

VORTEX ENDURANCE

Safety and Security Plan



Vortex Endurance
PSC 567 Box 6834
FPO AP 96384

VORTEX ENDURANCE SAFETY AND SECURITY PLAN

From: CEO, Vortex Endurance

To: All Vortex Endurance Employees

Subj: Safety and Security Plan

1. Purpose. This Safety and Security Plan is promulgated in order to standardized company training and standardization policies and procedures.
2. Effective Date. This Company Directive is effective the date it is signed and shall be reviewed no less than annually.
3. Scope. This Company Directive is a positive approach towards providing the most professional service to our clients while maximizing their safety and the safety of all Vortex Endurance employees. The standards herewith are derived from and complimentary to the Vortex Endurance Human Resources Company Directive and shall be adhered to by all employees and volunteers supporting company programs.
4. Action. All Vortex Endurance personnel shall comply with the provisions set forth in this directive and maintain the integrity of this publication by performing all duties to the best of their abilities and as professionals.
5. Certification. Reviewed and approved this date.

D. E. PETERSON
CEO, Vortex Endurance

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1. GENERAL

1001. Purpose

Vortex Endurance strives for excellence in all aspects of the meaning and in doing so the company places great emphasis on the safety and security of all employees and clients.

1002. Definitions

Incident/Accident - The purpose of the incident/accident report is to document as much information and detail about an occurrence while the information is fresh in the minds of witnesses to the event. The initial information obtained may be useful for prevention of reoccurrences and when filing for liability claims.

First Responder/Wilderness First Responder - The difference between a First Responder/Wilderness First Responder report and incident/accident report is that the occurrence took place in a remote location away from immediate medical care.

1003. Types of Safety and Security Reports

1003 (a) Employee Incident/Accident

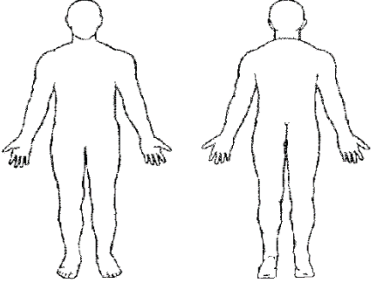
The Employee Incident/Accident Report is used to report occurrences of adverse impact concerning safety of employees. The senior employee on scene shall handle all emergency situations until a trained department supervisor or training lead relieves said employee. The department supervisor shall obtain all relevant information and fill out the Employee Incident/Accident Report. An Employee Incident/Accident Report can be found in Appendix A.

1003 (b) Client Incident/Accident Report is used to report occurrences of adverse impact concerning safety of clients. The senior employee on scene shall handle all emergency situations until a trained department supervisor or training lead relieves said employee. The department supervisor shall obtain all relevant information and fill out the Client Incident/Accident Report. Client Incident/Accident Report can be found in Appendix B.

1003 (c) First Responder/Wilderness First Responder Report is used to report occurrences of adverse impact concerning safety of employees and/or clients when incidents/accident occur in remote locations away from emergency medical support. The senior qualified Emergency Medical Technician/Wilderness First Responder (EMT/WFR) shall render medical attention to the injured staff/client and be responsible for the safe transport to the nearest medical facility. If the senior qualified EMT/WFR is the one injured then a qualified EMT/WFR will assume the duties of the senior EMT/WFR. First Responder/Wilderness First Responder Report can be found in Appendix C.

EMPLOYEE INCIDENT/ACCIDENT REPORT					
TYPE OF INCIDENT					
NAME OF EMPLOYEE REPORTING INCIDENT					
DEPARTMENT		COMPONENT			
POSITION		GENDER		AGE	
DATE		TIME		POC	
FACILITY / LOCATION					
FACILITY / LOCATION DESCRIPTION					
INJURED NAME/DEPT/PHONE#					
NEXT OF KIN NAME/RELATIONSHIP/PHONE#					
BRIEF DESCRIPTION OF INCIDENT (Attach addendum pages if necessary)					
EMPLOYEE REPORTING INCIDENT					
(PRINT AND SIGN)					
REPORT RECEIVED BY					
(PRINT AND SIGN)					

