCHAIR TRANSPORTATION ' marketing/sales strategy will be two pronged, one to address each of our two segmented targeted groups:

1. **Families/individuals:** *In addition to some advertising, we will be working with associations such as AAA, health care organizations in the community, community and civic centers, senior centers, Retirement living communities and other community groups to try to build up a network of users. AFOMMI WHEELCHAIR TRANSPORTATION believes that working with these groups will provide us with steady flow of customers. Additionally, since a lot of these groups have close knit among member referrals will be quite powerful when they are coming from a member who already has established a trust bond with other organizational members.*
2. **Business travelers (Medicaid recipients):** *AFOMMI WHEELCHAIR TRANSPORTATION will be contracting with the state to provide services to Medicaid recipients as an NEMT provider. This will be an important strategic to have repeat customers. NEMT will build a solid reputation in the community as a reliable transportation company for Medicaid recipients.*

5.1 Competitive Edge

AFOMMI WHEELCHAIR TRANSPORTATION competitive advantage will be based superior customer service and reliability. This will be achieved by offering an incentive system that rewards the driver economically when they achieve good service, develop repeat customers and act in a team fashion instead of competing against other company drivers. This incentive system will reward drivers when:

- 1. The company receives positive feedback about the driver (a feedback system will be set up).*
- 2. The customer is turned into a repeat customer.*
- 3. The driver develops new customers.*
- 4. The driver acts in manners that are team based instead of for individual gain.*
- 5. Timeliness and on-going training on customer service and relationship building will be offered to customers.*

Through this complicated but purposeful system, AFOMMI WHEELCHAIR TRANSPORTATION is incentivizing behavior that they believe will help the company succeed, while not rewarding behavior that is destructive to the company.

5.2 SALES STRATEGY

As previously stated, AFOMMI WHEELCHAIR TRANSPORTATION we will be servicing families/individuals as well as business travelers (Medicaid recipients). AFOMMI WHEELCHAIR TRANSPORTATION will have a different strategy for each group. For families and individuals, AFOMMI WHEELCHAIR TRANSPORTATION will use contacts through community medical associations and health care and network providers to build customers. Customers that are a part of an association tend to put more trust in a service provider when the service provider is aligned with the association. AFOMMI WHEELCHAIR TRANSPORTATION will offer a discount for the association members to try to build up a following. Our selling spiel will be total convenience at a cost that is competitive with the price that they currently paying. Offering the ability to schedule in advance, offer several scheduling options such as online scheduling, emails, 24/7 customer service should be a big selling point. Our customer services department will also confirm all appointments within 24 hours of scheduling. People like convenience, and people are willing to pay for conveniences. One phone call to arrange all of your transport needs is quite a convenience.

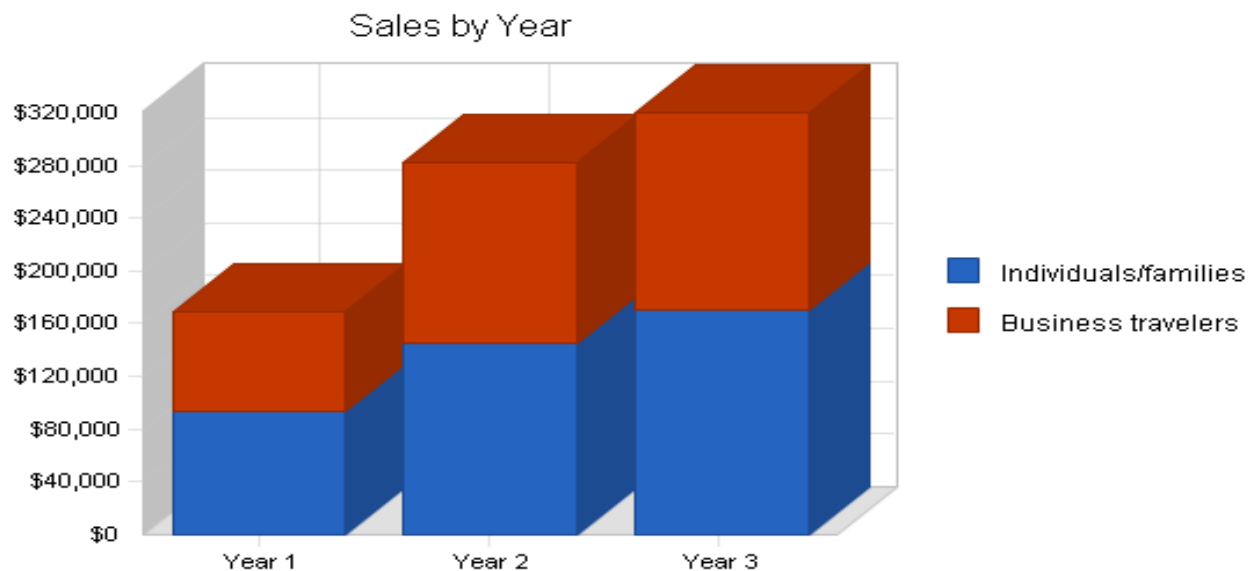
Our strategy of wooing the business travelers (Medicaid recipients) will be a campaign to introduce AFOMMI WHEELCHAIR TRANSPORTATION as a reliable source of transportation. Transportation for Medicaid recipients are offered by the state through a broker service. The Broker service arranges transportation for recipient based on availability of contracted NEMT companies. AFOMMI WHEELCHAIR TRANSPORTATION will maintain an open relationship with the Broker service by effectively communicating the availability of our drivers

Our initial marketing efforts will include a letter/brochure describing our services along with a pricing guide with all identified source of customers. AFOMMI WHEELCHAIR TRANSPORTATION will then follow up with a phone call to try to receive a commitment from the company. AFOMMI WHEELCHAIR TRANSPORTATION will convert leads into frequent customer by offering excellent and reliable services.

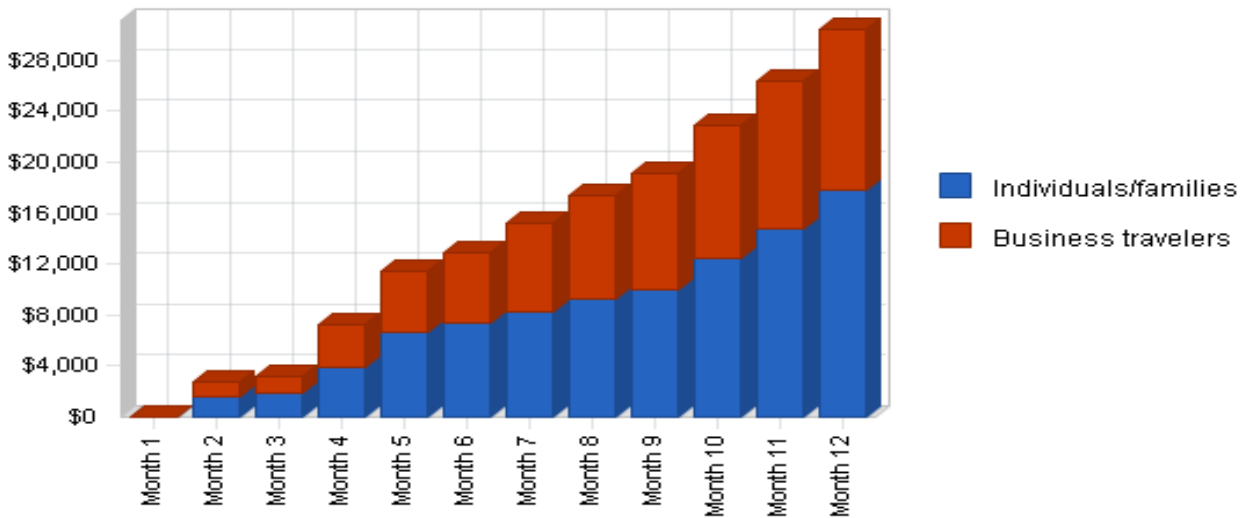
5.2.1 SALES FORECAST

The first month will be considered as the startup period for AFOMMI WHEELCHAIR TRANSPORTATION. It is anticipated that, by the second month the business office will be in order, brochures will have been sent out and AFOMMI WHEELCHAIR TRANSPORTATION will be working with associations to create visibility for the company. AFOMMI WHEELCHAIR TRANSPORTATION will have two drivers and will be paying a base monthly wage on the assumption that the drivers will be to transport customers. However, it is highly unlikely that that AFOMMI WHEELCHAIR TRANSPORTATION will generate enough revenue to support the wages of the two drivers.

AFOMMI WHEELCHAIR TRANSPORTATION will have an increase in service by Month three. Business will continue to grow and by month five a third driver will be brought on board. A fourth and final driver will be brought on board by month eleven to accommodate the all transportation needs.



Sales Monthly



Sales Forecast for AFOMMI WHEELCHAIR TRANSPORTATION			
	Year 1	Year 2	Year 3
Sales			
<i>Individuals/families</i>	\$94,061	\$145,885	\$169,874
<i>Business travelers</i>	\$74,763	\$136,874	\$149,874
Total Sales	\$168,824	\$282,759	\$319,748
Direct Cost of Sales			
	Year 1	Year 2	Year 3
<i>Individuals/families</i>	\$18,812	\$29,177	\$33,975
<i>Business travelers</i>	\$14,953	\$27,375	\$29,975
Subtotal Direct Cost of Sales	\$33,765	\$56,552	\$63,950

5.3 MILESTONES

AFOMMI WHEELCHAIR TRANSPORTATION will have several milestones to aim for:

1. *Business plan completion: This will be done as a road map for the organization. While we do not need a business plan to raise capital, it will be an indispensable tool for the ongoing performance and improvement of the company.*
2. *Set up office.*
3. *Profitability.*
4. *Bringing on board the fourth driver.*

Milestones					
Milestone	Start Date	End Date	Budget	Manager	Department
<i>Business plan completion</i>	<i>01/01/2024</i>	<i>04/08/2024</i>	<i>\$0</i>		<i>Lansana Sillah</i>
<i>Set up office</i>	<i>1/1/2024</i>	<i>04/01/2024</i>	<i>\$0</i>	<i>ABC</i>	<i>Lansana Sillah</i>
<i>Profitability</i>	<i>06/1/2024</i>	<i>8/30/2024</i>	<i>\$0</i>	<i>ABC</i>	<i>everyone</i>
<i>Fourth drive hired</i>	<i>08/01/2024</i>	<i>08/30/2024</i>	<i>\$0</i>	<i>ABC</i>	<i>everyone</i>
Totals			\$0		

6.1 PERSONNEL PLAN

The company staff will initially consist of working full time in the back office. Lansana Sillah will be responsible for setting up the appointments. By month two, AFOMMI WHEELCHAIR TRANSPORTATION will be hiring a part-time employee to help out in answering the phones and setting up appointments. This part time employee will also function as a part time marketing specialist to increase sales and assist the company with relationship building in the community. AFOMMI WHEELCHAIR TRANSPORTATION will also hire two drivers in month two. The head count will remain the same until month five when a third driver will be brought on board. Lastly, month 11 a fourth driver brought on board to effectively meet all customer transportation needs.

Reliable Non-Emergency Medical Transportation Service(AFOMMI WHEELCHAIR TRANSPORTATION)			
Personnel Plan			
	Year 1	Year 2	Year 3
Jose Vasquez	\$36,000	\$36,000	\$36,000
Part-time employee	\$16,500	\$16,500	\$16,500
Driver	\$20,600	\$21,600	\$21,600
Driver	\$20,600	\$21,600	\$21,600
Driver	\$14,400	\$21,600	\$21,600
Driver	\$3,600	\$21,600	\$21,600
Total People	6	6	6
Total Payroll	\$111,700	\$138,900	\$138,900

FINANCIAL PLAN

The following sections will detail important financial information.

7.1 IMPORTANT FINANCIAL ASSUMPTIONS

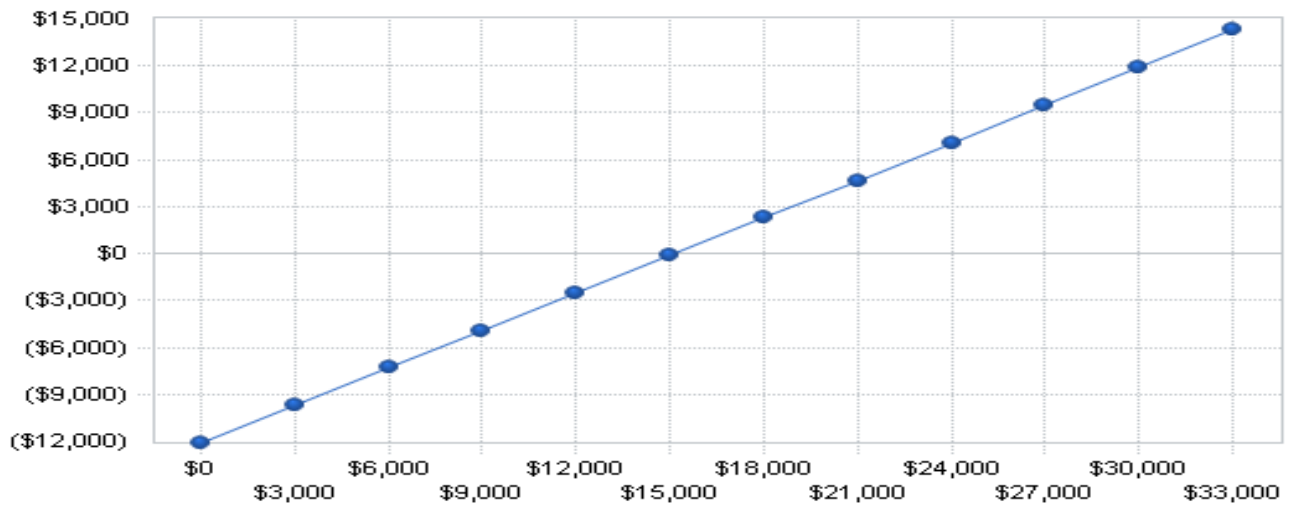
The following table highlights some of the important financial assumptions for AFOMMI WHEELCHAIR TRANSPORTATION.

(AFOMMI WHEELCHAIR TRANSPORTATION)			
General Assumptions			
	Year 1	Year 2	Year 3
<i>Plan Month</i>	1	2	3
<i>Current Interest Rate</i>	10.00%	10.00%	10.00%
<i>Long-term Interest Rate</i>	10.00%	10.00%	10.00%
<i>Tax Rate</i>	25.42%	25.00%	25.42%
Other	0	0	0

7.2 BREAK-EVEN ANALYSIS

The Break-even Analysis indicates what AFOMMI WHEELCHAIR TRANSPORTATION must have in averaged monthly revenue to break even.

Break-even Analysis



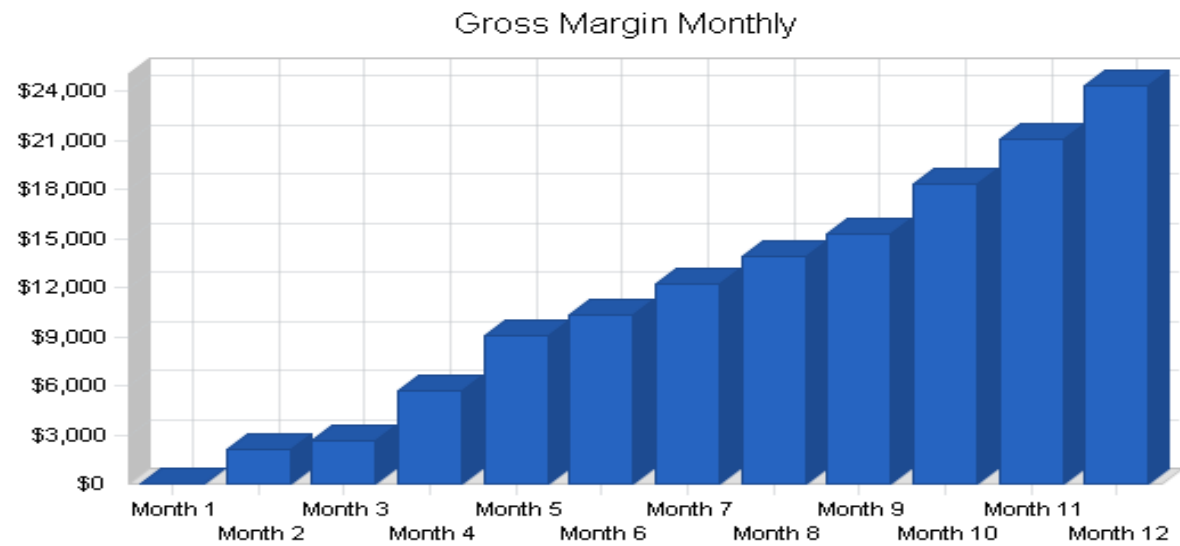
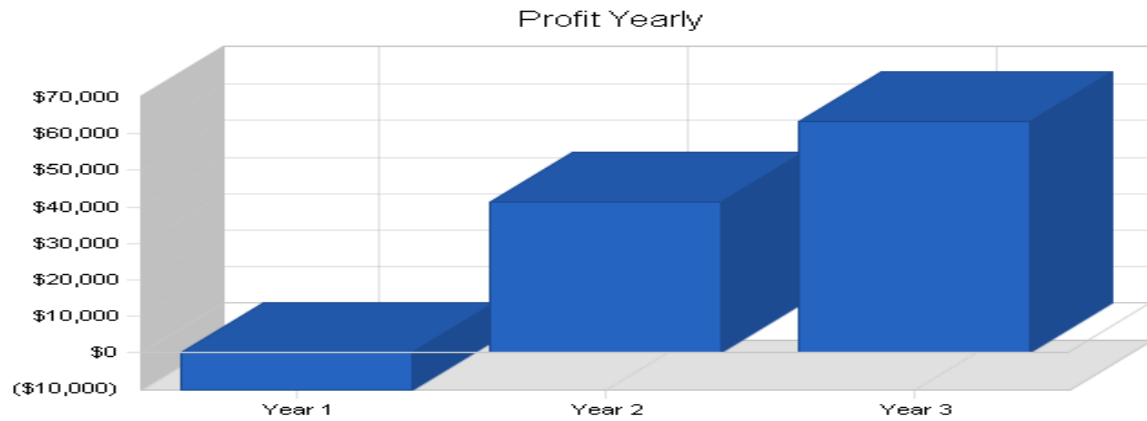
AFOMMI WHEELCHAIR TRANSPORTATION	
Break-even Analysis	
<i>Monthly Revenue Break-even</i>	\$15,131
Assumptions:	
<i>Average Percent Variable Cost</i>	20%
Estimated Monthly Fixed Cost	\$12,105

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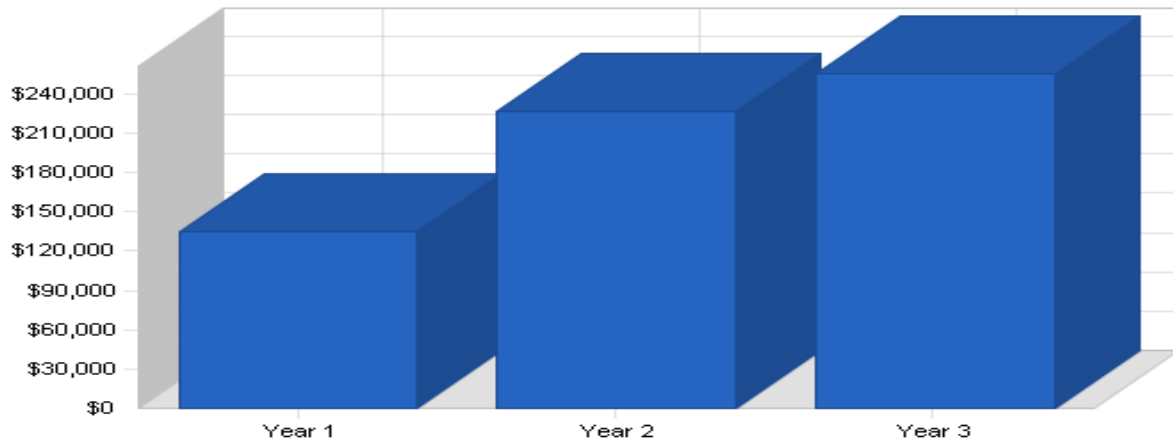
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7.3 PROJECTED PROFIT AND LOSS

THE FOLLOWING TABLE PRESENTS THE PROJECTED PROFIT AND LOSS.



Gross Margin Yearly



Profit Monthly

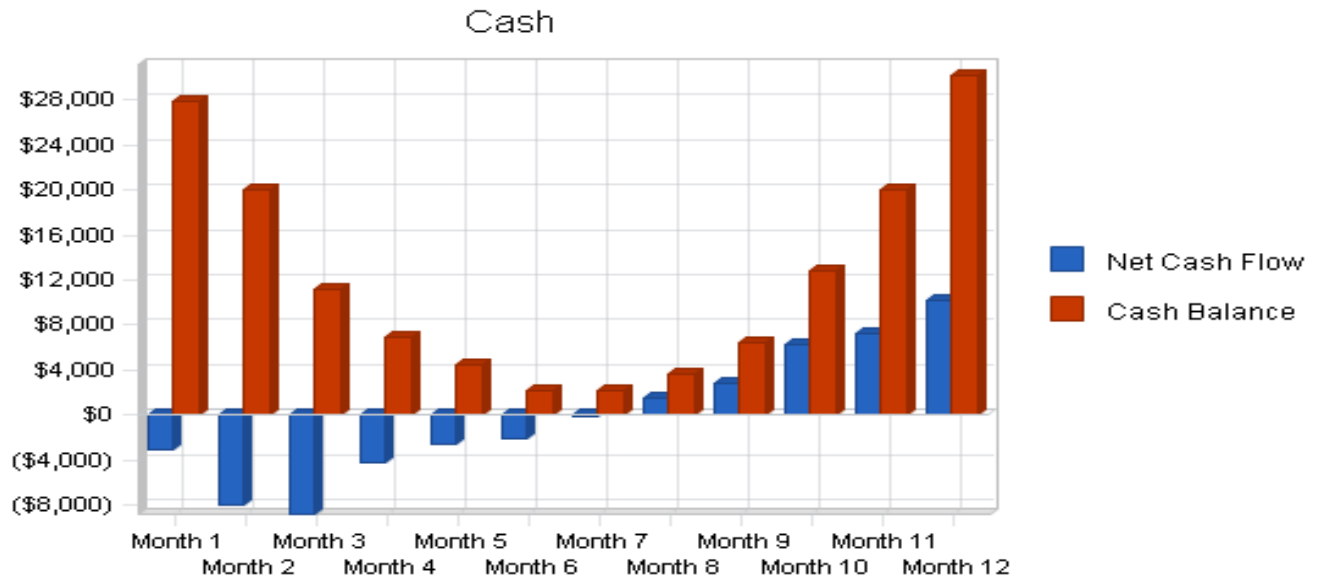


AFOMMI WHEELCHAIR TRANSPORTATION			
<i>Pro Forma Profit and Loss</i>			
	Year 1	Year 2	Year 3
Sales	\$168,824	\$282,759	\$319,748
Direct Cost of Sales	\$33,765	\$56,552	\$63,950
Other	\$0	\$0	\$0
Total Cost of Sales	\$33,765	\$56,552	\$63,950
Gross Margin	\$135,059	\$226,207	\$255,798
Gross Margin %	80.00%	80.00%	80.00%
Expenses			

<i>Payroll</i>	\$111,700	\$138,900	\$138,900
<i>Sales and Marketing and Other Expenses</i>	\$3,100	\$3,600	\$3,600
<i>Depreciation</i>	\$504	\$498	\$498
<i>Web site maintenance</i>	\$600	\$600	\$600
<i>Utilities</i>	\$1,200	\$1,200	\$1,200
<i>Insurance</i>	\$5,400	\$5,400	\$5,400
<i>Rent</i>	\$6,000	\$0	\$0
<i>Payroll Taxes</i>	\$16,755	\$20,835	\$20,835
<i>Other</i>	\$0	\$0	\$0
Total Operating Expenses	\$145,259	\$171,033	\$171,033
<i>Profit Before Interest and Taxes</i>	(\$10,200)	\$55,174	\$84,765
<i>EBITDA</i>	(\$9,696)	\$55,672	\$85,263
<i>Interest Expense</i>	\$0	\$0	\$0
<i>Taxes Incurred</i>	\$0	\$13,794	\$21,545
Net Profit	(\$10,200)	\$41,381	\$63,221
Net Profit/Sales	-6.04%	14.63%	19.77%

7.4 PROJECTED CASH FLOW

The following chart and table display the projected cash flow.



