



# Standard Operating Procedures / Guidelines

*June 14, 2018*

# **SACRED MOUNTAIN MEDICAL SERVICES**

## **STANDARD OPERATING PROCEDURES/GUIDELINES**

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## **Disclaimer**

The purpose of these policies and procedures is to ensure internal and external services are delivered consistently every time and is intended to serve as your personal resource and reference guide throughout your employment with SMMS.

This is the most up to date handbook and supersedes all previous handbooks. We periodically review personnel policies and procedures in part or as a whole, to ensure that they continue to reflect current thinking in the field of Health Care, Human Resources Management and are consistent with trends and legislative requirements.

SMMS reserves the rights to modify or add to the policies contained in this guide when necessary and at the sole discretion of our senior management team. Our team members will be provided with timely information about the changes in policies and procedures. Provisions of new and revised policies and procedures, benefits and labor agreements always take precedence over the current contents of this handbook.

As new information is distributed, it will be your responsibility to add the new revised loose-leaf pages to your copy of the handbook to ensure that it is maintained and up to date.

Certain policies in this handbook apply differently to field vs. non-field employees and from base to base. For the purpose of determining policy applicability, some policies and procedures are provided definitions. But in general, field employees include EMTs, Paramedics and Dispatchers.

These policies and procedures are not legally binding and does not create a contract of employment, either expressed or implied.

A handwritten signature in black ink, appearing to read 'Danny Barney', is positioned above the printed name.

Danny Barney, CEO

## **STANDARD OPERATING PROCEDURES**

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### **Mission Statement**

Subject: **Mission Statement**

Code: **1-I-01**

Revised: **9-6-02**

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#### **01.01 MISSION STATEMENT**

Sacred Mountain Medical Service is committed to becoming the regional provider of Emergent and Non-Emergency Ground Ambulance Transportation. Our goal is to build long-term relationships with our customer's, by providing a safe professional approach to quality care and service, with properly trained, equipped and dedicated personnel who are reliable and consistent.

The mission will be accomplished by:

1. Assuring the safety and well-being of its personnel.
2. Increasing the knowledge base of its personnel through internal and external educational resources.
3. Delivering a quality assurance program to address personnel and service delivery issues.
4. Providing a broad availability of personnel and medical units to the service areas and assuring the reliability and safe operation of medical equipment and vehicles.
5. Conducting customer and patient follow-ups.

## **01.02 PHILOSOPHY**

The Mission Statement is supported on the values that Sacred Mountain Medical Service personal will:

1. be nice and do no harm;
2. respect the cultural beliefs and values of the people;
3. be patient and compassionate.

**Position Title:** Emergency Medical Responder  
**Salary Grade:** DOE/Q  
**Supervises:** None

**Position No.:** Varied  
**Position Status:** Varied  
**Reports to:** EMT

### **DISTINGUISHING FEATURES OF THE CLASS**

The fundamental reason that this classification exists is to provide for a cost effective means to determine the applicants continued interest in pre-hospital care delivery, receive on the job training to help advance to the EMT level, and for the safe response of the ambulance to the emergency scene and/or interfacility request, then to assist only and under the supervision of the on-duty EMT aid in providing efficient and immediate care to the chronic, critically ill and injured, and to drive from the scene and/or medical facility to a medical facility in a safe and expedient manner for continuing definitive care of the chronic, critically ill and injured.

### **Essential Job Function:**

The operation of the ambulance requires constant alertness and observation to ensure safe operating practices. The Emergency Medical Responder works under the general supervision of the Basic, and aids or assist the EMT's in the treatment of the critically ill and injured.