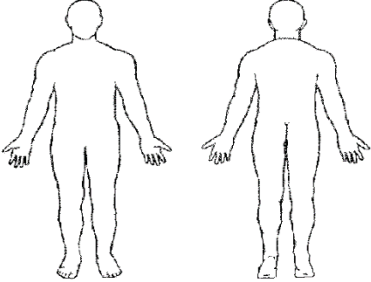
APPENDIX A

INJURY REPORT					
1. DESCRIBE TYPE OF INJURY (INCLUDE TYPE OF INJURY SUCH AS LACERATION OR BROKEN LIMB)					
2. LOCATION OF EMERGENCY					
GRID COORDINATES					
3. NUMBER OF PERSONNEL INJURED (USE ADDITIONAL SHEETS IF MORE THAN ONE PERSON)					
4. NUMBER OF INJURIES, LOCATIONS, AND PERSONNEL CONDITION					
CONDITION			LOCATION OF INJURY (CIRCLE/MARK)	REMARKS (EXPLAIN INJURIES)	
BREATHING	YES	NO			
CONSCIOUS	YES	NO			
STABLE	YES	NO			
SEVERE BLEEDING	YES	NO			
NUMBER OF INJURIES					
5. EMPLOYEE'S IMMEDIATE CONTACT INFORMATION					
CELL PHONE NO.		LMR RADIO FREQUENCY		OTHER	
1. EMPLOYEE/WFR REQUESTING MEDEVAC					
NAME				DEPT	
TIME				DATE	
2. INJURED PERSONNEL'S INFORMATION					
EMPLOYEE OR CLIENT				PULSE	
NAME				TEMP	
AGE				RESPIRATIONS	
GENDER (M/F)				BLOOD PRESSURE	
ALLERGIES OR SENSITIVITIES					

APPENDIX A1

CLIENT INCIDENT/ACCIDENT REPORT					
TYPE OF INCIDENT					
NAME OF EMPLOYEE REPORTING INCIDENT					
CLIENT		COMPONENT			
		GENDER		AGE	
DATE		TIME		POC	
FACILITY / LOCATION					
FACILITY / LOCATION DESCRIPTION					
INJURED NAME/PHONE#					
NEXT OF KIN NAME/RELATIONSHIP/PHONE#					
BRIEF DESCRIPTION OF INCIDENT (Attach addendum pages if necessary)					
EMPLOYEE REPORTING INCIDENT					
(PRINT AND SIGN)					
REPORT RECEIVED BY					
(PRINT AND SIGN)					

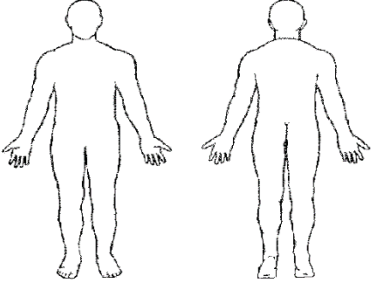
APPENDIX B

INJURY REPORT					
1. DESCRIBE TYPE OF INJURY (INCLUDE TYPE OF INJURY SUCH AS LACERATION OR BROKEN LIMB)					
2. LOCATION OF EMERGENCY					
GRID COORDINATES					
3. NUMBER OF PERSONNEL INJURED (USE ADDITIONAL SHEETS IF MORE THAN ONE PERSON)					
4. NUMBER OF INJURIES, LOCATIONS, AND PERSONNEL CONDITION					
CONDITION			LOCATION OF INJURY (CIRCLE/MARK)	REMARKS (EXPLAIN INJURIES)	
BREATHING	YES	NO			
CONSCIOUS	YES	NO			
STABLE	YES	NO			
SEVERE BLEEDING	YES	NO			
NUMBER OF INJURIES					
5. EMPLOYEE'S IMMEDIATE CONTACT INFORMATION					
CELL PHONE NO.		LMR RADIO FREQUENCY		OTHER	
1. EMPLOYEE/WFR REQUESTING MEDEVAC					
NAME				DEPT	
TIME				DATE	
2. INJURED PERSONNEL'S INFORMATION					
EMPLOYEE OR CLIENT				PULSE	
NAME				TEMP	
AGE				RESPIRATIONS	
GENDER (M/F)				BLOOD PRESSURE	
ALLERGIES OR SENSITIVITIES					

APPENDIX B1

First Responder/Wilderness First Responder Report					
TYPE OF INJURY					
NAME OF FIRST RESPONDER/WILDERNESS FIRST RESPONDER REPORTING INCIDENT					
DEPARTMENT		COMPONENT			
POSITION		GENDER		AGE	
DATE		TIME		POC	
LOCATION / GRID COORDINATES					
LOCATION DESCRIPTION					
INJURED NAME/PHONE#					
NEXT OF KIN NAME/RELATIONSHIP/PHONE#					
BRIEF DESCRIPTION OF INCIDENT (Attach addendum pages if necessary)					
WILDERNESS FIRST RESPONDER REPORTING INCIDENT					
(PRINT AND SIGN)					
REPORT RECEIVED BY					
(PRINT AND SIGN)					

APPENDIX C

INJURY REPORT					
1. DESCRIBE TYPE OF INJURY (INCLUDE TYPE OF INJURY SUCH AS LACERATION OR BROKEN LIMB)					
2. LOCATION OF EMERGENCY					
GRID COORDINATES					
3. NUMBER OF PERSONNEL INJURED (USE ADDITIONAL SHEETS IF MORE THAN ONE PERSON)					
4. NUMBER OF INJURIES, LOCATIONS, AND PERSONNEL CONDITION					
CONDITION			LOCATION OF INJURY (CIRCLE/MARK)	REMARKS (EXPLAIN INJURIES)	
BREATHING	YES	NO			
CONSCIOUS	YES	NO			
STABLE	YES	NO			
SEVERE BLEEDING	YES	NO			
NUMBER OF INJURIES					
5. EMPLOYEE'S IMMEDIATE CONTACT INFORMATION					
CELL PHONE NO.		LMR RADIO FREQUENCY		OTHER	
1. EMPLOYEE/WFR REQUESTING MEDEVAC					
NAME				DEPT	
TIME				DATE	
2. INJURED PERSONNEL'S INFORMATION					
EMPLOYEE OR CLIENT				PULSE	
NAME				TEMP	
AGE				RESPIRATIONS	
GENDER (M/F)				BLOOD PRESSURE	
ALLERGIES OR SENSITIVITIES					