AFOMMI WHEELCHAIR TRANSPORTATION			
Pro Forma Cash Flow			
	Year 1	Year 2	Year 3
Cash Received			
<i>Cash from Operations</i>			
<i>Cash Sales</i>	\$168,824	\$282,759	\$319,748
Subtotal Cash from Operations	\$168,824	\$282,759	\$319,748
<i>Additional Cash Received</i>			
<i>Sales Tax, VAT, HST/GST Received</i>	\$0	\$0	\$0
<i>New Current Borrowing</i>	\$0	\$0	\$0
<i>New Other Liabilities (interest-free)</i>	\$0	\$0	\$0
<i>New Long-term Liabilities</i>	\$0	\$0	\$0

<i>Sales of Other Current Assets</i>	\$0	\$0	\$0
<i>Sales of Long-term Assets</i>	\$0	\$0	\$0
<i>New Investment Received</i>	\$0	\$0	\$0
Subtotal Cash Received	\$168,824	\$282,759	\$319,748
Expenditures	Year 1	Year 2	Year 3
<i>Expenditures from Operations</i>			
<i>Cash Spending</i>	\$111,700	\$138,900	\$138,900
<i>Bill Payments</i>	\$57,893	\$102,525	\$115,884
Subtotal Spent on Operations	\$169,593	\$241,425	\$254,784
<i>Additional Cash Spent</i>			
<i>Sales Tax, VAT, HST/GST Paid Out</i>	\$0	\$0	\$0
<i>Principal Repayment of Current Borrowing</i>	\$0	\$0	\$0
<i>Other Liabilities Principal Repayment</i>	\$0	\$0	\$0
<i>Long-term Liabilities Principal Repayment</i>	\$0	\$0	\$0
<i>Purchase Other Current Assets</i>	\$0	\$0	\$0
<i>Purchase Long-term Assets</i>	\$0	\$0	\$0
<i>Dividends</i>	\$0	\$0	\$0
Subtotal Cash Spent	\$169,593	\$241,425	\$254,784
Net Cash Flow	(\$769)	\$41,334	\$64,964
Cash Balance	\$30,206	\$71,540	\$136,504

7.5 PROJECTED BALANCE SHEET

The following table details the projected balance sheet.

AFOMMI WHEELCHAIR TRANSPORTATION			
Pro Forma Balance Sheet			
	Year 1	Year 2	Year 3
Assets			
<i>Current Assets</i>			
<i>Cash</i>	\$30,206	\$71,540	\$136,504
<i>Other Current Assets</i>	\$0	\$0	\$0
Total Current Assets	\$30,206	\$71,540	\$136,504
<i>Long-term Assets</i>			
<i>Long-term Assets</i>	\$1,500	\$1,500	\$1,500
<i>Accumulated Depreciation</i>	\$504	\$1,002	\$1,500
Total Long-term Assets	\$996	\$498	\$0
Total Assets	\$31,202	\$72,038	\$136,504
Liabilities and Capital			
<i>Current Liabilities</i>			
<i>Accounts Payable</i>	\$8,927	\$8,382	\$9,627
<i>Current Borrowing</i>	\$0	\$0	\$0
<i>Other Current Liabilities</i>	\$0	\$0	\$0
Subtotal Current Liabilities	\$8,927	\$8,382	\$9,627
<i>Long-term Liabilities</i>	\$0	\$0	\$0
Total Liabilities	\$8,927	\$8,382	\$9,627

<i>Paid-in Capital</i>	\$35,000	\$35,000	\$35,000
<i>Retained Earnings</i>	(\$2,525)	(\$12,725)	\$28,656
<i>Earnings</i>	(\$10,200)	\$41,381	\$63,221
<i>Total Capital</i>	\$22,275	\$63,656	\$126,877
<i>Total Liabilities and Capital</i>	\$31,202	\$72,038	\$136,504
<i>Net Worth</i>	\$22,275	\$63,656	\$126,877

7.6 BUSINESS RATIOS

The business ratios table below is generated based on standard industry ratios, standard Industrial Classification Code (SIC), Local and Suburban Transit are shown for comparison.

AFOMMI WHEELCHAIR TRANSPORTATION				
Ratio Analysis				
	Year 1	Year 2	Year 3	Industry Profile
<i>Sales Growth</i>	0.00%	67.49%	13.08%	3.70%
Percent of Total Assets				
<i>Other Current Assets</i>	0.00%	0.00%	0.00%	45.30%
<i>Total Current Assets</i>	96.81%	99.31%	100.00%	64.40%
<i>Long-term Assets</i>	3.19%	0.69%	0.00%	35.60%
Total Assets	100.00%	100.00%	100.00%	100.00%
<i>Current Liabilities</i>	28.61%	11.64%	7.05%	31.20%
<i>Long-term Liabilities</i>	0.00%	0.00%	0.00%	25.20%
<i>Total Liabilities</i>	28.61%	11.64%	7.05%	56.40%
Net Worth	71.39%	88.36%	92.95%	43.60%
Percent of Sales				
<i>Sales</i>	100.00%	100.00%	100.00%	100.00%
<i>Gross Margin</i>	80.00%	80.00%	80.00%	66.70%
<i>Selling, General & Administrative Expenses</i>	86.04%	65.37%	60.12%	46.50%
<i>Advertising Expenses</i>	0.36%	0.21%	0.19%	0.50%
<i>Profit Before Interest and Taxes</i>	-6.04%	19.51%	26.51%	2.90%
Main Ratios				

<i>Current</i>	3.38	8.53	14.18	1.61
<i>Quick</i>	3.38	8.53	14.18	1.17
<i>Total Debt to Total Assets</i>	28.61%	11.64%	7.05%	56.40%
<i>Pre-tax Return on Net Worth</i>	-45.79%	86.68%	66.81%	4.60%
<i>Pre-tax Return on Assets</i>	-32.69%	76.59%	62.10%	10.50%
Additional Ratios	Year 1	Year 2	Year 3	
<i>Net Profit Margin</i>	-6.04%	14.63%	19.77%	<i>n.a</i>
<i>Return on Equity</i>	-45.79%	65.01%	49.83%	<i>n.a</i>
Activity Ratios				
<i>Accounts Payable Turnover</i>	7.49	12.17	12.17	<i>n.a</i>
<i>Payment Days</i>	27	31	28	<i>n.a</i>
<i>Total Asset Turnover</i>	5.41	3.93	2.34	<i>n.a</i>
Debt Ratios				
<i>Debt to Net Worth</i>	0.40	0.13	0.08	<i>n.a</i>
<i>Current Liab. to Liab.</i>	1.00	1.00	1.00	<i>n.a</i>
Liquidity Ratios				
<i>Net Working Capital</i>	\$21,279	\$63,158	\$126,877	<i>n.a</i>
<i>Interest Coverage</i>	0.00	0.00	0.00	<i>n.a</i>
Additional Ratios				
<i>Assets to Sales</i>	0.18	0.25	0.43	<i>n.a</i>
<i>Current Debt/Total Assets</i>	29%	12%	7%	<i>n.a</i>
<i>Acid Test</i>	3.38	8.53	14.18	<i>n.a</i>
<i>Sales/Net Worth</i>	7.58	4.44	2.52	<i>n.a</i>
Dividend Payout	0.00	0.00	0.00	<i>n.a</i>

AFOMMI WHEELCHAIR TRANSPORTATION

Section 1



Organization and Administration Policies

6910 Chester Ave, Philadelphia PA 19142
610-656-7231
lansrover@aol.com

1.1 STANDARD OPERATING PROCEDURES MANUAL POLICY

Purpose: This Standard **Operating Procedures Manual** provide standards which delineate what should be included in AFOMMI WHEELCHAIR TRANSPORTATION's standard operating proceeds and the usage of the SOP manual.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION has developed and maintains the standard operating procedures (SOP) manual to reflect the methods of daily operation and to provide the standards to each employee. The SOP manual will be available in a binder labeled "SOP Manual". A copy of the SOP manual shall be available at each location where a vehicle is garaged, shall be readily accessible to all crewmembers and shall be made available to State regulatory agency upon demand. The SOP manual address the following employees' responsibilities in cooperating with inspections, the rules governing vehicles placed in unusable status, the possibility of incurring monetary penalties in case of licensure violations, having training credentials available and performing duties in a professional manner. The SOP manual shall address sanitation requirements, confidentiality of patient information, maintenance of records, vehicle cleanliness, and communicable disease guidelines, placing patients into physical behavioral restraints, patient rights, vehicle breakdowns, child and elder abuse reporting requirements, portable and mobile radio. The SOP manual shall also contain a nondiscrimination statement, outlining the service's willingness to transport and treat patients regardless of a person's race, sex, creed, national origin, sexual preference, age, disability, medical condition (including, but not limited to, patients with AIDS/HIV, TB, Hepatitis B or other communicable diseases) or ability to pay. A current copy of the state regulatory agency rules and regulations shall be included in the SOP manual.

The SOP Manual will be reviewed annually by the administrator and senior management with input from staff to ensure the manual reflects current practice and all relevant state and federal regulations.

1.2 REVIEW AND DEVELOPMENT OF NEW POLICY AND PROCEDURES

Purpose: Identify need for new policy and/or procedures and process for reviewing of existing Policy and Procedures for the Standard Operating Procedure Manual

Policy: The need for new policy and/or procedures may be identified by:

- The department of health and senior services staff or other stakeholders
- Administrator or management staff
- Employees
- Patient related concerns and complaints

The triggers for a new policy and/or procedures may include:

- changes to the external or internal operating environment;
- changes to government policy or legislation;
- review of the strategic directions of AFOMMI WHEELCHAIR TRANSPORTATION;
- new initiatives within or across the industry;
- need for consistency across areas of service delivery.

Review of Existing Policy and Procedures

Policies and procedures of AFOMMI WHEELCHAIR TRANSPORTATION must be reviewed on a regular basis. The policy review team shall include the administrator, management staff and selected employees. The review cycle may vary depending on the policy type and its scope, but three years would be typical, and there must be no more than five years between policy reviews. Procedures are likely to be reviewed more frequently. Review dates should be set to allow adequate time for revision and approvals processes.

Minor editorial updates that do not affect the title or substance of the policy (purpose, scope, policy statement) do not need to go through the formal approvals process. These include correction of typographical errors or changes to:

- stakeholders
- policy owner
- contact person/maintainer
- key words and definitions

1.3 ADMINISTRATOR AND DESIGNATED ALTERNATIVE POLICY

Purpose: To set guidelines for the administration and day to day operations of AFOMMI WHEELCHAIR TRANSPORTATION.

Policy: It is the policy of AFOMMI WHEELCHAIR TRANSPORTATION to ensure a fully qualified administrator is employed for the day-to-day operation of all AFOMMI WHEELCHAIR TRANSPORTATION services. The administrator shall designate one or more alternates to act in the administrator's absence. The state regulatory agency shall be informed of the appointment by the appointment administrator and the alternate within 14 calendar days of appointment and or of any subsequent change. The administrator or the designated alternate shall be available for consultation with the state regulatory agency during normal business hours.

1.4 BUSINESS LOCATION POLICY

Purpose: To provide guidelines regarding the business location of AFOMMI WHEELCHAIR TRANSPORTATION.

Policy: It is the policy of AFOMMI WHEELCHAIR TRANSPORTATION to maintain a principal location of AFOMMI WHEELCHAIR TRANSPORTATION. The principal location of AFOMMI WHEELCHAIR TRANSPORTATION is 6910 Chester Ave Philadelphia PA 19142. The administrator shall inform the state regulatory agency of the specific location of AFOMMI WHEELCHAIR TRANSPORTATION 14 calendar days in advance of any change in the location of the principal place of business. The principal place of AFOMMI WHEELCHAIR TRANSPORTATION will be located on an actual piece of real property and not be a post office box or mail drop. The administrator or designated alternate informs the state regulatory agency of the location of any satellite offices and vehicle storage sites maintained by AFOMMI WHEELCHAIR TRANSPORTATION. AFOMMI WHEELCHAIR TRANSPORTATION will notify the state at least 14 calendar days prior to commencement of business at any proposed satellite location.

1.5 INSURANCE COVERAGE POLICY

Purpose: To provide guidelines for maintaining the required insurance coverage.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION will maintain the required insurance coverage. AFOMMI WHEELCHAIR TRANSPORTATION shall immediately discontinue any and all non-emergency Transportation vehicles services in the event any portion of the required insurance is cancelled, expires or otherwise becomes null or void. At a minimum AFOMMI WHEELCHAIR TRANSPORTATION will maintain:

1. At least \$500,000 per occurrence of combined bodily injury/property damage coverage for each vehicle;
2. At least \$300,000 of single limit coverage of "premises and operations" type general liability insurance; and
3. At least \$300,000 per occurrence coverage of "malpractice" type professional liability insurance, if operating a BLS ambulance service.

A "Certificate of Insurance" form, issued by an insurance carrier, covering all three types of insurance listed above shall be maintained at AFOMMI WHEELCHAIR TRANSPORTATION. The vehicle insurance card shall be kept in the vehicle at all times so as to be accessible to the crewmembers. Vehicle insurance cards shall be made available to state regulatory staff upon demand. Copies of all insurance policies shall be kept at AFOMMI WHEELCHAIR TRANSPORTATION's principal place of business and made available to state staff upon demand forms that show that the required insurance has been purchased and is in force. If the vehicles are insured as "Scheduled Autos," the Vehicle Identification Number (VIN) of each vehicle shall be listed on the "Certificate of Insurance" form. The Certificate of Insurance shall contain the following:

1. The name of the insurance Company or companies issuing each policy;
2. The name of the policyholder, which shall include the provider's trade name;
3. All policy numbers;
4. The expiration date of each policy; and
5. The types and limits of coverage for each policy.

AFOMMI WHEELCHAIR TRANSPORTATION shall make the state regulatory agency a certificate holder of any required insurance policies. AFOMMI WHEELCHAIR TRANSPORTATION will also make all Certificate of Insurance readily available and shall supply the state with the certificate of Insurance with all identified information as outlined in 1 to 5 as listed above for any vehicle re-licensure.

1.6 ADVERTISING POLICY

Purpose: To provide guidelines for the advertising of AFOMMI WHEELCHAIR TRANSPORTATION services and to ensure all staff comply with advertising restrictions.

Policy: It is the policy of AFOMMI WHEELCHAIR TRANSPORTATION to ensure all AFOMMI WHEELCHAIR TRANSPORTATION advertising or representations are only services AFOMMI WHEELCHAIR TRANSPORTATION is licensed to provide. All advertisements shall include the name under which AFOMMI WHEELCHAIR TRANSPORTATION is licensed by the Department.

Advertisements of AFOMMI WHEELCHAIR TRANSPORTATION NEMT services shall not give the impression that AFOMMI WHEELCHAIR TRANSPORTATION is capable of providing emergency medical services and shall be void of any word or expression indicating emergency medical services, including, but not limited to, "Emergency," "9-1-1," or "Emergency Response." The words "24-hour service," "Immediate Response," "Eliminate Delay" or similar expressions shall **NOT** appear in AFOMMI WHEELCHAIR TRANSPORTATION advertising. The words "Paramedic," "EMT-Paramedic," "Mobile Intensive Care," "Intensive Care," "MICU," "Critical Care Transport Unit," "CCTU," "Coronary Care," "Special Care," "Specialty Care," "SCTU," "Specialty Care Transport Unit," "ALS," "Advanced Life Support" or abbreviations of such words, shall **NOT** appear in advertisements unless AFOMMI WHEELCHAIR TRANSPORTATION is licensed to provide those services.

All advertising materials will be reviewed and approved by the administrator in compliance with this policy.

1.7 RELEASE OF INFORMATION POLICY

Purpose: To delineate guidelines for ensuring the confidentiality and the release of patient information.

Policy: It is the policy of AFOMMI WHEELCHAIR TRANSPORTATION that all patient information, including patient identifiable data, remains confidential and private. All AFOMMI WHEELCHAIR TRANSPORTATION staff shall be informed upon hire regarding the confidentiality and the release of patient information as provided in the SOP manual.

All Patient information shall only be disclosed or released in the following circumstance:

1. If the patient, guardian, executor or other legally authorized person has requested in writing that the information be released to a specific person, entity or AFOMMI WHEELCHAIR TRANSPORTATION;
2. In compliance with a subpoena, judicial order or applicable law, rule and/or regulation;
3. To process a claim for insurance, including Medicare or Medicaid, if authorized by the patient, guardian, executor or other legally authorized person;
4. To Department staff in the performance of their duties and/or while conducting inspection, audit and/or investigation; and
5. To affect the transfer of the patient to another health care professional receiving the patient.

1.8 MAINTENANCE OF RECORDS POLICY

Purpose: To ensure the appropriate maintenance of patient records

Policy: AFOMMI WHEELCHAIR TRANSPORTATION will take action to maintain full, complete and accurate records as required by all applicable regulations. Records shall not be falsified, altered or destroyed. Records will be stored in hard copy files in cabinets located in a secure room. Other records will also be stored in a computer format. All records will be deemed confidential only accessed by employees as required in their job function. The administrator will ensure safeguards are in place to prevent unauthorized access and tampering, and adequate back-up data through a hard disk drive for all electronic records. AFOMMI WHEELCHAIR TRANSPORTATION will keep a copy of each required record, including patient care reports, at its principal place of business. The records shall be made available to state licensure agency staff upon demand.

AFOMMI WHEELCHAIR TRANSPORTATION shall retain and safely store all patient medical records, including patient care reports, for at least 10 years. However, in those instances where a patient is less than 18 years of age at the time of treatment, the patient medical records shall be retained and stored until the patient's 23rd birthday or for 10 years, whichever is greater. AFOMMI WHEELCHAIR TRANSPORTATION shall retain and safely store all other required records for at least five years. In the event AFOMMI WHEELCHAIR TRANSPORTATION ceases operation for any reason, AFOMMI WHEELCHAIR TRANSPORTATION will arrange with a data storage AFOMMI WHEELCHAIR TRANSPORTATION under a contract that will ensure the safety, integrity, legibility, and accessibility of all records.

Cross Reference Policy

Release of Information Policy

Forms

1. Release of Information Form

1.9 OPERATION AND ADMINISTRATION POLICY

Purpose: Operation is main activity of AFOMMI WHEELCHAIR TRANSPORTATION. Safe and efficient operation is necessary to improve AFOMMI WHEELCHAIR TRANSPORTATION performance. AFOMMI WHEELCHAIR TRANSPORTATION is committed to safe and efficient administration and operation.

POLICY

AFOMMI WHEELCHAIR TRANSPORTATION management will ensure all staff complies with the following:

1. Ensure Drivers employed for vehicle are medically and mentally fit for driving.
2. Proper training for all drivers at orientation and annually
3. Office staff will ensure the drivers have necessary information about the journey total time, duty hours, routes, rest areas and potential hazards of journey
4. Drivers will be trained to ensure the following for all trips:
 - *Before transporting client* to check the fitness of vehicle by drivers and supervisors
 - To check the drivers activities by tracking, spot checking and trip log.
 - If vehicle has defect of maintenance or safety and cannot continue safe operation

Cross Reference Policy

1. Standard Operating Procedure Policy

1.10 MOBILE PHONE POLICY

Purpose: AFOMMI WHEELCHAIR TRANSPORTATION is committed to the goal of no harm to *clients*.

Mobile phones have become an essential business tool for most staff; however the use of a mobile phone, or other communication equipment, while driving presents a significant safety hazard.

Therefore, as a minimum within our business, the use of Mobile phones in motor vehicles is as follows:

Policy: For safety purpose, the use of a hands-held mobile phone while driving is forbidden and should be treated as a case of serious misconduct. If there is no hands free facility available, the phone must be switched off while driving and a messaging service should be used to take incoming calls.

When the vehicle is equipped with a hands-free kit, the phone should only be used to receive *calls and conversations kept to an absolute minimum while driving*. If there is a need for a longer discussion, the driver should explain his situation and offer to call the caller back when a safe place to park is available. It is not safe to stop on the hard shoulder of a motorway.

Outgoing calls should not be made while driving and dialing must not take place whilst the vehicle is in motion.

AFOMMI WHEELCHAIR TRANSPORTATION

Section 2



SERVICE Policies

6910 Chester Ave, Philadelphia PA 19142

610-656-7231

lansrover@aol.com

2.1 PATIENT CARE REPORTS POLICY

Purpose: To provide guidelines for the maintenance and utilization of patient care reports by AFOMMI WHEELCHAIR TRANSPORTATION crew members.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION will maintain and ensure the utilization of a patient care report form each time a crewmember makes physical or verbal contact with a patient. All crewmembers will be trained on properly completing the patient care report. A separate patient care report shall be prepared for each patient transported in the same vehicle. One patient care report, per person shall be completed. A separate patient care report shall be completed for each leg of a round trip transport. The patient care report form shall be signed by all of the crewmembers. Each patient care report form shall be completed in eligible ink and shall contain the following information:

1. The patient's name, age, sex and home address;
2. A description of the patient's condition and any observed changes
3. A description of any care and/or assistance given to the patient.
4. The time when, and location where, the patient was picked up and was discharged;
5. The vehicle recognition number, date, and full names of each crewmember and their affiliation.

A copy of the patient care report shall be given to an authorized representative at the receiving health care facility. This shall be done no later than 24 hours after completion of the call. Additions to the original report shall not be made once a copy has been delivered to the receiving health care facility, unless such changes are initialed and dated by the person making the change and the receiving health care facility is provided with a copy of the changes.

AFOMMI WHEELCHAIR TRANSPORTATION shall keep all patient care reports in accordance maintenance of record policy and in compliance with state regulatory agency rules and regulation.