- Work with a higher skill and knowledge level EMT or paramedic.
- Drives the ambulance to the address or location given, using the most expeditious route, depending on traffic and weather conditions.
- Drives the ambulance in accordance with State and Local laws.
- Observes traffic ordinances and regulations concerning emergency vehicle operation.
- Parks the ambulance in a safe location to avoid additional injury.
- In conjunction with and under the supervision of an EMT "Size-up" the scene to determine that the scene is safe, to determine the mechanism of injury or nature of illness, obtain total number of patients and to request for additional help if necessary.
- In the absence of law enforcement, creates a safe traffic environment, such as the placement of road flares, removal of debris, and re-direction of traffic for the protection of the injured and those assisting in the care of injured patients.
- In conjunction with and under the supervision of an EMT determines the nature and extent of illness or injury and establishes priority for required emergency care and based on the findings, renders emergency medical care to adult, infant and child, medical and trauma patients.
- In conjunction with and under the supervision of an EMT assist the EMT in opening and maintaining an airway, ventilating patients, and performing cardiopulmonary resuscitation, including the use of automated external defibrillators.
- In conjunction with and under the supervision of an EMT assist the EMT in providing pre-hospital emergency medical care of simple and multiple system trauma such as controlling hemorrhage, treatment of shock, bandaging wounds, and immobilization of painful, swollen, deformed extremities.



- In conjunction with and under the supervision of an EMT assisting in childbirth.
- Searching for medical identification emblem as a clue in providing emergency care.
- Reassures the patient and bystanders by working in a confident, efficient manner.
- Avoids mishandling and undue haste while working expeditiously to accomplish the task.
- Radios the dispatcher for additional help or special rescue and/or utility services.
- Provides simple rescue service if the ambulance that has not been accompanied by a specialized unit.
- Lifts stretcher, placing in ambulance and seeing that the patient and stretcher are secured.
- Assists in lifting and carrying the patient out of the ambulance and into the receiving medical facility.
- Upon request, provides assistance to the receiving facility staff.
- After each call and/or before the end of a shift change, restocks and replaces used linens, blankets and other supplies, cleans all equipment following appropriate disinfecting procedures, and makes careful check of all equipment so that the ambulance is ready for the next run.
- Maintains ambulance in efficient operating condition.
- Ensures that the ambulance is clean and washed and kept in a neat orderly condition. In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.
- Keeps quarters, equipment and grounds in a clean and orderly condition.
- Determines that vehicle is in proper mechanical condition by checking items required by service management.
- Maintains familiarity with specialized equipment used by the service.
- Attends continuing education and refresher training programs as required by employers, licensing or certifying agencies.
- Conducts presentations and classes in injury prevention, first aid and CPR to schools, communities and other organizations.
- Promotes and instills Sacred Mountain Medical Services' mission statement and operation philosophy.

### **Essential Physical Skill:**

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's, the Paramedic's, and other workers' well being must not be jeopardized. Must possess good vision and hearing, be able to distinguish odors and maintain the same status throughout the term of employment.

### **Working Conditions:**

The Emergency Medical Responder works in circumstances varying from the classroom to the scenes of medical emergencies and other incidents affecting public safety. Due to the nature of the work, the Emergency Medical Responder works in unpredictable circumstances involving the threat or actual presence of physical harm. The work contains an element of personal danger. A majority of work is performed indoors or outdoors in emergency situations that may expose the employee to a variety of dangerous conditions. Employees are exposed to physically and mentally stressful situations, including trauma, illness, contagious diseases, extreme temperatures and contaminated environments. Work also involves working in inclement weather, at all hours of the day or night, to respond to emergency situations and requests for assistance. Driving emergency vehicles is a substantial portion of the job. Living in dormitory quarters on a 24-shift basis is required.

### **Knowledge/Skills/Abilities:**

- Thorough knowledge of Sacred Mountain Medical Service's Operating Guidelines and Personal Policies Manual.
- Skill in performing basic life support procedures in conjunction with and under the supervision of an EMT.
- Ability to understand and carry out verbal and written instructions.
- Ability to communicate verbally, via telephone and radio equipment;
- Ability to interpret written, oral and diagnostic form instructions;
- Ability to use good judgment and remain calm in high-stress situations;
- Ability to function efficiently throughout an entire work shift without interruption;
- Ability to drive and sit for extended periods of time.
- Ability to read English language manuals and road maps;
- Ability to accurately discern street signs and address numbers;
- Ability to interview patient, family members, and bystanders;
- Ability to converse in English with coworkers and hospital staff as to status of patient. Good manual dexterity, with ability to perform all tasks related to highest quality patient care.
- Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture and the ability to lift, carry and balance up to 125 lbs.
- Ability to work in loud noises, flashing and low light conditions, heights and confined spaces.