APPENDIX C1

Emergency Action Plan			
EVACUATION ROUTES	Evacuation route maps have been posted in each department work area. The following information is marked on evacuation maps:		
	<ol style="list-style-type: none"> Emergency exits Primary and secondary evacuation routes Locations of fire extinguishers Fire alarm pull stations' location <p>* A MINIMUM OF TWO EVACUATION ROUTES SHALL BE KNOWN TO ALL EMPLOYEES</p>		
TYPES OF EMERGENCIES TO BE REPORTED BY EMPLOYEES			
MEDICAL			
FIRE			
SEVERE WEATHER AND NATURAL DISASTERS			
OTHER (specify)			

APPENDIX D

FIRE EMERGENCY (CALL 911: Paramedics, Ambulance, Fire Department, Other)	
When Fire is Discovered: LOCATE AND ACTIVATE THE NEAREST FIRE ALARM	
	<p>Only employees trained, certified and authorized in writing by Vortex Endurance director of human resources shall utilize portable fire extinguishers or other firefighting equipment to attempt to extinguish, manage, control a fire before being relieved by trained fire fighters or other emergency personnel.</p> <p>Attempts to fight the fire shall occur ONLY after:</p> <ul style="list-style-type: none"> • The Fire Department has been notified. • The fire is small and is not spreading to other areas. • Escaping the area is possible by backing up to the nearest exit. • The fire extinguisher is in working condition
RECORD AND PROVIDE THE LOCATION / GRID COORDINATES	
SIZE ESTIMATION OF FIRE AND STATUS (i.e. controlled, contained, extinguished)	
YOUR NAME AND PHONE NUMBER CALLING FROM	
FOLLOWING THE NOTIFICATION OF A FIRE, ALL EMPLOYEES MUST: <ul style="list-style-type: none"> • Immediately exit the building using the designated escape routes. • Assemble in the designated department area. • Remain in designated department area until the competent authority announces that it is safe to reenter and after the department supervisor has obtained 100% accountability. 	
DEPARTMENT SUPERVISORS OR DESIGNATED PERSONNEL MUST: <ul style="list-style-type: none"> • Aid, assist and coordinate an orderly evacuation of personnel. • Department supervisors will take full accountability of all department employees and compare accountability to the employee schedule following an evacuation. Once complete the department supervisor shall contact all other employees not scheduled to work and confirm 100% accountability of department employees before reporting total counts to the director of human resources • Determine a rescue method to locate missing personnel. • Provide the Fire Department personnel with the necessary information about the facility. 	
DEPARTMENT SUPERVISOR (PRINT AND SIGN)	
REPORT RECEIVED BY	

APPENDIX F

SEVERE WEATHER AND NATURAL DISASTERS (Tornado, Earthquake, Flood, Hurricane, Blizzard)	
When a Tornado Warning is Announced: SEEK SHELTER INDOORS	
	Consider the following: <ul style="list-style-type: none"> • Hardened/Fixed Structures • Lowest structural level • Keep away from windows
When an Earthquake Warning is Announced: STAY CALM AND AWAIT INSTRUCTIONS	
	Consider the following: <ul style="list-style-type: none"> • Keep away from fixtures, windows, and electrical power sources • Assist others as needed • Follow all evacuation instructions
When an Flood Warning is Announced: BE PREPARED TO EVACUATE	
	Consider the following: <ul style="list-style-type: none"> • Attempt to gain high ground • Do Not attempt to swim or walk through flood waters • Utilize known/designated evacuation routes
When an Hurricane is Announced: DO NOT PANIC	
	Consider the following: <ul style="list-style-type: none"> • Monitor all local TV and radio stations for advance warnings • Be prepared to evacuate • Have an emergency kit bag with essentials packed
When an Blizzard is Announced: STAY INDOORS	
	Consider the following: <ul style="list-style-type: none"> • Close all doors and windows • Attempt to cover windows • Have 72 hours' worth of emergency food and water readily available

APPENDIX G

OTHER	
Specify Type of Emergency:	
PROVIDE KNOWN DETAILS OF EMERGENCY	
RECORD AND PROVIDE THE LOCATION / GRID COORDINATES	
YOUR NAME AND PHONE NUMBER CALLING FROM	
DEPARTMENT SUPERVISOR (PRINT AND SIGN)	
REPORT RECEIVED BY	

APPENDIX H