The Administrator shall review daily all patient care reports to ensure they are completed correctly.

2.2 NON-DISCRIMINATION POLICY

Purpose: Consistent with best work environment practice, our policy and practice is to maintain a work environment free from discrimination, one where employees and patients are treated with dignity and respect. All employees share in the responsibility for fulfilling AFOMMI WHEELCHAIR TRANSPORTATION's commitment to equal employment opportunity and access to service for all patients. To that end, AFOMMI WHEELCHAIR TRANSPORTATION's Non-Discrimination Policy provides that we do not discriminate against any employee or applicant for employment or patients. We also comply with all applicable national and local laws pertaining to non-discrimination and equal opportunity.

Policy:

Patients: AFOMMI WHEELCHAIR TRANSPORTATION does not discriminate against existing and potential patients on the basis of person's race, sex, creed, national origin, sexual preference, age, disability, medical condition (including, but not limited to, patients with AIDS/HIV, TB, Hepatitis B or other communicable diseases) religion, marital status, sexual orientation, gender identity and expression, pregnancy, covered veteran status, political affiliation or ability to pay.

Employees: As an equal opportunity employer, AFOMMI WHEELCHAIR TRANSPORTATION will provide equal consideration to all employees and job candidates without regard to sex, age, race, color, marital status, gender identity, sexual orientation, religion, national origin, veteran status, disability, political affiliation, or any other characteristic protected by federal, state, or local law.

Any form of discrimination is strictly prohibited. Discrimination of any form should be reported immediately to the Administrator for investigation. The crewmember or staff affected by the allegation will be placed on administrative leave during the investigation. If the allegations are substantiated, the employee will be terminated and the appropriate agencies will be notified.

2.3 CHILD AND ELDER ABUSE REPORTING POLICY

Purpose: To describe the process for identifying, investigating, and reporting suspected victims of Domestic Abuse, Child Abuse and Neglect, and Elder Abuse and Neglect.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION leaders are cognizant of the increasing occurrence of domestic violence, abuse and neglect in America today. Realizing that victims of alleged or suspected domestic violence, abuse or neglect may be admitted to the service of AFOMMI WHEELCHAIR TRANSPORTATION and that appropriate services cannot be provided by AFOMMI WHEELCHAIR TRANSPORTATION unless these victims are identified and assessed, this organization will:

- Define terms used in this policy as follows:

Domestic: household or family related

Violence: implies use of great force, intense vehemence, physical force exerted for the purpose of violating, damaging or abusing people or things

Abuse: generally carries with it a sense of harm and takes the form of physical, verbal, sexual, psychological and emotional injury. It is generally repetitive and escalating.

Neglect: failure to care for or do, to disregard or pay no attention to. Neglect can be passive (unintentional failure to administer care or to give attention) or active (intentional failure to fulfill a care-taking obligation; to inflict physical or emotional stress or injury)

- Educate staff about domestic violence, abuse and neglect issues.
- Educate staff about appropriately identifying and assessing alleged or suspected victims.
- Educate staff about appropriate intervention in response to the identified abuse and neglect findings.
- Educate the staff to issues related to violence, abuse and neglect.
- Use the current state laws and regulations regarding abuse, neglect and domestic violence issues as AFOMMI WHEELCHAIR TRANSPORTATION's guide for reporting and intervention processes.
- Establish and maintain a list of referral sources that includes private and public community agencies that provide for, or arrange for, assessment and care of victims of suspected or alleged abuse and establish a referral network with these and other appropriate resources.
- Educate all staff regarding the referral process with these resources, including the referral criteria and implementation of the referral process to the appropriate resources within the network.

- Educate staff to appropriate documentation of assessment and care.
- Establish screening guidelines for identification of AFOMMI WHEELCHAIR TRANSPORTATION's "at risk" population and educate the staff to recognize AFOMMI WHEELCHAIR TRANSPORTATION's at risk population.

Related Policy:

1. Reportable events

2.4 REPORTABLE EVENTS POLICY

Purpose: To establish policies and procedures to notify the Department of Health and Senior Services of reportable events.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION will comply with all requirements for reportable events. AFOMMI WHEELCHAIR TRANSPORTATION will notify the state regulatory agency by telephone and also by written confirmation using the Reportable Events form as provided by the state.

Reportable events will be reported by the Administrator to the state by phone and in writing and will include the following:

1. Any death or injury that occurred to a patient, passenger or crewmember while being treated, transported or riding in the provider's vehicle
2. Any accident reportable in which one or more of the provider's vehicles is involved, regardless of whether or not the accident is actually reported to the police.
3. Any event occurring on or within the provider's vehicle(s) or place of business that results in any damage to patient medical records;
4. Any instance where a crewmember acts outside of his or her approved scope of practice;
5. Any and all incidents or series of incidents which, upon objective evaluation, lead to the good faith belief that the conduct is in violation of any applicable law, rule and/or regulation (including, but not limited to, any instances of child abuse or neglect, elder abuse, domestic violence and/or the utilization of physical behavioral restraints); and/or
6. Any PIOOS (Provider-Initiated-Out-of-Service) for a period greater than 30 calendar days.

The initial telephone report shall be made during regular business hours before the end of the next business day following the incident.

The written confirmation shall be in the form provided by state regulatory agency and shall include all information known to the provider or crewmembers, including the condition of, and prognosis for, any injured persons, as well as copies of any official reports (such as a police report) and the provider's estimate of the degree of disruption of services, as applicable. This confirmation shall be delivered to state regulatory agency no later than 14 calendar days after the incident.

Related Policy:

1. Non-Discrimination Policy
2. PIOOS Policy

2.5 VEHICLE SAFETY POLICY

Purpose: To provide guidelines for vehicle safety operations

Policy: Each AFOMMI WHEELCHAIR TRANSPORTATION vehicle shall be maintained in a safe operating condition. The vehicle and all required equipment shall be functional and operable when the non-emergency transportation vehicle is "in-service." The responsibility for the safe operation of each vehicle shall rest with the crewmembers staffing that vehicle. AFOMMI WHEELCHAIR TRANSPORTATION strongly prohibits the operation of any vehicle without due regard for the safety of the general public or without adhering to all applicable laws, rules and/or regulations. AFOMMI WHEELCHAIR TRANSPORTATION will also avoid the operation of any vehicle that is patently unsafe to drive, presents a hazard to personnel and/or bystanders, has not passed the state Motor Vehicle Commission (MVC) inspection or does not display a valid MVC inspection sticker. It is the policy of AFOMMI WHEELCHAIR TRANSPORTATION that no person shall staff or operate, or be allowed to staff or operate a non-emergency transportation vehicle:

1. After consuming or while under the influence of alcohol, narcotics or any substance that substantially compromises a person's decision-making abilities;
2. In a reckless manner;
3. At an excessive rate of speed; or
4. While engaging in any illegal conduct.

(e) The interior of the vehicle shall be designed for the safety of patients and crewmembers and the patient compartment shall have the following safety features:

1. There shall be no protruding edges
2. Exterior corners (corners that point-out) shall be rounded or covered with a padded material;
3. The ceiling shall be finished with a padded material or with a flat, even and unbroken surface;
4. The floor shall have a flat, even, unbroken and impervious surface and shall be covered with a slip resistant material;
5. Any seats with under seat storage shall have a positive latching mechanism that holds the seat closed;
6. All cabinet doors, except a sliding door, shall have a positive latching mechanism that shall hold the door securely closed and shall prevent the contents of the cabinet from pushing the door open from the inside; and
7. All equipment and supplies carried on the vehicle shall be stored in a crashworthy manner (that is, they shall remain firmly in place and shall not present a hazard to any vehicle occupant in the event of an accident or sudden change in vehicle speed or direction). There shall be sufficient cabinets and other storage spaces within the vehicle so as to meet this requirement. Crashworthy retention systems shall not incorporate rubber straps, "shock cords" or Velcro [FN®]-type closures.
8. The bench seats in all vehicles manufactured after July 1, 2002 shall have a passive barrier at the forward end of the bench.

(f) Automotive safety belts shall be provided for each vehicle occupant (patient, passenger or crewmember) over eight years of age or under eight years of age but weighing more than 80 pounds and shall meet all State standards. Each vehicle occupant shall be properly restrained

either in an automotive safety belt, or, if a passenger is a patient and it is medically appropriate, in a wheelchair or on a stretcher. All children under eight years of age weighing 80 pounds or less shall be properly restrained in a Federally-approved child restraint system. or, if such a child passenger is a patient and it is medically appropriate in a wheelchair or on a stretcher.

(g) Signs shall appear in both the patient and driver's compartments that clearly indicate that smoking is prohibited anywhere in the vehicle.

(h) Each vehicle shall be equipped with the following minimum safety equipment:

1. One flashlight, two D-cell size or larger;
2. One fire extinguisher, U.L. rated at least 2A 10BC or 3A 40BC. The extinguisher shall have a valid inspection tag indicating that it is fully charged. The fire extinguisher shall be securely mounted in a bracket on the wall, floor or ceiling; and
3. Three portable red emergency reflective safety triangles or three battery-operated flashers. Due to their flammable nature, ground and/or safety flares of any type shall not be carried on any vehicle.

Related Policy

1. Alcohol and Drug Policy

2.6 PHYSICAL BEHAVIORAL RESTRAINTS POLICY

Purpose: To establish a policy and procedure for physical behavioral restraints of patients

Policy: Patients shall not be placed and/or transported in physical behavioral restraints unless:

1. A physician or court has authorized the placement of the restraints;
2. The patient is in the custody of a law enforcement officer; or
3. The medical condition of the patient mandates transportation to, and treatment at, a health care facility, and the patient manifests such a degree of behavior that he or she:
 - i. Poses serious physical danger to himself or herself or to others; or
 - ii. Causes serious disruption to ongoing medical treatment that is necessary to sustain his or her life or to prevent disability.

(b) A patient placed in physical behavioral restraints shall not remain restrained for a period greater than one hour unless:

1. A physician or court has authorized the utilization of the restraints for longer than one hour; or
2. The patient is personally accompanied by a law enforcement officer.

(c) Physical behavioral restraints shall not be of a type, or utilized in a manner, that causes undue physical discomfort, harm or pain to a patient. Hard restraints, such as handcuffs, are specifically prohibited unless the law enforcement officer who applied the hard restraints or handcuffs personally accompanies the patient. A patient placed in any type of restraint shall be closely monitored to ensure that his or her airway is not compromised in any way. In no circumstance shall a patient be placed prone (that is, face-down) on a stretcher while in restraints.

(d) The rationale for placing and/or transporting a patient in physical behavioral restraints, and the type of restraints utilized, shall be clearly stated in the patient care report.

2.7 GUIDE DOGS POLICY

Purpose: To provide guidelines foreseeing-eye dogs, service dogs, hearing ear dogs, companion dogs and/or guide dogs to assist a blind, handicapped or hearing impaired person.

Policy: In accordance with the state and federal Against Discrimination Laws, seeing-eye dogs, service dogs, hearing ear dogs, companion dogs and/or guide dogs trained by a recognized company or school to assist a blind, handicapped or hearing impaired person shall be permitted on any non-emergency transportation vehicle where their presence is necessary to perform the duties for which they are trained. No crewmember shall refuse transportation of handicapped or hearing impaired person with seeing-eye dogs, service dogs, hearing ear dogs, companion dogs and/or guide dogs trained by a recognized company.

2.8 PATIENT RESTRICTIONS POLICY

Purpose: To provide guidelines for patient restrictions under non-emergency transportation

Policy:

(a) When "in-service," a non-emergency transportation vehicle may be utilized to provide non-emergency health care transportation to sick, infirm or otherwise disabled persons:

1. Who are under the care or supervision of a physician or other recognized health care provider;
2. Whose medical condition is not of sufficient magnitude or gravity to require transportation in a BLS ambulance, but does require transportation from place to place for medical care; and
3. Whose utilization of an alternate form of transportation, such as taxicab, bus, other public conveyance or private vehicle might create a serious risk to life and health. This shall include those persons who are either ambulatory or wheelchair-bound.

(b) A non-emergency medical transportation shall not be utilized to provide transportation to persons who, based upon current medical condition or past medical history, require:

1. Transportation in a prone or supine position (including persons that are bed-or stretcher-bound);
2. Constant attendance due to a medical and/or mental condition;
3. Aspiration or suctioning;
4. Management or observation of intravenous fluids and/or intravenous medications unless
 - i. The device is totally self-sufficient, including medication supply and patient interface devices;
 - ii. The device requires no interaction or intervention by non-emergency transportation crewmembers; and
 - iii. The device is of the type approved by the FDA for home administration of medications;
5. An automatic ventilator or whose breathing is ventilator assisted unless:
 - i. The device is totally self-sufficient (including gas supply and power source);
 - ii. The device requires no monitoring or interaction by non-emergency transportation crewmembers; and
 - iii. The device is of the type approved for home utilization on patients;
6. Pre-hospital basic or advanced life support emergency medical care;
7. A BLS or ALS inter-facility transfer;
8. Treatment in the emergency department of a general hospital (for other than a set appointment or routine non-emergency follow-up care of a previously diagnosed condition);
9. Treatment in, or admission to, the obstetrical unit (labor and delivery suite) or the Intensive and/or coronary care unit of a general hospital; or
10. Transportation in physical behavioral restraints.

(c) A patient who is receiving oxygen from a portable supply routinely utilized by the patient may be transported in a non-emergency transportation vehicle without the presence of an EMT-Basic, provided that there is no need for the non-emergency transportation crewmember to monitor, regulate or control the oxygen system.

(d) A non-emergency transportation vehicle shall not carry more than nine passengers at any given time.

(e) An non-emergency transportation vehicle shall not be utilized as a BLS ambulance.

(f) When not "in-service," a non-emergency transportation vehicle may be utilized to provide non-health care services.

2.9 OXYGEN ADMINISTRATION POLICY

Purpose: To provide guidelines for oxygen administration

Policy: Oxygen administration devices may, but need not be carried on a non-emergency medical transportation vehicle.

If carried, except in those instances where the patient supplies such devices, the non-emergency transportation shall be staffed with at least one EMT-Basic, and the oxygen and related equipment shall meet the state standard.

Each vehicle shall have a pocket-mask device, CPR mask with a one-way valve or some other approved barrier protection device for utilization in the event that CPR is performed on a patient.

Related Policy

1. Crewmember Duties Policy
2. Required Crewmember Policy

2.10 PATIENT TRANSPORT DEVICES POLICY

Purpose: To set guidelines for patient transport devices

Policy: Stretchers and/or patient litters shall not be carried on, or within, any non-emergency medical transportation vehicle. There shall be a four-point forward facing wheelchair restraint system to secure and immobilize each occupied wheelchair transported in the vehicle.

Vehicles shall be equipped only with forward-facing wheelchair systems and patient seats. The wheelchair restraint system shall secure and immobilize the frame of the wheelchair in a crashworthy manner and so that movement of the occupied wheelchair does not exceed one inch in any direction. The restraint system shall not be attached to the wheels of the wheelchair. Each wheelchair shall have a patient seatbelt that secures the patient into the wheelchair in a configuration similar to an automotive safety belt. Velcro [FN®]-type closures shall not be utilized. The seatbelt shall attach only to the wheelchair, not to the vehicle, and shall not be part of the wheelchair restraint system. The seatbelt shall be properly secured on the patient whenever the patient is in the wheelchair and under the care of the crewmembers, including moving the patient in and out of the vehicle, and transferring the patient to his or her destination.

2.11 RAMPS AND LIFTS POLICY

Purpose: To provide policies and procedures for Ramps and Lifts.

Policy: The AFOMMI WHEELCHAIR TRANSPORTATION will ensure there is operable ramp or fully automatic lift for the safe entry and exit of occupied standard size wheelchairs. The ramp or lift shall be permanently fastened to the vehicle and be capable of accommodating a load of at least 500 pounds. When the vehicle is in transit, the ramp or lift shall be secured in a crashworthy manner and shall be positioned so as not to obstruct both of the patient compartment exterior doorways.

(b) The ramp or lift shall have a slip resistant surface, be structurally sound, free from defects and provide a rigid interlocking surface when being utilized.

(c) The lift, as well as any ramp that relies on electric, hydraulic or other power for its operation, shall be capable of manual operation by an unassisted person or there shall be a manually operated backup device. The manual backup device shall be capable of both lifting and lowering the patient and shall perform either function within five minutes.

2.12 PATIENT COMPARTMENT REQUIREMENTS AND DIMENSIONS POLICY

Purpose: To set guidelines for patient compartment requirements and dimensions.

Policy: Each vehicle utilized as non-emergency medical transportation shall have a patient compartment. There need not be a partition between the driver's seating area and the patient compartment.

The patient compartment shall have the following dimensions:

1. Height: At least 58 inches between the floor and the ceiling, when measured above each wheelchair restraint position;
2. Width: At least 56 inches between the vehicle interior sides when measured at any point 42 inches above the floor. (The width of cabinets, etc. shall be included when measurements are made.) When "in-service" and transporting a wheelchair bound patient, all aisles shall be maintained at a width of at least 30 inches; and
3. Length: At least 92 inches between the interior surface of the rear door and the rear surface of the driver's seat or, if present, the surface of any bulkhead or partition, if three or four wheelchair positions are present. At least 82 inches between the interior surface of the rear door and the rear surface of the driver's seat or, if present, the surface of any bulkhead or partition, if one or two wheelchair positions are present.

The patient compartment shall have at least two exterior doorways:

1. The two doorways shall not be adjacent to each other. Permissible configurations shall include one doorway on the passenger (or curb) side of the vehicle within the front half of the body of the vehicle, and the second doorway either at the rear of the vehicle, or on the driver's side of the vehicle, opposite the curbside door.
2. Each doorway opening shall be at least 28 inches wide and at least one doorway shall be at least 56 inches high in order to accommodate the required lift or ramp.
3. At least one patient compartment doorway shall be available for utilization as an emergency exit at all times. Access to patient compartment doorways shall not be obstructed by any immovable objects.
4. The doors to each patient compartment doorway shall be capable of being opened and utilized from both inside the patient compartment and from the exterior of the vehicle, using a standard automotive industry door handle.
5. There shall be a window in each door of the patient compartment. Rear windows shall be fixed and non-opening.

The patient compartment shall be equipped with a built-in lighting system. The lighting system shall utilize white or clear lenses. The lighting shall not interfere with the driver's vision and shall be located so that glare is not reflected into the driver's eyes or line of vision.

Vehicles shall be equipped with an integral roll cage or roll bar that is secured to the floor of the vehicle, or is otherwise certified by the manufacturer to provide occupant protection in the event of a rollover type collision.

(Once a vehicle is licensed by the state licensing agency, there shall be no further changes to the vehicle's interior configuration unless and until such changes have been approved, in writing, by OEMS.

Each vehicle shall meet all applicable requirements set forth in the Americans with Disabilities Act of 1990 (42 U.S.C. § 12101) and any current companion regulations as may be set forth in the Code of Federal Regulations.

2.13 VEHICLE MARKINGS AND EMERGENCY WARNING DEVICES POLICY

Purpose: To delineate guidelines for vehicle markings and emergency warning devices.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION shall ensure each AFOMMI WHEELCHAIR TRANSPORTATION non-emergency medical transportation vehicle bear the following markings:

1. The trade name (as it appears on the vehicle license) shall be visible on the two exterior sides of the vehicle in a size not less than four inches high;
2. The vehicle recognition number shall be visible on the rear and the two exterior sides of the vehicle in a size not less than three inches high; and
3. The International Symbol of Access for the Handicapped (that is, the outline form of a person in a wheelchair) shall be visible on the rear and the two sides of the vehicle in a size not less than eight inches high.

The required markings shall appear in colors and shades that contrast with the background on which they appear so that they are clearly visible.

To avoid the appearance of a Basic Life Support (BLS) ambulance, Mobile Intensive Care Unit (MICU) or Specialty Care Transport Unit (SCTU), the following shall not appear on any AFOMMI WHEELCHAIR TRANSPORTATION non-emergency transportation vehicle:

1. Symbols consisting of or resembling the "Star of Life," a Greek cross or a Maltese cross, or any symbol implying provision of advanced life support care; and/or
2. Words, or abbreviations of words, such as (but not limited to) "Advanced Life Support," "Basic Life Support," "Coronary Care," "Critical Care Transport Unit," "Emergency Medical Technician," "Intensive Care," "MICU," "Mobile Intensive Care," "Paramedic," "Special Care," "Specialty Care," "Specialty Care Transport Unit" or "Trauma."

The words "Ambulance" or "Emergency" or an abbreviation of either word shall only appear when the word is part of the lawfully incorporated name of the provider.

No AFOMMI WHEELCHAIR TRANSPORTATION non-emergency medical transportation vehicle shall be equipped with, or appear to be equipped with, audible or visible emergency vehicle warning devices, including, but not limited to, red lights and sirens.

2.14 TWO-WAY COMMUNICATIONS POLICY

Purpose: To provide guidelines for two-way communication systems.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION will ensure each non-emergency medical transportation vehicle shall have at least one form of two-way communications. AFOMMI WHEELCHAIR TRANSPORTATION non-emergency medical transportation shall not be equipped with a JEMS radio.

The following radio frequencies shall not be utilized in two-way communications to, or from, an MAV:

1. Any of the UHF radio frequencies known as "Med 1" through "Med 10" and "MED A" through "MED X";
2. Any of the VHF radio frequencies listed in Appendix A of the N.J.A.C 8:40-3.6
3. Any of the following radio frequencies: 155.280 MHz, 155.340 MHz, 153.785 MHz.

All two-way communications shall comply with all applicable Federal Communications Commission (FCC) rules and regulations. The Department shall be provided with a copy of any FCC license(s) issued to the provider.

AFOMMI WHEELCHAIR TRANSPORTATION shall not engage in any communications activity that causes harmful interference with the EMS communications system. For the purpose of this section, harmful interference is defined as:

1. A complaint found by state licensing agency to be valid of radio interference from a service provider operating in accordance with the JEMS Communications Plan; and/or
2. A finding by the state licensing agency or the FCC that the provider's communications are causing harmful interference.

2.15 TRANSPORTING CHILDREN POLICY

Purpose: To ensure the safe transportation of children and young people and to comply with state safety requirements in the transportation of children and young people.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION will ensure the safe transport of all children. The child's application for enrolment requires written consent from the parent or legal guardian for transportation. If the parent or legal guardian is not available at a time of transportation and a written consent has not been provided, a verbal consent must be obtained from the parent or legal guardian before transport and must be documented on the patient care report form.

The transport crew of AFOMMI WHEELCHAIR TRANSPORTATION assumes responsibility for children transported without an escort from time and place of pickup until delivered to parents, guardians or responsible persons designated by parents or guardians.

An approved infant or child car seat or other specially adapted seating appropriate to age and size of child must be utilized for transporting children. The transport crew exercise reasonable care that its infant or child car seats or other specially adapted seating are safe. Passenger windows will not be opened more than 50% when children are in transport.

Procedure:

Upon admission of children a written consents from the parent or legal guardian for transportation.