### **Required Experience and Training:**

#### **EMR Level 1 (Part-time or Probationary Period)**

**Pay Scale: DOE**

- High school diploma or high school equivalence (i.e. GED).
- Valid Arizona Driver's Licenses.

- Current American Heart Association Healthcare Provider BLS CPR Card.
- Certification from the National Registry of Emergency Medical Technician (NREMT) as an Emergency Medical Responder.

**EMR Level 2****Pay Scale: DOE**

- All the requirements of Level 1 and Completion of the Probationary Period.

**EMR Supplemental Levels**

- Instructional
- Educational
- Performance/Merit
- COLA

**Drug Testing/Substance and Alcohol Use**

Final applicants will be required to voluntarily submit to pre-employment drug & alcohol testing on a "pass/fail" basis. Failure to submit to the testing will result in automatic termination of employment. The successful candidate will be subject to random drug & alcohol testing. Sacred Mountain Medical Service is a strict tobacco, alcohol and drug free workplace and this policy in particular has become one of zero tolerance.

**Position Title:** Emergency Medical Technician  
**Salary Grade:** DOE/Q  
**Supervises:** EMR

**Position No.:** Varied  
**Position Status:** Varied  
**Reports to:** Paramedic

### **DISTINGUISHING FEATURES OF THE CLASS**

The fundamental reason that this classification exists is to provide for the safe response of the ambulance to the emergency scene and/or interfacility request, then to provide efficient and immediate care at the basic level to the chronic, critically ill and injured, and to drive from the scene and/or medical facility to a medical facility in a safe and expedient manner for continuing definitive care of the chronic, critically ill and injured.

### **Essential Job Function:**

The operation of the ambulance requires constant alertness and observation to ensure safe operating practices. The Basic EMT works under the general supervision of the Advanced EMT or Paramedic and aids the paramedic in the treatment of the critically ill and injured.

- Work with a lower skill and knowledge level Emergency Medical Responder.
- Work with a higher skill and knowledge level Advanced EMT or Paramedic
- Drives the ambulance to the address or location given, using the most expeditious route, depending on traffic and weather conditions.
- Observes traffic ordinances and regulations concerning emergency vehicle operation.
- Parks the ambulance in a safe location to avoid additional injury.
- "Size-up" the scene to determine that the scene is safe, to determine the mechanism of injury or nature of illness, obtain total number of patients and to request for additional help if necessary.
- In the absence of law enforcement, creates a safe traffic environment, such as the placement of road flares, removal of debris, and re-direction of traffic for the protection of the injured and those assisting in the care of injured patients.
- Determines the nature and extent of illness or injury and establishes priority for required emergency care and based on the findings, renders emergency medical care to adult, infant and child, medical and trauma patients.

Medical duties include but are not limited to:

- Opening and maintaining an airway, ventilating patients, and performing cardiopulmonary resuscitation, including the use of automated external defibrillators.
- Providing pre-hospital emergency medical care of simple and multiple system trauma such as controlling hemorrhage, treatment of shock, bandaging wounds, and immobilization of painful, swollen, deformed extremities.
- Assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies, and suspected poisonings.
- Searching for medical identification emblem as a clue in providing emergency care.