Transporting of children policy will be provided to each parent or legal guardian at admission

If the parent or legal guardian is not available at a time of admission and a written consent has not been provided, a verbal consent must be obtained from the parent or legal guardian before transport and must be documented on the patient care report form.

Each staff person must be informed of transporting children policy

2.16 CUSTOMER COMPLAINT POLICY

Purpose: To establish a process for addressing patient or other customer complaints and/or comments regarding their experience with this AFOMMI WHEELCHAIR TRANSPORTATION. Complaints and comments are taken seriously and will be subject to the policy and procedure listed below.

Policy: It is the policy of AFOMMI WHEELCHAIR TRANSPORTATION to ensure all staff are courteous, truthful, and respectful when dealing with patients, and provided with services regardless of person's race, sex, creed, national origin, sexual preference, age, disability, medical condition (including, but not limited to, patients with AIDS/HIV, TB, Hepatitis B or other communicable diseases) religion, marital status, sexual orientation, gender identity and expression, pregnancy, covered veteran status, political affiliation or ability to pay. AFOMMI WHEELCHAIR TRANSPORTATION staff will carry out their professional work in a competent and objective manner. All staff will comply with this complaint policy and procedures and also comply at all times with all federal, state and local laws and regulations, including but not limited to laws relating to license, scope of practice, facility operations and billing requirements.

Procedure

1. Complaints: Persons concerned that any violation of the above principles has occurred can register a comment with AFOMMI WHEELCHAIR TRANSPORTATION complaint officer.
 - a. Written complaint with any supporting evidence regarding the complaint must be submitted no later than 60 days after the event.
 - b. Complaint can be sent to AFOMMI WHEELCHAIR TRANSPORTATION address and to the attention of the complaint officer: XXXXXX

2. AFOMMI WHEELCHAIR TRANSPORTATION response to complaints:
 - a. Complaints must be sent to Lansana Sillah within 2 working days of being received.
 - b. The Lansana Sillah will be responsible for promptly investigating and responding to complaints, and responding to the person making the claim within 30 days of receipt of complaint.
 - c. The Lansana Sillah will notify the appropriate staff and complainant of investigation results within 30 days after complaint is received.
 - d. The Lansana Sillah will keep a record of receipt and disposition of all complaints.
 - e. The Lansana Sillah will be responsible for reporting any infraction of laws or guidelines that govern an employee's license and /or credentials to the proper governing authorities.
 - f. The Lansana Sillah will be responsible for reporting any infraction of laws or guidelines that govern patient or staff safety to the proper governing authorities.

Related Policy

1. Non Discrimination Policy

2.17 NOTICE OF PRIVACY PRACTICE POLICY

As an essential part of our commitment to you, AFOMMI WHEELCHAIR TRANSPORTATION maintains the privacy of certain confidential healthcare information about you, known as Protected Health Information, or PHI. We are required by law to protect your healthcare information and to provide you with the attached Notice of Privacy Practices.

The Notice outlines our legal duties and privacy practices with respect to your PHI. It not only describes our privacy practices and your legal rights, but lets you know, among other things, how AFOMMI WHEELCHAIR TRANSPORTATION is permitted to use and disclose PHI about you, how you can access and copy that information, how you may request amendment of that information, and how you may request restrictions on our use and disclosure of your PHI.

AFOMMI WHEELCHAIR TRANSPORTATION is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

We respect your privacy, and treat all healthcare information about our patients with care under strict policies of confidentiality that all of our staff are committed to following at all times.

PLEASE READ THE ATTACHED DETAILED NOTICE.

If you have any questions about it, please contact: [Lansana Sillah 610-656-7231](tel:610-656-7231)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Purpose of this Notice:

AFOMMI WHEELCHAIR TRANSPORTATION is required by law to maintain the privacy of certain confidential healthcare information, known as Protected Health Information or PHI, and to provide you with a notice of our legal duties and privacy practices with respect to your PHI. This Notice describes your legal rights, advises you of our privacy practices, and lets you know how AFOMMI WHEELCHAIR TRANSPORTATION is permitted to use and disclose PHI about you.

AFOMMI WHEELCHAIR TRANSPORTATION is also required to abide by the terms of the version of this Notice currently in effect. In most situations we may use this information as described in this Notice without your permission, but there are some situations where we may use it only after we obtain your written authorization, if we are required by law to do so.

Uses and Disclosures of PHI:

AFOMMI WHEELCHAIR TRANSPORTATION may use PHI for the purposes of treatment, payment, and healthcare operations, in most cases without your written permission.

Examples of our use of your PHI:

For treatment: This includes such things as verbal and written information that we obtain about you and use pertaining to your medical condition and treatment provided to you by us and other medical personnel (including doctors and nurses who give orders to allow us to provide treatment to you). It also includes information we give to other healthcare personnel to whom we transfer

your care and treatment, and includes transfer of PHI via radio or telephone to the hospital or other health care facilities or dispatch center as well as providing the hospital with a copy of the written record we create in the course of providing you with treatment and transport.

For payment: This includes any activities we must undertake in order to get reimbursed for the services we provide to you, including such things as organizing your PHI and submitting bills to insurance companies (either directly or through a third party billing AFOMMI WHEELCHAIR TRANSPORTATION), management of billed claims for services rendered, medical necessity determinations and reviews, utilization review, and collection of outstanding accounts.

For healthcare operations: This includes quality assurance activities, licensing, and training programs to ensure that our personnel meet our standards of care and follow established policies and procedures, obtaining legal and financial services, conducting business planning, processing grievances and complaints, creating reports that do not individually identify you for data collection purposes, fundraising, and certain marketing activities.

USES AND DISCLOSURES OF PHI WITHOUT YOUR AUTHORIZATION

AFOMMI WHEELCHAIR TRANSPORTATION is permitted to use PHI without your written authorization, or opportunity to object in certain situations, including:

For AFOMMI WHEELCHAIR TRANSPORTATION's use in treating you or in obtaining payment for services provided to you or in other health care operations;

For treatment activities of another health care provider;

To another health care provider (such as the hospital to which you are transported) for health care operations activities of the entity that receives the information as long as the entity receiving the information has or has had a relationship with you and the PHI pertains to that relationship;

For health care fraud and abuse detection or for activities related to compliance with the law;

To a family member, other relative, or close personal friend or other individual involved in your care if we obtain your verbal agreement to do so or if we give you an opportunity to object to such a disclosure and you do not raise an objection. We may also disclose health information to your family, relatives, or friends if we infer from the circumstances that you would not object. For example, we may assume you agree to our disclosure of your personal health information to your spouse when your spouse has called the transportation for you. In situations where you are not capable of objecting (because you are not present or due to your incapacity or medical emergency), we may, in our professional judgment, determine that a disclosure to your family member, relative, or friend is in your best interest. In that situation, we will disclose only health information relevant to that person's involvement in your care. For example, we may inform the person who accompanied you in the transportation that you have certain symptoms and we may give that person an update on your vital signs and treatment that is being administered by our non-emergency transportation crew;

To a public health authority in certain situations such as reporting a birth, death or disease as required by law, as part of a public health investigation, to report child or adult abuse or neglect or domestic violence, to report adverse events such as product defects, or to notify a person about exposure to a possible communicable disease as required by law;

For health oversight activities including audits or government investigations, inspections, disciplinary proceedings, and other administrative or judicial actions undertaken by the government (or their contractors) by law to oversee the health care system;

For judicial and administrative proceedings as required by a court or administrative order, or in some cases in response to a subpoena or other legal process;

For law enforcement activities in limited situations, such as when there is a warrant for the request, or when the information is needed to locate a suspect or stop a crime;

For military, national defense and security and other special government functions;

To avert a serious threat to the health and safety of a person or the public at large;

For workers' compensation purposes, and in compliance with workers' compensation laws;

To coroners, medical examiners, and funeral directors for identifying a deceased person, determining cause of death, or carrying on their duties as authorized by law;

If you are an organ donor, we may release health information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ donation or transplantation;

For research projects, but this will be subject to strict oversight and approvals and health information will be released only when there is a minimal risk to your privacy and adequate safeguards are in place in accordance with the law;

We may use or disclose health information about you in a way that does not personally identify you or reveal who you are.

Any other use or disclosure of PHI, other than those listed above will only be made with your written authorization, (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). You may revoke your authorization at any time, in writing, except to the extent that we have already used or disclosed medical information in reliance on that authorization.

Patient Rights:

As a patient, you have a number of rights with respect to the protection of your PHI, including:

The right to access copy or inspect your PHI. This means you may come to our Somerville office and inspect and copy most of the medical information about you that we maintain. We will normally provide you with access to this information within three (3) business days of your request. We may also charge you a reasonable fee for you to copy any medical information that you have a right to access. In limited circumstances, we may deny you access to your medical information, and you may appeal certain types of denials. We have available forms to request access to your PHI and we will provide a written response if we deny you access and let you know your appeal rights. If you wish to inspect and copy your medical information, you should contact our Privacy Officer whose name and contact information is at the end of this Notice.

The right to amend your PHI: You have the right to ask us to amend written medical information that we may have about you. We will generally amend your information within five (5) business days of your request and will notify you when we have amended the information. We are permitted by law to deny your request to amend your medical information only in certain circumstances, like when we believe the information you have asked us to amend is correct. If you wish to request that we amend the medical information that we have about you, you should contact our Privacy Officer whose name and contact information is at the end of this Notice.

The right to request an accounting of our use and disclosure of your PHI: You may request an accounting from us of certain disclosures of your medical information that we have made in the last six years prior to the date of your request. We are not required to give you an accounting of information we have used or disclosed for the purposes of treatment, payment or healthcare operations, or when we share your health information with our business associates, like our billing AFOMMI WHEELCHAIR TRANSPORTATION or a medical facility from / to which we have transported you.

We are also not required to give you an accounting of our uses of protected health information for which you have already given us written authorization. If you wish to request an accounting of the medical information that we have used or disclosed that is not exempt from the accounting requirement, you should contact our Privacy Officer whose name and contact information is at the end of this Notice.

The right to request that we restrict the uses and disclosures of your PHI: You have the right to request that we restrict how we use and disclose your medical information that we have about you for treatment, payment, or healthcare operations, or to restrict the information that is provided to family, friends, and other individuals involved in your healthcare. But if you request a restriction and the information you asked us to restrict is needed to provide you with emergency treatment, then we may use the PHI or disclose the PHI to a healthcare provider to provide you with emergency treatment. AFOMMI WHEELCHAIR TRANSPORTATION is not required to agree to any restrictions you request, but any restriction agreed to by AFOMMI WHEELCHAIR TRANSPORTATION is binding on AFOMMI WHEELCHAIR TRANSPORTATION Service, Inc.

Internet, Electronic Mail, and the Right to Obtain Copy of Paper Notice on Request: If we maintain a Web site, we will prominently post a copy of this Notice on our Web site and make the Notice available electronically through the Web site. If you allow us, we will forward you this Notice by electronic mail instead of on paper and you may always request a paper copy of the Notice.

Revisions to the Notice: AFOMMI WHEELCHAIR TRANSPORTATION reserves the right to change the terms of this Notice at any time, and the changes will be effective immediately and will apply to all protected health information that we maintain. Any material changes to the Notice will be promptly posted in our facilities and posted to our Web site. You can get a copy of the latest version of this Notice by contacting our Privacy Officer whose name and contact information is at the end of this Notice.

Your Legal Rights and Complaints: You also have the right to complain to us, or to the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. You will not be retaliated against in any way for filing a complaint with us or the government. Should you have any questions, comments, or complaints

you may direct all inquires to our Privacy Officer listed at the end of this Notice. Individuals will not be retaliated against for filing a complaint.

Lansana Sillah
610-656-7231

AFOMMI WHEELCHAIR TRANSPORTATION

Section 3



MAINTENANCE Policies

6910 Chester Ave, Philadelphia PA 19142
610-656-7231
lansrover@aol.com

3.1 BIOMEDICAL EQUIPMENT TESTING AND MAINTENANCE POLICY

Purpose: To provide guidelines for Biomedical equipment testing and maintenance policy.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION will ensure all biomedical equipment are tested and maintained in compliance with the manufacturer's recommendations and federal standards whichever is more frequent. The administrator will maintain a list of all biomedical equipment, testing and maintenance schedule and periodically ensure the testing and maintenance are completed in compliance with manufacturer's recommendation or federal standards, whichever is more frequent.

The administrator will ensure all biomedical equipment and devices comply with all applicable provisions set forth by the Federal Food and Drug Administration for safe care, utilization and maintenance of medical devices.

Biomedical equipment includes, but is not limited to:

1. Cardiac resuscitators (that is, Thumpers [FN®]);
2. Automated external defibrillator (AED);
3. Pulse oximeters; and
4. Automatic ventilators.

The administrator will ensure the required testing and maintenance shall be conducted by:

1. Qualified employees of the firm that manufactured the equipment;
2. Qualified employees of a firm approved or authorized by the manufacturer;
3. Biomedical engineering staff of a general hospital;
4. A recognized independent laboratory; or
5. Crewmembers or other employees of AFOMMI WHEELCHAIR TRANSPORTATION who have been qualified by the equipment manufacturer to perform such testing and maintenance.

The requirements above shall not apply to biomedical equipment that is:

1. In the physical possession of a general hospital or other licensed health care facility;
2. Is placed in AFOMMI WHEELCHAIR TRANSPORTATION's vehicle for treatment, during transportation, of that hospital's or facility's patient; and
3. Is operated by that hospital or facility's personnel.

The results of the biomedical equipment tests shall be kept on file by the administrator at AFOMMI WHEELCHAIR TRANSPORTATION's principal place of business and shall be made available to Department staff upon demand.

3.2 AUTOMATED EXTERNAL DEFIBRILLATOR REPORTING POLICY

Purpose: To establish guidelines for compliance with the manufacturer's equipment maintenance and testing requirements.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION will comply with manufacturer's equipment maintenance and testing requirements.

Procedure:

A notation shall be made on the patient care report each and every time a crewmember applies an AED to a patient.

In addition, a crewmember shall make a complete verbal report to the receiving physician or registered nurse;

A copy of the patient care report shall be filed with the receiving health care facility no later than 24 hours after completion of the call.

3.3: VEHICLE PIOOS (PROVIDER-INITIATED-OUT-OF-SERVICE) LOGS AND MAINTENANCE POLICY

Purpose: To establish policies and procedures for vehicle PIOOS log and to provide guidelines for vehicle maintenance.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION to maintain vehicles and equipment in order to provide safe, comfortable, and reliable transportation to our passengers, effective and efficient service to the community. Provider-Initiated-Out-of-Service" or "PIOOS" means the temporary removal from service of a vehicle by AFOMMI WHEELCHAIR TRANSPORTATION. This includes vehicles in transit for repairs, when being utilized for official administrative duties or when being utilized in a parade or similar ceremony. Vehicles removed from service in this manner shall be identified by the placement of a placard by the administrator in designee in one of the vehicle's windows indicating that the vehicle is "PIOOS". Any PIOOS (Provider-Initiated-Out-of-Service) for a period greater than 30 calendar days shall be reported by the administrator or designee to the state regulatory agency.

Vehicle Maintenance

1. *It is the policy of AFOMMI WHEELCHAIR TRANSPORTATION to maintain vehicles to promote the safety and comfort of passengers, operators, and protect the public.*
 - Conduct regular pre-trip inspections in order to identify vehicle and equipment problems and assure vehicles are in good operating condition.
 - Conduct basic Preventive Maintenance service routines in a timely manner to identify vehicle problems and keep vehicle systems in good repair.
 - Conduct vehicle repairs in a timely manner and in accordance with industry best practices.
 - Maintain a clean appearance for vehicles through regular interior and exterior cleaning.
2. *Manage Preventive Maintenance and repair activities to promote the reliability of the service by minimizing service interruptions due to vehicle or equipment failure.*
 - Regularly inspect vehicles in order to identify and correct problems in to prevent service interruptions.
 - Schedule repairs promptly in order to minimize service interruptions.
 - Utilize subcontractors as needed to perform specialized services.
 - Analyze repair, road call and tow data to identify trouble-prone components or systems for proactive attention.
3. *Maintain vehicles and equipment to promote cost-efficiency of operations.*
 - Maintain and repair vehicles to ensure their operation at peak efficiency, including fuel efficiency, emissions systems, etc.
 - Analyze vehicle fuel usage and repair data; identify vehicles which may need remedial work or may need to put in PIOOS.
 - Maintain vehicles and related equipment to fulfill manufacturer's warranty requirements and pursue warranty repairs where applicable; research and follow up on any applicable recalls or service bulletins.

- Maintain vehicles to maximize the useful vehicle life, including the life of key components such as tires, brakes, batteries, etc.
 - Manage the maintenance program to be cost effective in terms of staff time, service vendors and parts and supplies costs.
4. *Conduct vehicle operations, repairs, and cleaning in compliance with applicable local, state and federation regulations.*
- Ensure maintenance procedures comply with applicable OSHA laws and regulations protecting the health and welfare of workers.
 - Handle and dispose of fuels, lubricants, solvents, tires and related materials in a safe and environmentally responsible manner.
 - Maintain vehicles to comply with relevant emission standards and other applicable regulations.
 - Conduct vehicle cleaning to comply with applicable wastewater and other relevant regulations.
 - Conduct maintenance and repairs in compliance with environmental standards and other relevant regulations.

Program Elements:

Pre-trip inspections. Each vehicle will be inspected at the start of each shift by a driver trained in the procedure. A walk-around will be performed with a vehicle pre-trip checklist and any irregularities reported to the Mechanic before the vehicle leaves the lot. Please see Attachments for Pre-Trip Inspection checklist.

Basic Service Routines. Per the recommendations of the chassis, bus body, and wheelchair lift manufacturers, and the additional recommendations of the Mechanic, a thorough preventive maintenance schedule will be established and followed for each vehicle. At or before the recommended mileage intervals, AFOMMI WHEELCHAIR TRANSPORTATION mechanic will perform all the elements of maintenance due at that mileage.

Vehicle Cleaning. Interior cleaning and sweeping of each in-service vehicle will be performed at the end of each shift by crewmembers. Vehicle exteriors will be washed on a weekly basis or more frequently, as needed.

Vehicle Repairs. The need for a vehicle repair may be discovered during a pre-trip inspection, preventive maintenance inspection, or breakdown. The Mechanic will determine warranty coverage for the system requiring attention, and if appropriate, pursue warranty repairs with the vendor, bus or chassis manufacturer, or authorized warranty outlet. The Mechanic will determine whether the repair can be accomplished by the Mechanic, or because of the need for special diagnostic expertise or equipment, will be assigned to a subcontractor.

Documentation and Analysis. Vehicle condition will be regularly documented through pre-trip inspections and problems discovered on the road will be documented on a Vehicle Condition Report by the driver. In addition, all vehicle maintenance and repair activity and costs will be documented. Vehicle data will be organized for summary and analysis.

3.4 VEHICLE REGISTRATION POLICY

Purpose: To set guidelines for each non-emergency transportation vehicle registration.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION shall register, maintain and operate each vehicle in accordance with all applicable state and federal regulations. The vehicle registration card shall be made available to state licensing agency staff upon demand. Vehicles registered as a motor vehicle in the state shall display a valid motor vehicle inspection decal issued by the state Motor Vehicle Commission. The vehicle shall only be utilized to provide service after it has successfully passed all motor vehicle tests conducted by the DMV or an authorized re-inspection Station. No vehicle shall be utilized to provide services while it bears a voided, expired or "Rejected" MVC sticker. Vehicles registered as motor vehicles in other states shall display a valid motor vehicle inspection decal issued in accordance with the requirements of the state registering the vehicle. The vehicle shall only be utilized to provide service after it has successfully passed all tests conducted in accordance with the requirements of the state registering the vehicle.

3.5 VEHICLE SANITATION POLICY

Purpose: To provide guidelines regarding the sanitation of vehicles

Policy: The interior of the vehicle, including all areas utilized for storage, and the equipment and supplies within the vehicle, shall be kept clean and sanitary. A disinfectant shall be applied to all contact surfaces at least weekly. The floor, walls and equipment shall be free of stains, dirt, debris, odors and insect infestation.

All interior surfaces shall be covered with stain resistant material that is impervious to blood, vomitus, grease, oil and common cleaning materials.

Blankets, pillows and mattresses shall be kept clean and in good repair. All pillows and mattresses shall have protective, waterproof and stain resistant covers.

Clean linens shall be utilized in the transport of stretcher patients. All linens shall be changed after each patient. Disposable linens may be utilized, so long as they are disposed of after each patient.

There shall be adequate, clean, dustproof storage for clean linens.

Plastic bags and/or covered containers or compartments shall be provided and shall be utilized for all soiled supplies (including linens and blankets) carried within the vehicle.

In order to protect the safety of the general public and emergency response personnel, after a vehicle has been occupied by or used to transport a patient known or suspected to have a communicable disease, the vehicle shall, prior to transportation of another patient, be cleaned and all contact surfaces, equipment and blankets shall be disinfected according to applicable standards set forth by the Occupational Safety and Health Administration (OSHA). Where possible, only single-service implements shall be inserted into the patient's nose or mouth. These single-service items shall be wrapped and properly stored and disposed of after utilization. Non-disposable patient care equipment shall be decontaminated after each patient utilization in a manner consistent with the sending or receiving health care facility's requirements for equipment decontamination. No airway, tube, catheter or other similar device shall be utilized on more than one patient unless sterilized in accordance with manufacturer's recommendations. Exterior surfaces of the vehicle shall be cleaned weekly.

Related Policy

1. Vehicle Maintenance Policy

3.6 VEHICLE HEATER/AIR CONDITIONER POLICY

Purpose: To provide guidelines for functionality and operation for vehicle heater/air conditioner.

Policy: Each vehicle shall have a functional heater and air conditioner: When the outside temperature is below 65 degrees Fahrenheit, the heater shall, within 20 minutes after initial engine start up, provide an inside ambient patient compartment temperature of 68 to 72 degrees Fahrenheit.

The air conditioner shall, within 45 minutes after engine start up, provide an inside ambient patient compartment temperature of:

- i. Sixty-eight to 72 degrees Fahrenheit when the outside temperature is between 75 and 85 degrees Fahrenheit; and
- ii. At least 13 degrees Fahrenheit below the outside temperature when the outside temperature is over 85 degrees Fahrenheit.

3.7 VEHICLE CHASSIS, BODY AND COMPONENTS POLICY

Purpose: This policy reflects standard for the motor vehicle chassis, body and components

Policy: It is the policy of AFOMMI WHEELCHAIR TRANSPORTATION that the motor vehicle chassis, body and components shall be standard commercial products and shall comply with all Federal Motor Vehicle Safety Standards (FMVSS) and Federal regulations applicable or specified for the year of manufacture.

The curb weight and payload weight shall not exceed the gross motor vehicle weight rating as determined by the manufacturer.

Tires shall be appropriate for the Gross Vehicle Weight of the vehicle and shall not be damaged or have excessive tread wear. Radial and non-radial tires shall not be mixed on the vehicle.

The completed/modified vehicle's center of gravity shall be within the parameter recommended by the chassis manufacturer.

(e) All seats shall comply with 49 C.F.R. 571.207 (FMVSS No. 207). Automotive safety belts and anchorages for seats and for occupied wheelchairs shall comply with 49 C.F.R. 571.208, 209 and 210 (FMVSS Nos. 208, 209 and 210).

All glazing shall comply with 49 C.F.R. 571.205 (FMVSS No. 205).

AFOMMI WHEELCHAIR TRANSPORTATION shall, with the approval of the Department, permanently assign a unique non-duplicated recognition number to each vehicle. The recognition number shall consist of at least one, but not more than six, characters. A character shall mean either an Arabic number, an Arabic letter, a space or a dash. At least one of the characters in the recognition number shall be either an Arabic letter or Arabic number.

3.8 VEHICLE CARBON MONOXIDE CONCENTRATIONS POLICY

Purpose: This policy provides standards to minimize the amount of carbon monoxide, noxious gases, diesel exhaust, fumes and contaminants entering the vehicle.

Policy: It is the policy of AFOMMI WHEELCHAIR TRANSPORTATION to minimize the amount of carbon monoxide, noxious gases, diesel exhaust, fumes and contaminants entering the vehicle:

The vehicle exhaust system, as well as the vehicle exterior, doors, windows and related gaskets shall be in good condition and free of leaks; and

The vehicle exhaust system shall extend beyond the sides of the vehicle and away from the fuel tank filler pipes and doors.

The vehicle shall not be utilized to transport patients if the exhaust system has:

1. Loose or leaking joints;
2. Holes, leaking seams, or patches;
3. A tail pipe end that is pinched or damaged; or
4. A tail pipe end that does not extend beyond the edge of the vehicle body.

3.9 PNEUMATIC TESTING POLICY

Purpose: To provide guidelines for the testing of respiratory equipment.

Policy: All respiratory equipment shall be pneumatically tested by AFOMMI WHEELCHAIR TRANSPORTATION at least once every six months and, if required by the manufacturer, at more frequent intervals. Testing respiratory equipment is performed using specially designed test equipment.

Periodic pneumatic testing will be conducted by AFOMMI WHEELCHAIR TRANSPORTATION using the state licensing agency pneumatic testing guide, entitled "Pneumatic and Oxygen Delivery Testing Standards".

The results of all pneumatic tests shall be kept on file by the administrator or designee at AFOMMI WHEELCHAIR TRANSPORTATION's principal place of business.

(d) At the discretion of the state licensing agency, pneumatic testing conducted by approved outside agencies may be accepted for the purpose of vehicle licensure.

(e) The results of all pneumatic tests shall be made available to state licensing staff part of any annual or biennial inspection for the purpose of licensure of a vehicle.

3.10 PRE-TRIP VEHICLE INSPECTION POLICY

Purpose: To help ensure the safe mechanical condition of each vehicle before it is used in service. To identify minor and major vehicle defects for immediate maintenance

Policy:

The Pre-Trip Vehicle Inspection Sheet should be completed by each driver before they start their run for the day. Items to be checked are listed on the left side of the page. Two boxes on the right side of the page highlight information that should be recorded for administrative purposes. There are three main areas that must be inspected by the driver. The exterior inspection checks the lighting systems, tires, body damage, and wheelchair lift/ramp operation. The interior inspection checks the operating condition of the major mechanical systems such as the brakes and steering as well as the operation of the radio (if applicable) and the cleanliness of the vehicle.

Drivers should also visually check the condition of the belts and hoses in the engine compartment and fluid levels as instructed by their supervisor.

Exterior Inspection

The exterior inspection can be completed more efficiently by two people but it should not take long for a single person to do the work.

Headlights	Both high and low beams must be checked
Turn Signals	Front and back pairs of signals must work. In addition hazard lights must be operational.
Back-up Lights	Back-up lights must work if transmission is shifted into reverse. (Should be inspected by another individual if possible.)
Mirrors	All mirrors must be present, unobstructed, and adjusted to the person who will be driving the vehicle.
Windshield Wipers	Windshield wipers must work at all settings. Wiper fluid pump should also be tested.
Windows	Windows must be secure and in good operating condition.
Tires	All tires should be visibly inspected for inflation and tread wear.
Body Damage	Any body damage should be reported even if transportation system administration and personnel are already aware of the problem.
Cleanliness	Outside of the vehicle should be inspected for accumulated dirt and grime.
Lift/Ramp Operation	All wheelchair lifts must be checked before the vehicle is put into service, whether or not the lifts are intended to be used.

Interior Inspection

Brakes	Brakes should be checked by putting the vehicle in gear without acceleration and applying the brakes.
Steering	Steering wheel should both have a full range of motion and effectively turn the front wheels.
Gauges and Indicators	All gauges and indicators should be visually inspected to make sure that they are operational.
Transmission Selector	Vehicle should be capable of being shifted into any gear
Radio	If the vehicle is equipped with a radio, a radio check should be conducted with dispatch.
Cleanliness	The interior of the vehicle should be free of any litter, food, or excessive dirt.

Engine Area Inspection

Each driver should visibly inspect the engine compartment for any loose belts or hoses. Fluid levels should also be checked as appropriate.

CROSS REFERENCE POLICY

1. Vehicle PIOOS Policy
2. Vehicle Sanitation Policy

AFOMMI WHEELCHAIR TRANSPORTATION

Section 4



PERSONNEL Policies

6910 Chester Ave, Philadelphia PA 19142
610-656-7231
lansrover@aol.com

4.1 MINIMUM CREWMEMBER REQUIREMENTS POLICY

Purpose: To establish minimum requirements for crewmembers.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION has established the following minimum requirements for each crewmember that is operating a vehicle to possess a valid driver's license. AFOMMI WHEELCHAIR TRANSPORTATION shall make available all licenses to state licensing agency staff upon demand.

Each crewmember shall:

1. Be at least 18 years old;
2. Wear identification clearly setting forth his or her first and last name and the name of AFOMMI WHEELCHAIR TRANSPORTATION
3. Dress in clothing, including any outerwear, of a similar uniform appearance that presents a professional appearance.

AFOMMI WHEELCHAIR TRANSPORTATION may require a crewmember to display identification that identifies the crewmember's level of training, completion of training courses and/or membership in a professional association or society; however, a crewmember shall not display identification that indicates a level of training that the crewmember has not attained.

A crewmember recognized by the state licensing agency as a flight nurse, flight medic, mobile intensive care nurse or first responder shall not wear any patches that suggest that he or she is in any way licensed or certified by state licensing agency.

Each crewmember shall possess and shall make available to state licensing staff upon demand, certification for the type or level of patient care he or she is providing. No person shall be allowed to provide a type or level of patient care beyond the level he or she is lawfully eligible to provide in the State. In addition, each crewmember shall, upon request by state licensing staff, produce a photo I.D. that licensing staff may utilize in order to verify the validity of the required certification credentials.

4.2 CREWMEMBER COMPETENCY POLICY

Purpose: To set requirements for crewmember competencies

Policy: AFDMMI crewmember shall have knowledge of and/or skills in the following:

1. Application, operation, care and removal of the on-board medical equipment, as well as knowledge of potential in transport complications which may arise from the utilization of the equipment and the treatment of these complications;
2. The policies and procedures for the operation of a non-emergency medical transportation vehicle as applicable;
3. Safety operations for vehicle accident and incident procedures;
4. All communications equipment;
5. All applicable laws, rules and/or regulations including, but not limited to, those set forth at
6. CPR/Basic Life Support for adults and pediatrics
7. Passenger Assistance Techniques Certification or Mobility Assistance Vehicle Technician course
8. EMT Basic- oxygen administering crewmember
6. The scope of practice applicable to his or her respective certification level.

4.3 PERSONAL CREWMEMBER SAFETY POLICY

Purpose: To establish a policy and procedure for the personal safety of crewmembers.

Policy: If a crewmember reasonably believes that his or her personal safety is in jeopardy, the crewmember should retreat from the scene and call for police assistance and immediate supervisor. A crewmember should return to the scene in order to assess and treat the patient only when the scene has been secured. Such retreat shall not be considered patient abandonment unless the crewmembers leave the scene and/or advise the dispatch center that they are available for other calls.

Crewmembers shall not wear or carry any weapons or explosives while on duty. "Weapons" and "explosives" include not only offensive weapons, but also defensive weapons such as stun guns, stun batons, air tasers, pepper spray, mace defensive spray and/or telescopic steel batons.

4.4 VIOLENCE IN THE WORKPLACE PREVENTION POLICY

Purpose: To provide guidelines to prevent workplace violence.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION is committed to providing a safe environment for employees, patients and visitors. AFOMMI WHEELCHAIR TRANSPORTATION refuses to tolerate violence in the workplace and will make every effort to prevent violent incidents from occurring by investigating violence. AFOMMI WHEELCHAIR TRANSPORTATION requires prompt and accurate reporting of all violent incidents, whether or not physical injury has occurred.

AFOMMI WHEELCHAIR TRANSPORTATION will not discriminate against victims of workplace violence. Its workplace violence prevention program ensures that all employees, including supervisors and managers, adhere to work practices that are designed to make the workplace more secure and do not engage in verbal threats or physical actions that create a security hazard for others in the workplace.

Zero Tolerance

AFOMMI WHEELCHAIR TRANSPORTATION has a zero tolerance policy for violence in the workplace; the employee is subject to immediate termination for cause. No talk of violence or joking about violence will be tolerated.

AFOMMI WHEELCHAIR TRANSPORTATION defines violence to include: physically harming another, shoving, pushing, harassment, intimidation, coercion, brandishing weapons, and threats or talk of violence.

Security Measures

In order to provide a safe workplace, AFOMMI WHEELCHAIR TRANSPORTATION will limit access to all AFOMMI WHEELCHAIR TRANSPORTATION property to those with a legitimate business interest. All employee and visitor vehicles must register and display AFOMMI WHEELCHAIR TRANSPORTATION's identification while on the property and while in the field.

All Weapons Banned

AFOMMI WHEELCHAIR TRANSPORTATION will not tolerate employees being in the possession of any weapons, including weapons transported in employee vehicles, company vehicles, both inside the workplace and in the parking area. In addition, when working outside AFOMMI WHEELCHAIR TRANSPORTATION's premises, employees are prohibited from carrying or transporting weapons.

Carrying of concealed weapons, with or without a valid permit to carry a concealed weapon, is not permitted on AFOMMI WHEELCHAIR TRANSPORTATION property or while performing work as a company employee.

Weapons include guns, knives, explosives and other potential weapons. Appropriate disciplinary action, up to and including termination, will be taken against any employee who is in violation of this policy.

Related Policy

1. Reportable Events Policy
2. Child and Elder Abuse Reporting Policy

4.5 HARASSMENT POLICY

Purpose: To educate employees in the recognition and prevention of illegal workplace harassment and to provide an effective means of eliminating such harassment from the workplace.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION believes that employees should be afforded the opportunity to work in an environment free of harassment based on the employee's race, skin color, religion, gender, sex, national origin, age or disability, as well as harassment based on the race, skin color, religion, gender, sex, national origin, age or disability of the employee's relatives, friends or associates.

Harassment does not refer to occasional comments of a socially acceptable nature. Harassment is a form of inappropriate conduct that undermines the employment relationship. No Company employee will be subjected to ethnic slurs or other verbal or physical conduct relating to the employee's national origin, surname, skin color, gender, sex or age. Behavior that amounts to harassment will result in disciplinary action, up to and including dismissal.

Definition

Harassment is verbal or physical conduct that shows hostility or aversion toward the employee because of the employee's race, skin color, religion, gender, national origin, age or disability, or that of the employee's relatives, friends or associates, and that: (1) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (2) has the purpose or effect of unreasonably interfering with the employee's work performance; or (3) otherwise adversely affects the employee's employment opportunities. Harassment in the workplace is illegal.

Employer's Responsibility

AFOMMI WHEELCHAIR TRANSPORTATION wants the employee to have a work environment free of harassment by management personnel, by the employee's coworkers and by others with whom the employee must interact in the course of the employee's work as a Company employee. Harassment is specifically prohibited as unlawful and as a violation of AFOMMI WHEELCHAIR TRANSPORTATION policy. Company management at all levels is responsible for preventing harassment in the workplace, for taking immediate corrective action to stop harassment in the workplace, and for promptly investigating any allegation of work related harassment.

Complaint Procedure

If the employee experiences or witnesses' harassment in the workplace, he/she should immediately report it to the immediate supervisor. If supervisor is the person who is harassing the employee, the employee may approach any other member of AFOMMI WHEELCHAIR TRANSPORTATION's management or the administrator. All allegations of harassment will be quickly investigated. To the extent possible, the employee's confidentiality and that of any witnesses and the alleged harasser will be protected against unnecessary disclosure. When the investigation is completed, the employee will be informed of the outcome of that investigation.

Retaliation Prohibited

AFOMMI WHEELCHAIR TRANSPORTATION will permit no employment based retaliation against anyone who brings a complaint of harassment or who speaks as a witness in the investigation of a complaint of harassment.

Written Policy

The employee will receive a copy of AFOMMI WHEELCHAIR TRANSPORTATION harassment policy and trained to this policy when the employee begins working for AFOMMI WHEELCHAIR TRANSPORTATION. If AFOMMI WHEELCHAIR TRANSPORTATION should amend or modify its harassment policy, the employee will receive an individual copy of the amended or modified policy.

Cross Reference Policy

1. Violence in the Workplace Prevention Policy

4.6 COMMUNICATION OF CHEMICAL HAZARD POLICY

Purpose: This policy provides information about the hazardous chemicals and substances that employees will be exposed to, chemical product labels and other forms of warning, material safety data sheets related to the chemicals.

Policy: This Company understands the importance of communication of hazards for the protection of patients and staff. The administrator or designee is responsible for insuring consultation and specific training when needed.

Material safety data sheets are an OSHA approved method to make current information and protective measures for chemical health hazards present in the workplace readily available to employees.

Hazards

Definition:

- Health hazard means a chemical for which there is statistically significant evidence based on at least one study conducted in accordance with established scientific principles that acute or chronic health effects may occur in exposed employees. (OSHA, 500:1131 CH 510 ATT. 4 subpart Z)
- Material safety data sheets (MSDS) means written or printed material concerning a hazardous chemical (OSHA 500:1131 CH 510 ATT 4 subpart Z)
- AFOMMI WHEELCHAIR TRANSPORTATION chooses to rely upon the evaluation of hazards performed by the chemical manufacturer or importer.

Procedure

- AFOMMI WHEELCHAIR TRANSPORTATION will obtain and maintain current MSDS sheets on each hazardous chemical used in the workplace.
- MSDS will be placed at each physical office site in order to be readily available to employees, their designated representatives, OSHA and the National Institute for Occupational Safety and Health.
- Upon receipt of new or updated MSDS, AFOMMI WHEELCHAIR TRANSPORTATION will review the MSDS's to ascertain that the sheets are complete. Should an incomplete MSDS be received, AFOMMI WHEELCHAIR TRANSPORTATION will document such receipt and return the sheet to the chemical manufacturer or distributor who sent it. If complete forms are not received promptly, OSHA will be contacted for assistance.

- Employees will be provided with information and training on hazardous chemicals in the work area during initial orientation and yearly thereafter.
- Employee orientation will include:
 - Hazard communication requirements of OSHA standard
 - The presence of hazardous chemicals in the work area
- Location and availability of written hazard communication program including list of hazardous chemicals and MSDS
 - How to read and interpret labels and MSDS
 - How to cope with emergency procedures (recognition, reporting, and evacuation)

4.7 REQUIRED CREWMEMBERS POLICY

Purpose: To provide guidelines for required crewmembers for non-emergency transportation vehicle.

Policy:

(a) When "in-service," each non-emergency transportation vehicle shall be staffed by at least one crewmember who meets the requirements of the crew member competency requirement. A second crewmember, also meeting the same requirements, shall be required at the time the patient(s) is/are loaded or unloaded, if a patient in a wheelchair is to be moved up or down five or more steps or if a patient in a wheelchair weighs 200 or more pounds and is to be moved up or down two or more steps. The second crewmember need not be present at other times.

(b) If oxygen administration devices are not carried in the vehicle, the required non-emergency medical transportation crewmembers shall possess and shall make available to state licensing staff upon demand:

1. A CPR certification card. If AFOMMI WHEELCHAIR TRANSPORTATION routinely transport patients under eight years of age, the administrator of AFOMMI WHEELCHAIR TRANSPORTATION shall ensure that the crewmembers have successfully completed the requirements for, and hold certification in, Pediatric Basic Life Support to the standards of the American Heart Association; and
2. A valid PAT (Passenger Assistance Techniques) Technician certification card issued by Transportation Management Associates, Fort Worth, Texas, or a valid certification card indicating completion of a course approved by the state licensing agency or a valid MAV (Mobility Assistance Vehicle) Technician certification card issued by a course program and curriculum that has been approved by the state licensing agency.

(c) If oxygen administration devices are carried in the vehicle, except those instances where the patient supplies such devices, the crewmember shall possess both EMT-Basic and CPR certifications.

CROSS REFERENCE POLICY

1. Crewmember Competency Policy

4.8 CREWMEMBER DUTIES POLICY

Purpose: To set standards for the duties of crewmembers.

Policy: The collective duties of the crewmembers staffing a non-emergency medical transportation shall include, but are not limited to:

1. Assuring that all required and necessary equipment and supplies are onboard the vehicle and in working order prior to departure;
2. Operating the vehicle in a safe manner, starting and stopping the vehicle slowly and smoothly and complying with all applicable motor vehicle laws, rules and/or regulations;
3. Providing the patient with prompt, effective and appropriate care;
4. Assisting the patient to enter into and/or exit from the vehicle;
5. Supervising the well-being of the patient and ensuring the patient's privacy and comfort;
6. Assuring that all vehicle occupants (patients, passengers and crewmembers) are properly restrained.
7. Assuring that all wheelchairs are properly restrained in the required restraints and that all wheelchair patients are restrained in the wheelchair. Wheelchair patients are to be restrained with a seatbelt until the patient is transferred from the wheelchair at the patient's destination;
8. Prohibiting smoking within the vehicle at all times;
9. Completing the patient care report; and
10. Reporting verbally to the appropriate personnel when the patient is delivered to the receiving health care facility or other place of medical care.

CROSS REFERENCE POLICY

Required Crewmember Policy

FORMS

1. Patient Care Report

4.9 DRIVER QUALIFICATION POLICY

Purpose:

To establish a process for the recruitment of non-emergency medical transportation drivers.

Introduction

1. All Drivers shall be recruited on the basis of merit with minimum eligibility standards. No preference shall be given on the basis of cast, creed, color, race and language.
2. The recruitment system encompasses mandatory criteria for all applicants, which must be followed in letter and spirit for recruitment of a driver in the organization.

2. Driver Recruitment Criteria

Age and Experience.

Applicants *for driver positions* shall comply with the following age and experience criteria:

1. Applicant must have at least **two years** driving experience on the type of vehicle required to be driven in AFOMMI WHEELCHAIR TRANSPORTATION e.g. articulated and fixed.
2. Applicant's age should be at least 18 years at the time of recruitment.
3. Applicant's age should not exceed the official retirement age of AFOMMI WHEELCHAIR TRANSPORTATION i.e. 65 years.
4. Have a clean driving record, must be drug and alcohol free and pass a criminal background check
5. Other requirements as determined by the hiring manager

Personality.

Driver's personality attributes shall be verified through an **Interview / Assessment-Form** at the time of selection. The ideal candidate should be:

1. Someone who has an aptitude for driving.
2. Someone who can provide courteous service to customer.
3. Mature and responsible.
4. Decisive.
5. Capable of working independently, self reliant and self disciplined.
6. Prepared and capable of working on shifts.

Someone who must be aware and determined to practice all safety rules, methods and procedures.

1. Non Smokers shall be preferred.
2. No attitude towards drugs.
3. No physical deformity & capable of controlling the vehicle (reaching and operating the controls).
4. Someone with the ability to perceive hazards & able to react rationally in normal and emergency situations

2.3. **Health.**

A board certified physician shall conduct a comprehensive **medical examination**. Medical report shall be placed in the personal file of each driver after completion of selection process. Medical examination must ensure following fitness areas:

2.3.1 Vision (eyesight and color blindness).

2.3.2 Any serious illness.

2.3.3 Any neurological or musculoskeletal deficiency which could adversely effect movement and reaction time.

2.3.4 Conditions that could result in sudden collapse such as epilepsy, diabetes and heart attack.

2.3.5 Any history of anxiety or depression.

2.3.6 Use of any medication which could influence driving behavior.

2.3.7 Stress / sleeping disorders, and degree of dependence on sleeping tablets, alcohol and other measures.

2.3.8 Drug and alcohol testing.

2.4 **Driving Skills**

2.4.1 **Practical Driving Test.**

Each driver should go through a practical driving examination before recruitment with current certification. An experienced driver / monitor driver shall provide field orientation and test under typical operating conditions. He will confirm that applicant is fully competent to drive the type of vehicle he would use on company business.

2.4.2 Appropriate Driving License. The applicant to be recruited must have an appropriate valid License for the vehicle to be driven by him. A Photostat copy of license must be placed in his personal file.

Education

(Education Requirement)

1. Preferable level of education for a prospective driver is a *high school graduate or higher degree*.
2. If an applicant is not meeting the above education standards, then he should be literate and numerate at a level where he is able to:
3. Follow written work instructions.
4. Read maps.
5. Safety bulletins.
6. Fill out trip log.
7. Other forms required to report about journey details etc.
8. Complete a defensive-driving course sponsored or endorsed by the national safety council.
9. Complete an approved Passenger-assistance training
10. Any driver who holds a current, valid EMT-basic, EMT-intermediate, or EMT-paramedic certification from the state board of emergency medical services is deemed qualified.
11. Pass a training course in first aid and CPR offered by the American red cross, the American heart association, the national safety council, medic first aid international, American safety and health institute or other approved institutions.

4. Induction.

4.1 A newly selected driver will be given a Job-Offer letter along with “Extract from Rules & Regulations of AFOMMI WHEELCHAIR TRANSPORTATION” for his guidance. He will be on probation for three months.

4.2 Newly hired drivers should be put on the safest and least demanding routes.

4.3 There should be a progression from smaller *to larger vehicles* and from rigid to articulated vehicles, supported by continuous progressive training.

4.4 During initial short trips, a monitor driver should spend the first three to five days with new driver, identifying any skill gaps, attitude problems and providing the necessary support.

4.5 The monitor driver shall continue to record his skill gaps during the probationary period and through coaching, counseling, and other training drills would bridge the gaps

in his driving skills. He will then submit his report to AFOMMI WHEELCHAIR TRANSPORTATION.

4.6 Following a final trip at the end of the probationary period, the monitor driver should recommend whether or not a driver to be rejected or accepted.

4.7 Job confirmation letter will be issued to the driver on probation, if Monitor-Driver comments positively about him and there is no other negative report against him.

Conduct.

With respect to general conduct, drivers shall:

Follow procedures regarding duty and rest periods.