- Assisting patients with prescribed medications, including sublingual nitroglycerin, epinephrine auto-injectors and hand-held aerosol inhalers. The Basic EMT will also be responsible for administration of oxygen, oral glucose and activated charcoal.
- Reassures the patient and bystanders by working in a confident, efficient manner.
- Avoids mishandling and undue haste while working expeditiously to accomplish the task.
- Assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for safely removing the patient.
- Radios the dispatcher for additional help or special rescue and/or utility services.
- Provides simple rescue service if the ambulance that has not been accompanied by a specialized unit.
- Provides additional care in triaging the injured in accordance with standard emergency procedures.
- Complies with regulations on the handling of the deceased, notifies authorities, and arranges for protection of property and evidence at scene.
- Lifts stretcher, placing in ambulance and seeing that the patient and stretcher are secured and continues emergency medical care.
- Drives the ambulance in accordance with State and Local laws.
- Based on the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction.
- Reports directly to the emergency department or communications center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on arrival.
- Identifies assessment findings, which may require communications with medical direction for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.
- Constantly assesses the patient(s) en route to the emergency facility, administers additional care as indicated or directed by medical direction.
- Assists in lifting and carrying the patient out of the ambulance and into the receiving medical facility.
- Reports verbally and in writing their observation and emergency medical care of the patient at the emergency scene and in transit to the receiving facility staff for purposes of records and diagnostics.
- Upon request, provides assistance to the receiving facility staff.
- After each call and/or before the end of a shift change, restocks and replaces used linens, blankets and other supplies, cleans all equipment following appropriate disinfecting procedures, and makes careful check of all equipment so that the ambulance is ready for the next run.
- Maintains ambulance in efficient operating condition.

- Ensures that the ambulance is clean and washed and kept in a neat orderly condition. In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.
- Keeps quarters, equipment and grounds in a clean and orderly condition.
- Ensures that the ambulance is clean and washed and kept in a neat orderly condition. In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.
- Determines that vehicle is in proper mechanical condition by checking items required by service management.
- Maintains familiarity with specialized equipment used by the service.
- Attends continuing education and refresher training programs as required by employers, medical direction, licensing or certifying agencies.
- Conducts presentations and classes in injury prevention, first aid and CPR to schools, communities and other organizations.
- Promotes and instills Sacred Mountain Medical Services' mission statement and operation philosophy.

#### **Essential Physical Skill:**

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's, the Paramedic's, and other workers' well being must not be jeopardized. Must possess good vision and hearing, be able to distinguish odors and maintain the same status throughout the term of employment.

#### **Working Conditions:**

The ~~Basic~~ EMT works in circumstances varying from the classroom to the scenes of medical emergencies and other incidents affecting public safety. Due to the nature of the work, the ~~Basic~~ EMT works in unpredictable circumstances involving the threat or actual presence of physical harm. The work contains an element of personal danger. A majority of work is performed indoors or outdoors in emergency situations that may expose the employee to a variety of dangerous conditions. Employees are exposed to physically and mentally stressful situations, including trauma, illness, contagious diseases, extreme temperatures and contaminated environments. Work also involves working in inclement weather, at all hours of the day or night, to respond to emergency situations and requests for assistance. Driving emergency vehicles is a substantial portion of the job. Living in dormitory quarters on a 24-shift basis is required.

### **Knowledge/Skills/Abilities:**

- Thorough knowledge of Arizona's and SMMS Base Hospital BLS protocols and procedures.
- Thorough knowledge of Sacred Mountain Medical Service's Operating Guidelines and Personal Policies Manual.
- Skill in performing basic life support procedures in accordance protocols.
- Ability to understand and carry out verbal and written instructions.
- Ability to execute an MCI and disaster plan and direct the work of members under their command in an emergent condition utilizing the ICS or IMS.
- Ability to communicate verbally, via telephone and radio equipment;
- Ability to interpret written, oral and diagnostic form instructions;
- Ability to use good judgment and remain calm in high-stress situations;
- Ability to function efficiently throughout an entire work shift without interruption;
- Ability to drive and sit for extended periods of time.
- Ability to read English language manuals and road maps;
- Ability to accurately discern street signs and address numbers;
- Ability to interview patient, family members, and bystanders;
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such;
- Ability to converse in English with coworkers and hospital staff as to status of patient. Good manual dexterity, with ability to perform all tasks related to highest quality patient care.
- Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture and the ability to lift, carry and balance up to 125 lbs.
- Ability to work in loud noises, flashing and low light conditions, heights and confined spaces.

### **Required Experience and Training:**

#### **EMT Level 1 (Probationary Period and Part-Time)**

**Pay Scale: DOE**

- High school diploma or high school equivalence (i.e. GED).
- Valid Arizona Driver's Licenses.
- Current American Heart Association Healthcare Provider CPR Card.
- Current Arizona EMT License and National Registry of Emergency Medical Technicians (NREMT) Emergency Medical Technician Certification.