1. Follow defensive driving principles.
2. Wear a seat belt at all times whilst in a moving vehicle.
3. Work in accordance with all company Rules and to act on the instructions of their supervisor.
4. Keep the vehicle and cab interior clean and tidy.
5. Not place heavy or sharp objects in the cab (or on the top of trailers).
6. Not place product samples or product contaminated material, including gloves, in the cab.
7. Not engage in horseplay or unsafe driving maneuvers.
8. Must not smoke or carry matches, lighters or other source of ignition when carrying flammable products

6. Other Important Requirements.

During the selection process in addition to the above mentioned requirements the under mentioned elements are also very important and the driver selection shall encompass the following:

1. Driving record (no serious offences and no more than three accidents or violations in the last 5 years).
2. Knowledge and application of defensive driving.
3. Attitude to alcohol and drugs.
4. Understanding of the Highway Code.
5. Awareness of key road safety issues.
6. *Successfully pass all required and mandatory trainings*

4.10 EMPLOYEES' RESPONSIBILITIES IN COOPERATING WITH INSPECTIONS

Purpose: To provide guidelines regarding employees' responsibilities in cooperating with inspections by the state licensure agency or other regulatory agencies.

Policy: Each employee will fully comply and cooperate with all inspections by the state licensure agency. Employees will be available and answer questions in an honest manner by state staff to aid in all inspections. Employees will provide all proper documentation and paperwork as requested by state staff. If the employee is unable to answer questions or provide documents as requested by the state staff, the state staff will be referred to the Administrator. No employee should fabricate information or edit or correct documentation to mislead state staff during an inspection. Such behavior will result in penalization of the employee including up to termination.

4.11 PRE-EMPLOYMENT INQUIRIES/CRIMINAL OFFENDER RECORD INFORMATION (CORI) POLICY

Purpose: To explain AFOMMI WHEELCHAIR TRANSPORTATION's Pre-Employment Inquiries/Criminal Offender Record Information (CORI) Policy.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION is an equal opportunity employer. It is the policy of this Company to hire qualified candidates for employment.

AFOMMI WHEELCHAIR TRANSPORTATION does not discriminate against an employee or applicant based on race, color, religion, sex, sexual orientation national origin, physical or mental handicaps, marital status, or military or political affiliation.

Job applicants will be assessed on the basis of their ability to perform the job for which they are interviewing without regard to non-job-related criteria. The employee's opportunity to work at AFOMMI WHEELCHAIR TRANSPORTATION will not be jeopardized by the employee's refusal to answer a non-job-related question, with the exception of criminal record (see below).

Information received from Criminal Offender Record Information (CORI) and/or the state registry (for applicable states only) will be reviewed by the Administrator or designee. Reports containing no "negative" findings will be filed in a separate, confidential, personnel file, and applicant will be considered for employment. Reports that have any other findings will be reviewed by the Administrator or designee. Applicants will not be "automatically" rejected because of past criminal records. Each applicant's record will be reviewed on a case-by-case basis. Criteria used to make a decision include, but are not limited to: references, applicant interview, no history of criminal judgments for the past ten years, and recent work history. Reports of abusive behavior, violent criminal judgments, or incarceration are reasons to reject the applicant.

Under no circumstances will an applicant/employee begin employment before the CORI results are obtained and reviewed.

If CORI is required by state/federal regulations then a Consent form is signed by job applicants before background check is done.

4.12 PERSONNEL FILES POLICY

Purpose: To define guidelines for the maintenance of personnel files.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION will maintain a personnel file for each crewmember. All personnel files shall be maintained at AFOMMI WHEELCHAIR TRANSPORTATION's principal place of business in a readily accessible manner and shall be made available to Department of Health and Senior Services staff upon demand. It is the policy of AFOMMI WHEELCHAIR TRANSPORTATION not to knowingly verify a record or document that is falsified, fraudulent or untrue. Any employee that knowingly verifies any such falsified records or documents shall be terminated.

Personnel file for each crewmember shall at a minimum contain the following:

- Application or resume which contains the crewmember's name and home address
- Job description
- Qualifications
- Licensure or certification verification checked at time of hire and each renewal including A copy of the crewmember's PAT Technician, MAV Technician or EMT-Basic certification card, as applicable; CPR certification card;
- Evidence of observed competency skills checks, if applicable
- Performance evaluations
- Valid Driver's License for staff operating a motor vehicle in the course of duties, and or A copy of the crewmember's photo I.D. (a valid photo driver's license may be utilized);
- MVR checks minimally upon hire and every 3 years for staff operating a motor vehicle in the course of duties
- Evidence of Motor Vehicle Insurance for all staff operating a motor vehicle in the course of duties
- Immigration status
- Other items and information required by AFOMMI WHEELCHAIR TRANSPORTATION
- Reference checks - two work related, verbal or written and one personal reference
- Background checks, as required by state/federal guidelines
- Health Statement detailing TB screening and Hepatitis B vaccine or declination

Personnel records shall be maintained on all employees. They shall be kept in AFOMMI WHEELCHAIR TRANSPORTATION's offices in a locked file and safeguarded from unauthorized use. Personnel records shall contain the following:

Personnel records shall be maintained according to regulations and AFOMMI WHEELCHAIR TRANSPORTATION's policy for record retention.

Confidential health related requirements such as a current TB skin test or chest x-ray, Hepatitis B vaccination or declination documentation, required physical exams, and work related injury reports would be maintained in a separate personnel folder, apart from the primary personnel file.

Personnel records must be maintained in confidentiality. Only the Administrator or the employees immediate supervisor may have unlimited access to the personnel record.

Employees may review their personnel files in reply to a written request for an appointment.

Other requests for personnel records will be processed and approved by the Administrator or designee.

It shall be AFOMMI WHEELCHAIR TRANSPORTATION's policy to reply to written requests for information on former employees, providing AFOMMI WHEELCHAIR TRANSPORTATION has written authorization from the employee to do so.

4.13 BACK SAFETY POLICY

Purpose: The purpose of this safety plan is to establish guidelines, practices and procedures to implement and sustain a Back Injury Reduction Program.

Policy: All employees will use safe technique for performing lifting tasks. Employees will maintain proper back alignment during periods of sitting and standing. Staff will prepare for and execute safe lifting practices during the performance of their roles at AFOMMI WHEELCHAIR TRANSPORTATION.

Strategies to reduce the incidence of back injuries include promoting awareness of risks and education of all employees.

The risk of repetitive motion disorders, manual lifting and back injuries will be the focus of back safety training.

Training on back safety and lifting will be attended annually by all employees who are required to lift in the course of their job.

4.14 PERFORMANCE EVALUATION POLICY

Purpose: The purpose of this policy is to establish guidelines for employee performance evaluation.

Policy: AFOMMI WHEELCHAIR TRANSPORTATION will endeavor to provide each employee with an evaluation upon completion of 6 months of employment, and annually thereafter.

The evaluation shall be job specific, include the performance of the individual and, if applicable, shall include one direct observation per year for a competency skills check. If the individual doesn't pass an area of competency, or if a new competency skill is introduced to the individual, AFOMMI WHEELCHAIR TRANSPORTATION shall establish a reinstruction, performance monitoring after completion of reinstruction and a satisfactory skills check prior to performing the skill independently.

The appropriate supervisor shall review the performance evaluation with the employee, who shall sign the evaluation indicating that it has been discussed with him/her. The performance evaluation shall become a permanent part of the employee's personnel file.

Negative client outcomes directly related to staff performance will have appropriate actions, documented in the personnel records. Actions may include remedial training of the staff, reassignment of the staff, or limitation of the staffs involvement in client service or other appropriate actions.

AFOMMI WHEELCHAIR TRANSPORTATION may choose to collect the performance evaluation in the most appropriate way based on a variety of methodologies: record review, direct observation, monitoring of service techniques, and discussion with other individuals involved in the service such as the patient or caregiver, peer review or supervisor. A multi methodology approach is the preferred method.

Any employee taking a leave of absence shall have his/her evaluation deferred until he/she has been back on the job 30 days.

4.15 DRUG TESTING POLICY

Purpose: AFOMMI WHEELCHAIR TRANSPORTATION desires to provide a safe and drug free (illegal drug use) environment for employees and patients. This policy provide guidelines for drug testing

Policy: Employees Subject to testing under AFOMMI WHEELCHAIR TRANSPORTATION's drug testing policy, current and prospective employees who work or would work in high-risk or safety-sensitive positions including drivers and crewmembers can be asked to submit to drug testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. An offer by AFOMMI WHEELCHAIR TRANSPORTATION, however, is conditioned on the prospective employee testing negative for drugs.

Safeguards

AFOMMI WHEELCHAIR TRANSPORTATION's policy is intended to comply with all state laws governing drug testing and is designed to safeguard employee privacy rights to the fullest extent of the law.

Written Notice

Before being asked to submit to a drug test, the employee will receive written notice of the request or requirements.

Licensed Laboratories

A laboratory licensed by the state will conduct any drug testing required or requested by AFOMMI WHEELCHAIR TRANSPORTATION. The employee may obtain the name and location of the laboratory that will analyze the employee's test sample by calling the laboratory before the employee is scheduled to be tested.

Notice of Results

If the employee is asked to submit to a drug test, AFOMMI WHEELCHAIR TRANSPORTATION will notify the employee of the results after it receives them from the laboratory. To preserve confidentiality the employee will be notified whether the test was negative or confirmed positive and, if confirmed positive, what the next step is.

Positive Test Results

If the employee receives notice that the employee's test results were confirmed positive, the employee will be given the opportunity to explain the positive result following the employee's receipt of the test result. In addition, the employee may have the same sample re-tested at a laboratory of the employee's choice.

Adverse Employment Action

If there is reason to suspect that the employee is working while under the influence of an illegal drug or alcohol, the employee will be suspended without pay until the results of a drug and alcohol test are made available to AFOMMI WHEELCHAIR

TRANSPORTATION by the testing laboratory. Where drug or alcohol testing is part of a routine physical or random screening, there will be no adverse employment action taken until the test results are in.

If the employee's test result is confirmed positive for the first time, the employee may be given the opportunity to participate in a rehabilitation or treatment program for 6 months. When the employee has successfully completed the prescribed program, the employee may be restored to the job the employee held before entering rehabilitation or treatment at the same pay and with the same benefits.

If the employee does not successfully complete a prescribed program, or the employee refuses to participate in a prescribed program, the employee is subject to termination or suspension. In addition, if a confirmed positive test result follows one or more previous confirmed positive test results, the employee will be terminated.

Confidentiality

AFOMMI WHEELCHAIR TRANSPORTATION will make every effort to keep the results of drug and alcohol tests confidential. Only persons with a need to know the results will have access to them. The employee will be asked for the employee's consent before test results are released to anyone else. Be advised, however, that test results may be used in arbitration, administrative hearings and court cases arising as a result of the employee's drug testing. Also, results will be sent to federal agencies as required by federal law. If the employee is to be referred to a treatment facility for evaluation, the employee's test results will also be made available to the employee's counselor. The results of drug testing in the workplace will not be used against the employee in any criminal prosecution.

Costs

AFOMMI WHEELCHAIR TRANSPORTATION will pay the cost of any drug and alcohol testing that it requires or requests that the employee submit to, including re-testing of confirmed positive results. Any additional tests that the employee requests will be paid for by the employee.

Drug and Alcohol Use at Work Prohibited

AFOMMI WHEELCHAIR TRANSPORTATION will not tolerate any use of non-prescribed "street" drugs or alcohol during work hours. If the employee comes to work under the influence of drugs or alcohol or uses drugs or alcohol during work time, the employee will be terminated or suspended.

CROSS REFERENCE POLICY

Disciplinary Action Policy

4.16 DISCIPLINARY ACTION POLICY

Purpose: The purpose of this policy is to provide employees and managers a fair, clear and useful tool for correcting performance problems, as well as to provide a process to assist management in handling cases of unacceptable personal conduct. Consistent with sound employee relations practices, it is most important that all disciplinary actions, including dismissal, be administered in as near a uniform manner as possible throughout AFOMMI WHEELCHAIR TRANSPORTATION.

Policy: When any employee is unable or unwilling to perform duties of his assigned position in a satisfactory manner or has committed any act to the prejudice of AFOMMI WHEELCHAIR TRANSPORTATION, or has failed to perform any act that was his/her duty to perform, failed a routine substance abuse testing, or otherwise has become subject to corrective action, the appropriate supervisor has the authority to take whatever action is warranted in consultation with the administrator. Document all discipline and allow an employee a “mentor” if requested. The action taken may extend to:

- Termination from service for just cause
- Mandatory retirement
- Reduction in pay
- Suspension without pay not to exceed ninety (90) days
- Warning (verbal or written)
- Probation

In any case of reduction in pay or suspension, the appropriate supervisor shall immediately furnish the employee and the Administrator with a written statement documenting the reasons for the action.

If an employee receives a written warning, the warning shall become a permanent part of his/her personnel file. A verbal warning will also be documented and become part of an employee's personnel file.

Conduct unbecoming an employee shall be considered just cause for disciplinary action and/or termination from service. Such conduct may include, but not be limited to:

- Fraud
- Abuse
- Neglect
- Misappropriation of Client Property/Funds
- Stealing
- Being intoxicated or drugged while on the job
- Making untrue statements with intent to deceive
- Frequent absenteeism
- Unprofessional actions
- Unexcused absences and late reporting

CROSS REFERENCE POLICY

1. Child and Elder Abuse Reporting Policy
2. Reportable Events Policy
3. Drug Testing Policy

4.17 SMOKING POLICY

Purpose: In recognition of the health, safety and comfort benefits of smoke-free air and the responsibility to provide and maintain an optimally healthy and safe working environment for employees and patients.

Policy: It is the policy of AFOMMI WHEELCHAIR TRANSPORTATION employee may only smoke in approved areas.

To support its policy of not allowing smoking in other than designated smoking areas, AFOMMI WHEELCHAIR TRANSPORTATION has posted "No Smoking" and "Smoking" signs in the appropriate areas. Smoking is strictly prohibited in company vehicles. Each sign posted in an area where smoking is prohibited carries the internationally recognized symbol for no smoking -- a red circle containing a lit cigarette with a line drawn diagonally through the circle. Please observe these signs at all times.

AFOMMI WHEELCHAIR TRANSPORTATION identifies and implements a process for monitoring compliance with the policy.

The employee will receive a copy of this policy in the employee's orientation packet. In addition, copies of the policy are posted in various locations throughout AFOMMI WHEELCHAIR TRANSPORTATION.

Related Policy

Vehicle Safety Policy

4.18 JURY DUTY POLICY

Purpose: This policy provides for administering time off for employees subpoenaed for jury duty or court appearances

Policy: An employee shall be given time off when performing jury duty and pay for jury duty leave shall be determined by applicable state laws. Any employee subpoenaed to appear before a court, public body, or commission will be given leave, but may be counted as an excused absence and not paid.

Any payment received by the employee for performance of jury duty, excluding expenses, shall be deducted from the employee's regular wages, and the wages shall be the same as if the employee had worked his or her regular schedule.

4.19 MILITARY LEAVE

Purpose: The purpose of this policy is to comply with applicable federal and state law regarding the rights of employees who serve in the military and to allow an employee paid or unpaid time off or supplemental pay benefits for periods of training or active duty in the uniformed services. This policy applies to regular full-time and regular part-time employees who are absent from work due to annual training, encampment, weekend drills or active duty in the uniformed services. Eligible employees are entitled to Military Leave if the employee is required to be absent from work by reason of service in the uniformed services.

Policy: An employee who shall have entered or been called into active military duty with the Armed Forces of the United States or the state shall be placed on military leave without pay.

An employee on military duty shall be granted a leave of absence for up to five years if obligated to perform service in a “uniformed service”.

Any veteran showing satisfactory completion of military service must be reinstated as stated in USERRA regulations. If the individual is not qualified for the new position and cannot become qualified after reasonable effort, the individual will be re-employed in the position he or she held prior to military leave.

Uniformed Services Employment and Reemployment Rights Act 38 U.S.C 4301

4.20 GIFT AND GRATUITIES POLICY

Purpose: Employees of company, including all its affiliates are responsible to conduct all company business actions with honesty, integrity and fairness. The purpose of this policy is to set forth guidelines for employee behavior that will contribute to fair and effective interactions with patients and other third party individuals served to eliminate what might be perceived by patients and others served as inappropriate influence, and to comply with all applicable laws and regulations that govern such interactions.

Policy: No employee or affiliates of AFOMMI WHEELCHAIR TRANSPORTATION shall accept any gift, present, gratuity, property, or service of any significant value from patients or work related associates. If that gift, present, gratuity, property, or service has been encouraged or solicited in any way by the employee, or if the gift, present, gratuity, etc., was given and/or accepted with the expectation of something in return, disciplinary action may be taken by the Administrator.

AFOMMI WHEELCHAIR TRANSPORTATION



EMPLOYEE HANDBOOK

6910 Chester Ave, Philadelphia PA 19142
610-656-7231
lansrover@aol.com

INTRODUCTION

Title Page
Employee Welcome Message
Introductory Statement
Our Purpose
Attitude
Employee Acknowledgment Form

EMPLOYMENT

Nature of Employment
Equal Employment Opportunity
Hiring of Relatives
Employee Medical Examinations
Immigration Law Compliance
Outside Employment

EMPLOYMENT STATUS & RECORDS

Employment Categories
Access to Personnel Files
Employment Reference Checks
Personnel Data Changes
Introductory Period
Employment Applications
Performance Evaluation
Personal Health Requirements

EMPLOYEE BENEFIT PROGRAMS

Vacation Benefits
Parking
Workers' Compensation Insurance
Sick Leave Benefits/Administrative
Grievance Procedures
Bereavement Leave
Jury Duty
Sick Leave/Hourly Employees
Modified Duty

TIMEKEEPING AND PAYROLL

Timekeeping
Paydays
Employment Termination
Administrative Pay Corrections
Pay Deductions & Setoffs

WORK CONDITIONS & HOURS

Safety
Instructions for Fire Safety

Work Schedules
Use of Phone & Mail Systems
Smoking
Rest & Meals Periods
Overtime
Employee Suggestions
Policy for Purchasing Supplies and Equipment
Personal Belongings
Packages
Interpretation
Use of Equipment & Vehicles
Visitors in the Workplace
Harassment Policy

LEAVES OF ABSENCE

Medical Leave
Family and Medical Leave (FMLA Leave)
Policy
Military Leave
Pregnancy-Related Absences

EMPLOYEE CONDUCT & DISCIPLINARY ACTION

Employee Conduct & Work Rules
Drug & Alcohol Use
Attendance & Punctuality
Behavior
Personal Appearance
Name Tags
Resignation
Solicitation
Courtesy
Confidentiality
Warning Notice
Gratuities
Drug Testing

Welcome Aboard!

On behalf of your colleagues, I welcome you to AFOMMI WHEELCHAIR TRANSPORTATION and wish you every success here.

We believe that each employee contributes directly to our organization's growth and success, and we hope you will take pride in being a member of our team.

This handbook was developed to describe some of the expectations of our employees and to outline the policies, programs, and benefits available to eligible employees. Employees should familiarize themselves with the contents of the employee handbook as soon as possible, for it will answer many questions about employment with AFOMMI WHEELCHAIR TRANSPORTATION

We hope that your experience here will be challenging, enjoyable, and rewarding. Again, welcome!

Sincerely,

Lansana Sillah

INTRODUCTORY STATEMENT

This handbook is designed to acquaint you with **AFOMMI WHEELCHAIR TRANSPORTATION** and provide you with information about working conditions, employee benefits, and some of the policies affecting your employment. You should read, understand, and comply with all provisions of the handbook. It describes many of your responsibilities as an employee and outlines the programs developed by **AFOMMI WHEELCHAIR TRANSPORTATION** to benefit employees. One of our objectives is to provide a work environment that is conducive to both personal and professional growth.

No employee handbook can anticipate every circumstance or question about policy. As **AFOMMI WHEELCHAIR TRANSPORTATION** continues to grow, the need may arise and management reserves the right to revise, supplement, or rescind any policies or portion of the handbook from time to time as it deems appropriate, in its sole and absolute discretion. The only exception to any changes is our employment-at-will policy permitting you or **AFOMMI WHEELCHAIR TRANSPORTATION** to end our relationship for any reason at any time. Employees will, of course, be notified of such changes to the handbook as they occur.

Our Purpose

To conduct our personal lives in a manner that elevates standards and brings more creditability to our profession and industry.

Seek to earn the respect and good will of all monitoring agencies and the entire community.

As a NEMT agency, we are serving human beings that are in need of medical treatment, personal assistance and psychological guidance. Our patients and clients are deserving of the most courteous and attentive care we can offer. The clients we serve form the very essence of every facility and are the reason for our existence.

Attitude

Patients, clients, and the community develop opinions and ideas about our agency by observing the staff's attitude, performance of their job, and communication with patients. It is important that you always treat them with respect and courtesy.

EMPLOYEE ACKNOWLEDGMENT FORM

The employee handbook describes important information about AFOMMI WHEELCHAIR TRANSPORTATION, and I understand that I should consult the Administrator regarding any questions not answered in the handbook. I have entered into my employment relationship with AFOMMI WHEELCHAIR TRANSPORTATION voluntarily and acknowledge that there is no specified length of employment. Accordingly, either AFOMMI WHEELCHAIR TRANSPORTATION or I can terminate the

relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur, except to the agency's policy of employment-at-will. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies. Only the chief executive officer of AFOMMI WHEELCHAIR TRANSPORTATION has the ability to adopt any revisions to the policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

EMPLOYEE'S SIGNATURE

DATE

EMPLOYEE'S NAME (TYPED OR PRINTED)

NATURE OF EMPLOYMENT

This handbook is intended to provide employees with a general understanding of our personnel policies. Employees are encouraged to familiarize themselves with the contents of this handbook, for it will answer many common questions concerning employment with AFOMMI WHEELCHAIR TRANSPORTATION.

However, this handbook cannot anticipate every situation or answer every question about employment. It is not an employment contract and is not intended to create contractual obligations of any kind. Neither the employee nor AFOMMI WHEELCHAIR TRANSPORTATION is bound to continue the employment relationship if either chooses, at its will, to end the relationship at any time.

In order to retain necessary flexibility in the administration of policies and procedures, AFOMMI WHEELCHAIR TRANSPORTATION reserves the rights to change, revise, or eliminate any of the policies and/or benefits described in this handbook, except for its policy of employment-at-will. The only recognized deviations from the stated policies are those authorized and signed by the chief executive officer of the facility.

EQUAL EMPLOYMENT OPPORTUNITY

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at AFOMMI WHEELCHAIR TRANSPORTATION will be based on merit, qualifications, and abilities. AFOMMI WHEELCHAIR

TRANSPORTATION does not discriminate in employment opportunities or practices based on race, color, religion, sex, national origin, age, or any other characteristic protected by law.

This policy governs all aspects of employment, including selection, job assignment, compensation, discipline, termination, and access to benefits and training.

Any employees with questions or concerns about any type of discrimination in the workplace are encouraged to bring these issues to the attention of their immediate supervisor. Employees can raise concerns and make reports without fear of reprisal. Anyone found to be engaging in any type of unlawful discrimination will be subject to disciplinary action, up to and including termination of employment.

HIRING OF RELATIVES

The employment of relatives in the same area of an organization may cause serious conflicts and problems with favoritism and employee morale. In addition to claims of partiality in treatment at work, personal conflicts from outside the work environment can be carried into day-to-day working relationships.

Although AFOMMI WHEELCHAIR TRANSPORTATION has no prohibition against hiring relatives of existing employees, we are committed to monitoring situations in which relatives work in the same area. In case of actual or potential problems, the management will take prompt action. This can include reassignment or, if necessary, termination of employment for one or both of the individuals involved.

For the purposes of this policy, a relative is any person who is related by blood or marriage, or whose relationship with the employee is similar to that of persons who are related by blood or marriage.

EMPLOYEE MEDICAL EXAMINATIONS

To help assure that employees are able to perform their duties safely and also to meet the requirements of our clients, medical examinations may be required.

Current employees may be required to take medical examinations to determine fitness for duty. Such examinations will be scheduled at reasonable times and intervals and performed at AFOMMI WHEELCHAIR TRANSPORTATION's expense.

Information on an employee's medical condition or history will be kept separate from other employee information and maintained confidentially. Access to this information will be limited to those who have a legitimate need to know.

IMMIGRATION LAW COMPLIANCE

AFOMMI WHEELCHAIR TRANSPORTATION is committed to employing only United States citizens and aliens who are authorized to work in the United States and do not unlawfully discriminate based on citizenship or national origin.

In compliance with the Immigration Reform and Control Act of 1986, each new employee, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the

form if they have not completed an I-9 with AFOMMI WHEELCHAIR TRANSPORTATION within the past three years, or if their previous I-9 is no longer retained or valid.

Employees may raise questions or complaints about immigration law compliance without fear of reprisal.

OUTSIDE EMPLOYMENT

An employee may hold a job with another organization as long as he or she satisfactorily performs his or her job responsibilities with AFOMMI WHEELCHAIR TRANSPORTATION. All employees will be judged by the same performance standards and will be subject to AFOMMI WHEELCHAIR TRANSPORTATION's scheduling demands, regardless of any existing outside work requirements.

If the management determines that an employee's outside work interferes with performance or the ability to meet the requirements of the facility as they are modified from time to time, the employee may be asked to terminate the outside employment if he or she wishes to remain with AFOMMI WHEELCHAIR TRANSPORTATION.

Outside employment will present a conflict of interest if it has an adverse impact on care of the clients of our agency.

EMPLOYMENT CATEGORIES

It is the intent of AFOMMI WHEELCHAIR TRANSPORTATION to clarify the definitions of employment classifications so those employees understand their employment status and benefit eligibility. These classifications do not guarantee employment for any specified period of time. Accordingly, the right to terminate the employment relationship at will at any time is retained by both the employee and AFOMMI WHEELCHAIR TRANSPORTATION.

Each employee is designated as either NONEXEMPT or EXEMPT from federal and state wage and hour laws. NONEXEMPT employees are entitled to overtime pay under the specific provisions of federal and state laws. EXEMPT employees are excluded from specific provisions of federal and state wage and hour laws. An employee's EXEMPT or NONEXEMPT classification may be changed only upon written notification by AFOMMI WHEELCHAIR TRANSPORTATION management.

In addition to the above categories, each employee will belong to one other employment category:

REGULAR FULL-TIME employees are those who are not in a temporary or introductory status and who are regularly scheduled to work AFOMMI WHEELCHAIR TRANSPORTATION's full-time schedule 32 hours or more. Generally, they are eligible for AFOMMI WHEELCHAIR TRANSPORTATION's benefit package, subject to the terms, conditions, and limitations of each benefit program.

PART-TIME employees are those who are not assigned to a temporary or introductory status and who are regularly scheduled to work less than 24 hours per

week. While they do receive all legally mandated benefits (such as Social Security and workers' compensation insurance), they are ineligible for all of AFOMMI WHEELCHAIR TRANSPORTATION's other benefit programs.

INTRODUCTORY employees are whose performance is being evaluated to determine whether further employment in a specific position or with AFOMMI WHEELCHAIR TRANSPORTATION is appropriate. Employees who satisfactorily complete the introductory period will be notified of their new employment classification.

CASUAL employees are those who have established an employment relationship with AFOMMI WHEELCHAIR TRANSPORTATION but who are assigned to work on an intermittent and/or unpredictable basis. While they receive all legally mandated benefits (such as workers' compensation insurance and Social Security), they are ineligible for all of AFOMMI WHEELCHAIR TRANSPORTATION's other benefit programs.

ACCESS TO PERSONNEL FILES

AFOMMI WHEELCHAIR TRANSPORTATION maintains a personnel file on each employee. The personnel file includes such information as the employee's job application, resume, records of training, documentation of performance appraisals and salary increases, and other employment records.

Personnel files are the property of AFOMMI WHEELCHAIR TRANSPORTATION, and access to the information they contain is restricted. Generally, only supervisors and

management personnel of AFOMMI WHEELCHAIR TRANSPORTATION who have a legitimate reason to review information in a file are allowed to do so.

With reasonable advance notice, employees may review their own personnel files in the agency's offices and in the presence of an individual appointed by AFOMMI WHEELCHAIR TRANSPORTATION to maintain the files.

EMPLOYMENT REFERENCE CHECKS

To ensure that individuals who join AFOMMI WHEELCHAIR TRANSPORTATION are well qualified and have a strong potential to be productive and successful, it is the policy of the agency to check the employment references of all applicants.

The management will respond in writing only to those reference check inquiries that are submitted in writing. Responses to such inquiries will be limited to factual information that can be substantiated by the agency's records. No employment data will be released without a written authorization and release signed by the individual who is the subject of the inquiry.

PERSONNEL DATA CHANGES

It is the responsibility of each employee to promptly notify the agency of any changes in personnel data. Personal mailing addresses, telephone numbers, number and names of dependents, individuals to be contacted in the event of emergency, educational accomplishments, and other such status reports should be accurate and current at all times. If any personnel data has changed, notify the Administrator.

INTRODUCTORY PERIOD

All new employees will be given a general orientation of the agency. The purpose of the orientation program is to welcome the new employee to the agency; and present policies and procedures; to explain in-service education requirements; to summarize the benefits package; and to complete all personnel and payroll processing. It also includes a tour of the agency, and the opportunity to meet with other departments and employees. AFOMMI WHEELCHAIR TRANSPORTATION uses this period to evaluate employee capabilities, work habits, and overall performance. Either the employee or the agency may end the employment relationship at will at any time during or after the introductory period with or without cause or advance notice.

All new and rehired employees work on an introductory basis for the first 90 calendar days after their date of hire. Any significant absence will automatically extend an introductory period by the length of the absence. If the management determines that the designated introductory period does not allow sufficient time to thoroughly evaluate the employee's performance, the introductory period may be extended for a specified period.

Upon satisfactory completion of the introductory period, employees enter the "regular" employment classification.

During the introductory period, new employees are eligible for those benefits that are required by law, such as workers' compensation insurance and Social Security. After becoming regular employees, they may also be eligible for other Hermitage-provided benefits, subject to the terms and conditions of each benefits program. Employees

should read the information for each specific benefits program for the details on eligibility requirements.

EMPLOYMENT APPLICATIONS

The AFOMMI WHEELCHAIR TRANSPORTATION relies upon the accuracy of information contained in the employment application, as well as the accuracy of other data presented throughout the hiring process and employment. Any misrepresentations, falsifications, or material omissions in any of this information or data may result in the agency exclusion of the individual from further consideration for employment or, if the person has been hired, termination of employment.

PERFORMANCE EVALUATION AND ADVANCEMENT

Supervisors and employees are strongly encouraged to discuss job performance and goals on an informal, day-to-day basis. Additional formal performance evaluations are conducted to provide both supervisors and employees the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful approaches for meeting goals.

Each employee's potential, leadership ability and interest in job knowledge and training are periodically evaluated to determine promotion potential. Employees will be considered for vacant positions that they are qualified for by training, experience, and education.

PERSONNEL HEALTH REQUIREMENTS

1--MEDICAL EXAMINATIONS: Governmental authorities having jurisdiction over medical facilities require that as a condition of employment, each employee, whether full or part time, present a current statement from his physician or an approved medical clinic stating that he is free from communicable diseases and submit the results of a chest x-ray that he/she is free from communicable diseases and submits the results of negative chest x-rays or TB Tests dated within 12 months of employment or submit to a 2-step TB screening on the first day of employment.

2-- EMPLOYEE ILLNESS: Employees are required to report to their supervisor any illness, including infections, boils, fever blisters, excessive sneezing, etc. which they may have. Symptoms of any nature should be reported immediately. Employees with infections or contagious diseases will not be allowed to work until a physician's statement had been obtained which states the staff member is no longer a hazard to clients or other employees.

VACATION BENEFITS

Vacation time off with pay is available to eligible employees to provide opportunities for rest, relaxation, and personal pursuits. Employees in the following employment Classifications are eligible to earn and use vacation time as described in this policy:

Regular full-time employees

The amounts of paid vacation time employees receive each year increases with the length of their employment as shown in the following schedule.

VACATION EARNING SCHEDULE

YEARS OF ELIGIBLE SERVICE	VACATION DAYS
EACH YEAR	

Upon initial eligibility 4 days

 After 5 years 8 days

The length of eligible service is calculated based on a "benefit year." This is the 12-month period that begins when the employee starts to earn vacation time. An employee's benefit year may be extended for any significant leave of absence except military leave of absence. Military leave has no effect on this calculation. (See individual leave of absence policies for more information.)

Once employees enter an eligible employment classification, they begin to earn paid vacation time according to the schedule. Earned vacation time is available for use in the year following its accrual.

Paid vacation time can be used in minimum increments of one week. To take vacation, employees should request advance approval from their supervisors. Requests will be reviewed based on a number of factors, including business needs and Home requirements. Vacation request will be granted on a first come first serve basis. In the

event that two or more requests are submitted on the same date, the request will be granted based on seniority.

Vacation time off is paid at the employee's base pay rate at the time of vacation. It does not include overtime or any special forms of compensation such as incentives, commissions, bonuses, or shift differentials.

As stated above, employees are encouraged to use available paid vacation time for rest, relaxation, and personal pursuits. In the event that available vacation is not used by the end of the benefit year, employees will be paid for the unused time bringing the benefit balance to zero. Vacation time accruals will begin again in the next benefit year.

Upon termination of employment, employees will be paid for unused vacation time that has been earned through the last day of work. However, if AFOMMI WHEELCHAIR TRANSPORTATION, in its sole discretion, terminates employment for cause, forfeiture of unused vacation time may result.

PARKING

Employees may park in areas designated as employee parking areas. Reserve parking is not available. The agency is not responsible for any damage to or theft of any vehicle parked on the agency's premises or the premises of our clients.

WORKERS' COMPENSATION INSURANCE

AFOMMI WHEELCHAIR TRANSPORTATION provides comprehensive workers' compensation insurance program at no cost to employees. This program covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, workers' compensation insurance provides benefits after a short waiting period or, if the employee is hospitalized, immediately.

Employees who sustain work-related injuries or illnesses should inform their supervisor immediately. No matter how minor an on- the-job injury may appear it is important that it be reported immediately. This will enable an eligible employee to qualify for coverage as quickly as possible.

GRIEVANCE PROCEDURES

In order to give an employee the opportunity to discuss freely problems or complaints connected with his/her position, the following procedures will be followed:

- 1 The employee should discuss the complaint with his/her Supervisor. If the problem is still unresolved,

- 2 The employee should discuss the complaint frankly and sincerely with his immediate Supervisor. If this fails to provide a satisfactory resolution,
- 3 The employee should request an appointment to discuss the problem with the administrator. The Administrator may request additional persons he would like present so that factual and circumstantial information can be obtained. The decision of the administrator will be the final and will be made known to the employee and the Supervisor no later than three days after the meeting.

An employee using this authorized procedure for handling problems will not be discriminated against or in any way be penalized for so doing.

BEREAVEMENT LEAVE

A full time permanent employee may be granted 7 days without pay due to the death of an immediate family member, the employee should notify his or her supervisor immediately. Unpaid time off will be granted to allow the employee to attend the funeral and make any necessary arrangements associated with the death.

Approval of bereavement leave will occur in the absence of unusual operating requirements. Any employee may, with the supervisor's approval, use any available paid leave for additional time off as necessary.

The management defines "immediate family" as the employee's spouse, parent, child, sibling; the employee's spouse's parent, child, or sibling; the employee's child's spouse.

JURY DUTY

AFOMMI WHEELCHAIR TRANSPORTATION encourages employees to fulfill their civic responsibilities by serving jury duty when required. Employees may request unpaid jury duty leave for the length of absence. If desired, employees may use any available paid time off (for example, vacation benefits).

Employees must show the jury duty summons to their supervisor as soon as possible so that the supervisor may make arrangements to accommodate their absence. Of course, employees are expected to report for work whenever the court schedule permits.

Either AFOMMI WHEELCHAIR TRANSPORTATION or the employee may request an excuse from jury duty if, in AFOMMI WHEELCHAIR TRANSPORTATION's judgment, the employee's absence would create serious operational difficulties.

Vacation, sick leave and holiday benefits, will continue to accrue during unpaid jury duty leave.

SICK LEAVE

Regular full time employees will be eligible for sick days with pay under the following terms and conditions.

- 1 The employee of the agency must have been employed as a full time employee for six months before he or she becomes eligible.

- 2 The formula for determining the sick day benefit will be one-half day for every complete month worked, for a maximum of 6 days per year.
- 3 Sick days will not accumulate from year to year, however; if an employee does not use his sick days during the year, he will receive 1/2 day's wages for every day not used.
- 4 Doctors' excuse for absence from work is required to be eligible for the benefit.
- 5 Paid sick leave can be used in minimum increments of one day. Eligible employees may only use sick leave benefits for an absence due to their own illness or injury, or the illness or injury of their child.

MODIFIED DUTY

It is the policy of this agency, when practical and medically advisable; "Modified Duty" will be offered and approved by the Administrator to employees who have sustained a work related injury occurring within the scope and course of employment. If it is determined, that "Modified Duty" is not practical or cannot be offered the Administrator must be consistent with all employees in reference to his/her decision.

If the decision is rendered to offer and approve "Modified Duty", then those employees with a **certified** physician's statement for "Modified Duty" outlining specific limitations will be provided with a job description of such nature as to not violate those restrictions. However, please note that the facility will offer a limited number of "Modified Duty" positions compatible with the normal and appropriate Home patterns for the department.

In accordance, the following rules will apply upon receipt of a “Return To Work” physician’s statement:

- “Modified Duty” positions will be offered on a first come, first serve basis to individuals who have sustained a work-related injury while working as an employee of our agency.
- The Administrator will determine the number of positions available.
- All “Modified Duty” job positions are temporary and are not intended to be permanent in nature.
- At the beginning of each calendar quarter, the Administrator or their designee will conduct a conference with the agency worker’s compensation adjuster to review the “Modified Duty” status of each employee nearing or exceeding six weeks of “Modified Duty”. At a minimum, this conference will cover the employee’s medical recovery, future duty status, and the ability of the employee to return to full duty.

“Modified Duty” will be consistent with the quality of care and services rendered to clients.

TIMEKEEPING

Accurately recording time worked is the responsibility of every nonexempt employee. Federal and state laws require AFOMMI WHEELCHAIR TRANSPORTATION to keep an accurate record of time worked in order to calculate employee pay and benefits. Time worked is all the time actually spent on the job performing assigned duties.

Nonexempt employees should accurately record the time they begin and end their work. They should also record the beginning and ending time of any split shift or departure from work for personal reasons. Overtime work must always be approved before it is performed.

Altering, falsifying, tampering with time records, or recording time on another employee's time record may result in disciplinary action, up to and including termination of employment.

Nonexempt employees should report to work no more than three minutes prior to their scheduled starting time nor stay more than three minutes after their scheduled stop time without expressed, prior authorization from their supervisor.

If corrections or modifications are made to the time record, both the employee and the supervisor must verify the accuracy of the changes by initialing the time record.

PAYDAYS

Payroll checks are issued every two weeks on _____ following the end of the pay period. The pay is established on a 40-hour workweek, paid every two weeks.

The pay period begins on _____ First Shift and ends the following _____
_____ third shift.

All employees will receive their checks from the supervisor, secretary, or administrator. If the employee is absent, the check may be picked up on the following day. If the employee is on an extended absence or vacation, the pay will be delivered by mail. In either case, someone else may be authorized to pick up the paycheck, but such authorization must be personally written and presented before the check will be released.

Paychecks for the previous pay period will be available on payday after 1:00pm. No payroll checks will be issued in advance due to vacation, holidays, or days off. After discharge or resignation, the employee's earned wages to date of discharge will be issued on the next regularly scheduled payday.

EMPLOYMENT TERMINATION

Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. Below are examples of some of the most common circumstances under which employment is terminated:

RESIGNATION - voluntary employment termination initiated by an employee.

DISCHARGE - involuntary employment termination initiated by the organization.

LAYOFF - involuntary employment termination initiated by the organization for non-disciplinary reasons.

RETIREMENT - voluntary employment termination initiated by the employee meeting age, length of service, and any other criteria for retirement from the organization.

Since employment with AFOMMI WHEELCHAIR TRANSPORTATION is based on mutual consent, both the employee and AFOMMI WHEELCHAIR TRANSPORTATION have the right to terminate employment at will, with or without cause, at any time.

ADMINISTRATIVE PAY CORRECTIONS

AFOMMI WHEELCHAIR TRANSPORTATION takes all reasonable steps to ensure that employees receive the correct amount of pay in each paycheck and that employees are paid promptly on the scheduled payday.

In the unlikely event that there is an error in the amount of pay, the employee should promptly bring the discrepancy to the attention of the Administrator so that corrections can be made as quickly as possible.

PAY DEDUCTIONS AND SETOFFS

The law requires that the agency make certain deductions from every employee's compensation. Among these are applicable federal, state, and local income taxes. The agency also must deduct Social Security taxes on each employee's earnings up to a specified limit that is called the Social Security "wage base." AFOMMI WHEELCHAIR

TRANSPORTATION matches the amount of Social Security taxes paid by each employee.

Pay setoffs are pay deductions taken by AFOMMI WHEELCHAIR TRANSPORTATION, usually to help pay off a debt or obligation to AFOMMI WHEELCHAIR TRANSPORTATION or others.

If you have questions concerning why deductions were made from your paycheck or how they were calculated, your supervisor can assist in having your questions answered.

WORK SCHEDULES

Work schedules for employees vary throughout our organization. Supervisors will advise employees of their individual work schedules. Home needs and operational demands may necessitate variations in starting and ending times, as well as variations in the total hours that may be scheduled each day and week. Schedules should be posted by the end of the month for the upcoming month. All special requests for time off must be in the department heads office or the administrator's office by the of the month to be honored on the next schedule.

USE OF PHONE AND MAIL SYSTEMS

Personal use of telephones is not permitted at our agency or the premises of our client during work hours. Employees may be required to reimburse the facility for any charges resulting from their personal use of the telephone. The use of a client's private **PHONE** is **strictly forbidden**.

The mail system is reserved for business purposes only. Employees should refrain from sending or receiving personal mail at the workplace.

To ensure effective telephone communications, employees should always use the approved greeting and speak in a courteous and professional manner. Please confirm information received from the caller and hang up only after the caller has done so.

SMOKING

In keeping with AFOMMI WHEELCHAIR TRANSPORTATION's intent to provide a safe and healthful work environment, smoking in the workplace is prohibited except in those locations that have been specifically designated as smoking areas. In situations where the preferences of smokers and nonsmokers are in direct conflict, the preferences of nonsmokers will prevail.

This policy applies equally to all employees and visitors.

REST AND MEAL PERIODS

Each workday, full-time nonexempt employees are provided with two rest periods. Supervisors will advise employees of the regular rest period length and schedule. To the extent possible, rest periods will be provided in the middle of work periods. Since this time is counted and paid as time worked, employees must not be absent from their workstations beyond the allotted rest period time.

All full-time employees are provided with one meal period each workday. Supervisors and work site supervisors will schedule meal periods to accommodate operating requirements. Employees will be relieved of all active responsibilities and restrictions during meal periods and will be compensated for that time.

OVERTIME

When operating requirements or other needs cannot be met during regular working hours, employees could be required to work overtime assignments. All overtime work must receive the supervisor's prior authorization. Overtime assignments will be distributed as equitably as practical to all employees qualified to perform the required work.

Overtime compensation is paid to all nonexempt employees in accordance with federal and state wage and hour restrictions. Overtime pay is based on actual hours worked. Time off on sick leave, vacation leave, or any leave of absence will not be considered hours worked for purposes of performing overtime calculations.

Failure to work assigned overtime may result in disciplinary action, up to and including possible termination of employment.

EMPLOYEE SUGGESTIONS

All employees are encouraged to submit to their supervisor in writing suggestions pertaining to improvements, cost reductions, duplication, limitation, labor and time saving methods, client comfort, changes of personnel practices and similar matters.

POLICY FOR PURCHASING SUPPLIES AND EQUIPMENT

As an employee, you have no authority to purchase equipment and/or supplies or to sign contractual agreements of any kind as a representative of this company without authorization from the owners. A statement regarding limited authorization will be posted in the office area for the attention of all sales persons.

Our equipment and supplies are expensive. Your assistance in helping us to protect and to care for our equipment and supplies is anticipated. In case of a malfunction or an accident to either equipment or supplies, report the fact to your supervisor to turn in the broken and damaged article for replacement.

PERSONAL BELONGINGS

The agency will not be responsible for personal effects of employees. Do not leave purses and pocketbooks in unlocked area. Money should be carried on you person.

PACKAGES

Employees are not to bring packages or bundles of any kind into the facility or client work sites. Packages taken from the agency or work sites are subject to inspection by the administrator, an authorized individual or work sites supervisors.

INTERPRETATIONS

Any confusion or misunderstanding of the intent or meaning of the policies and statements made in this Employee Handbook will be clarified and resolved by the Administrator or management.

USE OF EQUIPMENT AND VEHICLES

Equipment and vehicles essential in accomplishing job duties are expensive and may be difficult to replace. When using property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines.

Please notify the supervisor if any equipment, machines, tools, or vehicles appear to be damaged, defective, or in need of repair. Prompt reporting of damages, defects, and the need for repairs could prevent deterioration of equipment and possible injury to employees or others. The supervisor can answer any questions about an employee's responsibility for maintenance and care of equipment or vehicles used on the job.

The improper, careless, negligent, destructive, or unsafe use or operation of equipment or vehicles, as well as excessive or avoidable traffic and parking violations, can result in disciplinary action, up to and including termination of employment.

VISITORS IN THE WORKPLACE

To provide for the safety and security of employees at our agency and work sites, only authorized visitors are allowed in the workplace. Restricting unauthorized visitors helps maintain safety standards, protects against theft, ensures security of equipment, protects confidential information, safeguards employee welfare, and avoids potential distractions and disturbances.

Because of safety and security reasons, family and friends of employees are discouraged from visiting. In cases of emergency, employees will be called to meet any visitor outside their work area.

All visitors should enter the agency at the reception area. Authorized visitors will receive directions or be escorted to their destination. Employees are responsible for the conduct and safety of their visitors.

If any unauthorized individuals are observed on the agency's premises employees should immediately notify their supervisor or, if necessary, direct the individual to the reception area.

HARASSMENT POLICY

It is the policy of AFOMMI WHEELCHAIR TRANSPORTATION to provide an environment that is free from unlawful harassment. Therefore, all forms of harassment related to an employee's race, color, religions, sex, age, national origin, disability or veteran status constitute violations of this policy. In furtherance of this policy, this agency will not tolerate the use of racial, religious, sexual, age-related, ethnic or disability-related epithets, innuendoes, slurs or jokes. In addition, all forms of verbal and physical harassment based on the above categories are prohibited.

With regard to sexual harassment in particular, unwelcome sexual advances, requests

for sexual favors and other verbal or physical conduct of a sexual nature are considered instances of sexual harassment when:

- Such conduct has the purpose or effect of unreasonably interfering with an employee's work performance or creates an intimidating, hostile or offensive work environment;
- An employee's submission to or rejection of such conduct is used as the basis of employment decisions that affect the employee; or
- Submission to such conduct is implied or stated to be a term or condition of the employee's employment.

It is important to remember that behavior which one individual considers innocent or harmless may be regarded as sexual harassment by another person. Beyond being in violation of the facility's policy, sexual harassment is against the law, and AFOMMI WHEELCHAIR TRANSPORTATION will not tolerate sexual harassment of its employees by anyone, including AFOMMI WHEELCHAIR TRANSPORTATION management, other employees or individuals conducting business with AFOMMI WHEELCHAIR TRANSPORTATION. Any employee who violates this harassment policy or our commitment to equal employment opportunity will be subject to disciplinary action, up to and including termination of employment.

If at any time an employee feels that he or she has been subjected to or has observed verbal or physical harassment, of a sexual nature or otherwise, the employee must report such conduct to his or her supervisor immediately so that an investigation can be initiated and appropriate action can be taken. If for any reason the employee does not feel comfortable contacting his or her supervisor about the matter, the employee

must report the matter to the Administrator or any other member of Management. The confidentiality of all such inquiries will be respected to the fullest extent possible. Employees will not be retaliated against in any manner for reporting perceived harassment pursuant to this policy.

MEDICAL LEAVE

AFOMMI WHEELCHAIR TRANSPORTATION provides medical leaves of absence without pay to eligible employees who are temporarily unable to work due to a serious health condition or disability. For purposes of this policy, serious health conditions or disabilities include inpatient care in a hospital, hospice, or residential medical care facility; continuing treatment by a health care provider; and temporary disabilities associated with pregnancy, childbirth, and related medical conditions.

Employees in the following employment classifications are eligible to request medical leave as described in this policy:

Regular full-time employees

Eligible employees may request medical leave only after having completed 365 calendar days of service. Exceptions to the service requirement will be considered to accommodate disabilities.

Eligible employees should make requests for medical leave to their supervisors at least 30 days in advance of foreseeable events and as soon as possible for unforeseeable events.

A health care provider's statement must be submitted verifying the need for medical leave and its beginning and expected ending dates. Any changes in this information should be promptly reported to the facility. Employees returning from medical leave must submit a health care provider's verification of their fitness to return to work.

Eligible employees are normally granted leave for the period of the disability, up to a maximum of eight weeks within any 12-month period. Any combination of medical leave and family leave may not exceed this maximum limit. If the initial period of approved absence proves insufficient, consideration will be given to a request for an extension. Employees will be required to first use any accrued paid leave time before taking unpaid medical leave.

Employees who sustain work-related injuries are eligible for a medical leave of absence for the period of disability in accordance with all applicable laws covering occupational disabilities.

Benefit accruals, such as vacation, sick leave, or holiday benefits, will be suspended during the leave and will resume upon return to active employment.

So that an employee's return to work can be properly scheduled, an employee on medical leave is requested to provide AFOMMI WHEELCHAIR TRANSPORTATION with at least two weeks advance notice of the date the employee intends to return to work. When a medical leave ends, the employee will be reinstated to the same

position, if it is available, or to an equivalent position for which the employee is qualified.

If an employee fails to report to work promptly at the end of the medical leave, the management will assume that the employee has resigned.

FAMILY AND MEDICAL LEAVE (FMLA LEAVE) POLICY

A. Eligibility

Employees must have been employed for a minimum of 12 months and must have worked at least 1,250 hours in the proceeding 12 months immediately before the date when they would begin to be eligible for family and medical leave.

B. Types of Family And Medical Leave Covered By This Policy

Eligible employees are entitled by law to the following unpaid leaves of absence:

1. Birth/Adoption/Foster Care Leave: An employee may take up to the maximum family and medical leave for the birth of the employee's natural child or the placement of a child with the employee for adoption or foster care. Birth leave may be a combination of parental leave and pregnancy leave. Parental leave is time off work for employees who are physically able to return to work but choose to stay home and care for newborn children. Pregnancy leave is characterized by physical disability because of childbirth or a related medical condition.

2. Family Care Leave: An employee may take up to the maximum family and medical leave to care for a family member suffering from a serious health condition. For these purposes, the term "family member" means an employee's spouse, parent or child under the age of 18, as well as any other individual with a serious health condition who is considered to be a "family member" under applicable federal or state regulations.

3. Medical Leave: An employee may take up to the maximum family and medical leave if he/she suffers from a serious health condition that renders the employee unable to perform his/her duties. A "serious health condition" means an illness, injury, impairment or condition involving any of the following:

- Inpatient care in a hospital, nursing home or hospice, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care; or
- Outpatient care that requires continuing treatment or supervision by a health care provider for:
 - a. A period of incapacity of more than 3 consecutive calendar days that also involves treatment 2 or more times by a health care provider or treatment by a health care provider on at least 1 occasion which results in a regimen of continuing treatment;
 - b. Any period of incapacity due to pregnancy or for prenatal care;

- c. A chronic condition, which requires periodic visits for treatment by a health care provider, continues over an extended period of time and may cause a periodic rather than a continuing period of incapacity;
- d. A period of incapacity which is permanent or long term due to a condition for which treatment may not be effective (the employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider); or
- e. Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than 3 consecutive calendar days in the absence of medical intervention or treatment.

C. Maximum Period for Leave

1. In General: Leave may not exceed 12 weeks in any 12-month period, measured on a rolling basis. The time period within which leave may be taken for birth, adoption or foster care placement extends until 1 year from the birth or placement of the child.

2. Intermittent Leave: Intermittent leave or reduced working hour arrangements may be provided for family care leaves or medical leaves when required as part of a medically necessary course of conduct, provided adequate medical certification of such need is obtained. Intermittent leave or reduced working hours for birth, child placement or other non-health-related reasons is at the discretion of the management. The Management reserves the right to transfer temporarily an employee to an alternative position with equivalent pay and benefits to accommodate intermittent leaves.

3. Two Employee Households: If a husband and wife both work for AFOMMI WHEELCHAIR TRANSPORTATION and each wishes to take leave for the birth of a child, adoption or placement of a child in foster care, or to care for a parent with a serious health condition, the husband and wife together may only take a combined total of 12 weeks leave.

D. Scheduling and Notice

1. Scheduling: A leave of absence request must be completed and turned in to the employee's supervisor for all leaves of absence whether paid or unpaid. An employee intending to take leave must give 30 days advance notice to the agency if the leave is foreseeable. If not foreseeable, the employee must provide as much advance notice as possible. In situations involving leave for a medical condition, every reasonable effort to schedule medical treatment so that it does not disrupt the facility operations must be made before a leave will be considered.

2. Certification: An employee requesting medical leave must provide medical certification indicating that a serious health condition exists and other information as

requested within 15 days after the employee makes the request for leave. The certification needs to include:

- a. The date on which the serious health conditions commenced;
- b. The probable duration of the condition;
- c. The appropriate medical facts within the knowledge of the health care provider regarding the condition, including a diagnosis of the particular condition involved and a brief description of the prescribed regimen of treatment;
- d. Indication of whether hospitalization is required; and
- e. For an employee's own illness or serious health condition, a statement that the employee cannot perform the essential functions of his/her job.
- f. The signature of the physician or other health care provider.
- g. If the leave is to care for a child, parent or spouse, the certification must state that the employee is needed to care for the family member and provide an estimate of the amount of time the employee will be needed to provide care or assistance.
- h. The management is entitled to request a second opinion at its expense. If necessary to resolve a conflict between the original certification and the second opinion, the management will require the opinion of a third doctor. The management and the employee will jointly select the third doctor, and the facility will pay for the opinion. This third opinion will be considered final. The facility has a form, which may be presented to your physician in order to provide medical certification. The management reserves the right to seek periodic medical rectification during an employee's medical leave.

3. Return to Work: The management may require an employee on family and medical leave to report periodically on his/her status and intent to return to

work. If the employee is able to return to work earlier than anticipated, he/she must provide the agency with at least 2-business days' notice. Failure to return to work after the scheduled end of family and medical leave without notifying the agency in advance shall be considered a voluntary resignation of employment. If medical reasons require extension of leave beyond a scheduled date of return, and if the employee retains accrued but unused family and medical leave, the employee must give the facility as much advance notice as possible of the need for additional leave. The management may require additional certification to demonstrate the medical need for the additional leave.

Prior to returning to work at the conclusion of an FMLA leave for the employee's own serious health condition, the employee must furnish a fitness-for-duty certification from a health care provider stating that the employee is able to return to work. _____(Company Name) reserves the right to delay reinstatement until the employee submits the required fitness-for-duty certification and terminate the employee upon conclusion of the FMLA leave if the required certification has not been submitted by that time.

E. Use of Sick Leave and Vacation Days During Family And Medical Leave

1. If the employee has accrued paid time off; the employee must use that accrued-paid time off days first and take the remainder of the 12 weeks as unpaid leave.
2. An employee who is taking leave because of the employee's own

serious health condition or the serious health condition of a family member must, in addition to using accrued paid time off; use paid sick leave prior to taking unpaid leave for the remainder of the 12 weeks.

3. An employee taking leave for the birth of a child must, in addition to using accrued paid time off use paid sick leave for physical recovery following childbirth, prior to taking unpaid leave for the remainder of the 12 weeks.

F. Rights upon Return To Work

1. Employees who return to work within the approved family and medical leave period and who are capable of performing all essential functions of their position will be reinstated to their same position or to an equivalent one in accordance with applicable federal and state laws. The agency reserves the right not to reinstate employees who exceed the maximum family and medical leave, who would not otherwise be employed at the time reinstatement is requested due to layoff or other reasons, or those highly compensated "key employees" defined as exempt from reinstatement rights under federal law. Key employees are those salaried employees among the highest paid 10% of all the facility employees. If reinstatement of a key employee from leave causes substantial and grievous economic injury to AFOMMI WHEELCHAIR TRANSPORTATION, AFOMMI WHEELCHAIR TRANSPORTATION reserves the right not to reinstate such employee.

2. This policy is meant to comply with applicable federal and state laws. It is not intended to provide benefits beyond those required by such laws.

MILITARY LEAVE

A military leave of absence will be granted to employees, except those occupying temporary positions, to attend scheduled drills or training or if called to active duty with the US armed services.

The leave will be unpaid. However, employees may use any available paid time off for the absence.

Benefit accruals, such as vacation, sick leave, or holiday benefits, will be suspended during the leave and will resume upon the employee's return to active employment.

Employees on two-week active duty training assignments or inactive duty training drills are required to return to work for the first regularly scheduled shift after the end of training, allowing reasonable travel time. Employees on longer military leave must apply for reinstatement in accordance with all applicable state and federal laws.

Every reasonable effort will be made to return eligible employees to their previous position or a comparable one. They will be treated as though they were continuously employed for purposes of determining benefits based on length of service, such as the rate of vacation accrual and job seniority rights.

PREGNANCY-RELATED ABSENCES

AFOMMI WHEELCHAIR TRANSPORTATION will not discriminate against any employee who requests an excused absence for medical disabilities associated with a pregnancy. Such leave requests will be made and evaluated in accordance with the medical leave policy provisions outlined in this handbook and in accordance with all applicable federal and state laws.

Requests for time off associated with pregnancy and/or childbirth (apart from medical disabilities associated with these conditions) will be considered in the same manner as any other request for unpaid personal or family leaves.

EMPLOYEE CONDUCT AND WORK RULES

Certain rules and standards of conduct are essential to performing your job efficiently and safely. You should have little difficulties adapting to our rules. Employees who fail to abide by established rules and regulations may be reprimanded or penalized by suspension or dismissed depending on the seriousness of the offense. An employee may be discharged immediately when his conduct is detrimental to the facility, clients, or fellow workers. The following are reasons that may lead to immediate discharge or reprimand.

- 1 Dishonesty, including falsification of employment applications forms, time cards, medical or other records, and omission of pertinent information or giving false testimony.
- 2 Acts of dangerous or destructive nature, including careless or willful damage to the agency's property or client property, or personal property of the patients.

- 3 Bringing, possession, or using alcoholic beverages on the agency's property or client property or any degree of intoxication on the premises.
- 4 Unauthorized possession or illegal use of narcotics or drugs.
- 5 Participating in or being present at gambling activities on the premises.
- 6 Possession of firearms or other unauthorized weapons on the premises.
- 7 Insubordination, including willful negligence or refusal to perform work in the manner designed.
- 8 Loafing, wasting time, sleeping on the job, or leaving the work area during normal shift hours without authorization.
- 9 Knowingly harboring a communicable disease, this could endanger clients or co-workers.
- 10 Voiced or inferred threats or assaults toward anyone in the facility including members of the staff, clients or the public.
- 11 Conduct, which would be widely regarded as immoral, improper, or inappropriate in a work group.
- 12 Lack of courtesy to the public, patients and their families, physicians, or fellow employees.
- 13 Unauthorized use of patients' television, clothing, food, etc. at work sites
- 14 Self-medicating with the medications of any patients(prescription or standard)
- 15 Violation of patients' Bill of Right, , safety regulations, or other established policies and procedures.
- 16 Discussion of pay rate, or job performances with other personnel.

- 17 Acceptance of gratuities or soliciting tips from patients or families/responsible parties.
- 18 Sexual or other unlawful or unwelcome harassment.
- 19 Violation of these personnel policies.
- 20 Unsatisfactory performance or conduct
- 21 If an employee notifies the agency that he/she will be absent from work due to illness or a family member's illness, written documentation from a doctor's office or appropriate health care facility will be required.

DRUG AND ALCOHOL USE

It is AFOMMI WHEELCHAIR TRANSPORTATION's desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

While on AFOMMI WHEELCHAIR TRANSPORTATION premises and while conducting business- related activities off AFOMMI WHEELCHAIR TRANSPORTATION premises, no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

"Illegal Drug" means any drug (1), which is not legally obtainable, or (2), which is legally obtainable but has not been legally, obtained. The term includes prescribed

drugs not legally obtained and prescribed drugs not being used for prescribed purposes.

Violations of this policy may lead to disciplinary action, up to and including immediate termination of employment.

Employees with questions on this policy or issues related to drug or alcohol use in the workplace should raise their concerns with their supervisor or the Administrator without fear of reprisal.

ATTENDANCE AND PUNCTUALITY

To maintain a safe and productive work environment, the agency expects employees to be reliable and to be punctual in reporting for scheduled work. Absenteeism and tardiness place a burden on other employees, the agency and our clients. In the rare instances when employees cannot avoid being late to work or are unable to work as scheduled, they should notify their supervisor at least 3 hours (or earlier if possible) in advance of the anticipated tardiness or absence.

BEHAVIOR

Quietness is necessary and expected at our agency and client's premises. Personnel are to avoid loud talking and calling through corridors, patient's rooms, and all areas of the facility.

Poor attendance and excessive tardiness are disruptive. Either may lead to disciplinary action, up to and including termination of employment.

PERSONAL APPEARANCE

Cleanliness is a vital consideration in client care. The patients and public have every right to expect neatness and cleanliness. Working uniforms, including shoes, should be clean and in good condition. Hair should be neat and well groomed

Personal appearance will be regarded as an important aspect of an employee's overall effectiveness. All employees will wear uniforms as designated by the administrator.

NAME TAGS

Management provides nametags for employees. Your FIRST name tag will be free. Any replacement will be at the expense of the employee. Nametags are to be worn while on duty.

RESIGNATION

When you resign from your position you are expected to give at least two weeks written notice to the Administrator or supervisor. The exception to the two-week period is for Management and you are expected to give a 30-day written notice to the Administrator. All property issued to you (keys, name pins, uniforms, etc.) must be returned before your final check is issued.

After termination of employment by resignation, the employee's earned wages to date will be mailed on the next regularly scheduled payday.

Any employee failing to work at least one week of the required two-week notice will forfeit all vacation pay. The exception to the two-week notice is for Management and you must work two weeks of the four-week written notice of forfeit all vacation pay.

SOLICITATION

In an effort to assure a productive and harmonious work environment, persons not employed by the agency may not solicit or distribute literature in the workplace at any time for any purpose.

The management recognizes that employees may have interests in events and organizations outside the workplace. However, employees may not solicit or distribute literature concerning these activities during working time. (Working time does not include lunch periods, work breaks, or any other periods in which employees are not on duty.)

Examples of impermissible forms of solicitation include:

- The sale of goods, services, or subscriptions outside the scope of official organization business
- The distribution of literature not approved by the employer

In addition, the posting of written solicitations on company bulletin boards is prohibited. Bulletin boards are reserved for official organization communications on such items as:

- Affirmative Action statement
- Employee announcements
- Internal memoranda
- Workers' compensation insurance information
- State disability insurance/unemployment insurance information

COURTESY

You as an employee, play a vital part in creating favorable or unfavorable attitudes in the community toward your agency. Our reputation depends a great deal upon the organization, efficiency, and courtesy of the staff. Make the best of all situations, listen to criticism, and be patient with all requests.

WARNING NOTICES

A warning notice is a written reprimand. It is given to employees who violate rules and regulations of this agency. Three warning notices are given. The first warning is given to employee and a copy is placed in his/her personnel file. The second warning notice is treated the same. The third warning notice may be cause for immediate dismissal.

When you violate company policy, you could be forfeiting employment rights. It is the policy of the agency to be fair with all employees. It will be the decision of the administrator as to whether a violation of company policy will be cause for immediate discharge. Employees discharged for cause will be paid for the number of hours worked to the time of discharge and are not eligible for any benefits accrued up to the time of discharge.

GRATUITIES

Employees shall not accept tips from patients or visitors for work performed while on duty. Penalty is dismissal. Gifts of personal items, e.g. furniture, appliances, etc., may not be accepted by employee unless approved by the Administrator.

DRUG TESTING

AFOMMI WHEELCHAIR TRANSPORTATION is committed to providing a safe, efficient, and productive work environment for all employees. Using or being under the influence of drugs or alcohol on the job may pose serious safety and health risks. To help ensure a safe and healthful working environment, employees may be asked to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Refusal to submit to drug or alcohol testing may result in disciplinary action, up to and including termination of employment.

The agency will utilize drug and/or alcohol testing, including the following types of testing, to help administer this policy:

- A. Employees will be tested for cause.
- B. Employees will be tested following accidents.

The agency will maintain confidentiality for all testing.

This policy applies to all employees of the agency. All employees will be required to complete, sign, and date a chemical screening Consent and Release form and submit to testing.

The company prohibits the unlawful manufacture, distribution, dispensation, presence, or use of drugs, other controlled substances or alcohol, while on its property is or at its work sites. Employees violating this prohibition will be disciplined up to and including termination.

The unlawful possession, manufacture, distribution, dispensation, sale or use of drugs, or other controlled substances while off duty and off company property is prohibited. Employees violating this prohibition will be disciplined up to and including termination.

If an employee is arrested or convicted for driving under the influence, or for violating a criminal statute, AFOMMI WHEELCHAIR TRANSPORTATION will investigate to determine whether cause exists for drug testing. AFOMMI WHEELCHAIR TRANSPORTATION may take disciplinary action up to and including discharge, whether or not a drug test is conducted, in the event that an employee is arrested or convicted, for driving under the influence, or for violating a criminal statute.

For-Cause Testing- Current employees may be asked to submit to a test if reasonable cause exists to indicate that their health or ability to perform work may be impaired.

Factors, which could establish cause, include, but are not limited to:

- a. Sudden changes in work performance
- b. Repeated failure to follow instructions or operating procedures.
- c. Violation of company safety policies.
- d. Involvement in an accident, or near-accident
- e. Discovery or presence of substances in an employee's possession or near the employee's work place
- f. Odor of alcohol and/or residual odor peculiar to some chemical or controlled substances.
- g. Unexplained and/or frequent absenteeism.
- h. Personality changes or disorientation.
- i. Arrest or conviction for violation of criminal drug statutes.

For-Cause Testing also applies to employees who have had an accident without an injury. Employees involved in an accident resulting in death or any property damage will be drug tested for the use of controlled substances, including a blood test for alcohol as soon as possible after the accident. Any employee who is seriously injured and cannot provide a urine or blood specimen at the time of the accident shall be required to provide the necessary authorization for obtaining hospital records and other documents that would indicate whether there were on controlled substances in the employee's system.

Each employee will be required to sign a Chemical Screening Consent and Release Form upon implementation of this policy. If the employee refuses to sign the Chemical Screening Consent and Release Form when knowingly able, he or she will be terminated.

A confirmed positive test result will result in disciplinary action up to and including discharge.

Employees with confirmed positive test results may result in disciplinary action up to and including discharge.

Employees with confirmed positive test results may, at their option and expense, have a second confirmation test made on the same specimen. An employee will not be allowed to submit another specimen to replace the original specimen submitted for testing.

An employee waiting pending test results may be placed on probationary status, and may be sent home without pay during the time required for a specimen to be evaluated.

At the request of the management based upon suspicion of evidence of sale, possession, or use of controlled substances, and employee shall be required to:

- A. Submit to the search of their person and/or any personal articles brought upon company premises, companies work sites, or while on company business.
- B. Submit to seizure any controlled substance found in their possession. Suspected illegal substances will be turned over to appropriate law enforcement authorities. Employee will be required to furnish the company with a physician's name and/or prescription for confirmation of a legal substance found in the employee's possession.
- C. Submission to a personal search or search of personal articles as used above shall include the search of any vehicles brought upon company premises, work sites, or used in company business. A personal search also includes a search of items within the employee's work area, including desks and lockers.
- D. Failure to submit to a search will result in termination.

This Substance Abuse Policy in no way creates an obligation or contract of employment.

The management reserves the right to alter or amend the policy at any time at its sole discretion.

If any part of this policy is determined to be void or unenforceable under state or federal law, the remainder, to the extent possible will remain in full force and effect.

Any violation of failure to comply with the terms of this policy by any employee may result in disciplinary action up to and including termination.