#### **EMT Level 2**

**Pay Scale: DOE**

- All the requirements of Level 1 and completion of the Probationary Period.

#### **EMT Level 3**

**Pay Scale: DOE**

- All the requirements of Level 1 & 2

- EMT enhanced skills level (must obtain all enhanced skills listed to obtain this level):
  - Combitube/King Airway
  - Peripheral IV access
  - Epi-Pen
  - Albuterol
  - Narcan

#### **EMT Supplemental Levels**

- Instructional
- Educational
- Longevity
- Performance/Merit
- Acting Status
- COLA

#### **Drug Testing/Substance and Alcohol Use**

Final applicants will be required to voluntarily submit to pre-employment drug & alcohol testing on a "pass/fail" basis. Failure to submit to the testing will result in automatic termination of employment. The successful candidate will be subject to random drug & alcohol testing. Sacred Mountain Medical Service is a strict tobacco, alcohol and drug free workplace and this policy in particular has become one of zero tolerance.



**Position Title:** Advanced EMT/IEMT  
**Salary Grade:** DOE/Q **Supervises:**  
EMT

**Position No.:** Varied  
**Position Status:** Varied  
**Reports to:** Base Supervisor

### **DISTINGUISHING FEATURES OF THE CLASS**

The fundamental reason that this classification exists is for the administration of advanced training and equipment to extend emergency physician services to the chronic, critically ill and injured, which is often performed under conditions, which require strenuous physical exertion.

### **Essential Job Function and Ability:**

The Advanced EMT must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The Advanced EMT must have excellent judgment and be able to prioritize decisions and act quickly in the best interest of the patient, be self disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at optimum level in a non-structured environment that is constantly changing.

- Work with a lower skill and knowledge level Basic EMTs.
- Responsible for safe and therapeutic administration of drugs including narcotics.
- Knowledgeable about medications and must be able to apply this knowledge in a practical sense.
- Knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholinergics, cholinergics, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmics, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, anti-inflammatories, serums, vaccines, anti-parasitics, and others.
- Responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered,
- Keeping one's own pharmacological knowledge-base current as to changes and trends in administration and use and all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.
- Obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage and dosage.
- Take into consideration the possible risks of medication administered to a pregnant mother and the fetus; keeping in mind that drugs may cross the placenta.
- Cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of

aging such as the way skin can tear in the geriatric population with relatively little to no pressure.

- Awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Intermediate must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications are essential.
- Able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between Centigrade and Fahrenheit scales,
- Be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal pre-cautions and body substance isolation, disposing of contaminated items and equipment properly.
- Be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes, and have the knowledge of poisons and be able to administer treatment.
- Knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs.
- Be capable of providing advanced life support emergency medical services to patients including conducting of and performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.
- Must not only remain calm while working in difficult and stressful circumstances, but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position.
- Good judgment along with advanced knowledge and technical skills are essential in directing other team members to assist as needed.
- Provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life threatening emergency situations.
- Able to deal with adverse and often dangerous situations, which include responding to, calls in area known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.
- Keeps quarters, equipment and grounds in a clean and orderly condition.
- Ensures that the ambulance is clean and washed and kept in a neat orderly condition. In accordance with local, state or federal regulations, decontaminates the

interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.

- Conducts presentations and classes in injury prevention, first aid and CPR to schools, communities and other organizations.
- Promotes and instills Sacred Mountain Medical Services' mission statement and operation philosophy.

### **Essential Physical Skill:**

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's, the Paramedic's, and other workers' well being must not be jeopardized. Must possess good vision and hearing, be able to distinguish odors and maintain the same status throughout the term of employment.

### **Working Conditions:**

The Advanced EMT works in circumstances varying from the classroom to the scenes of medical emergencies and other incidents affecting public safety. Due to the nature of the work, Intermediate works in unpredictable circumstances involving the threat or actual presence of physical harm. The work contains an element of personal danger. A majority of work is performed indoors or outdoors in emergency situations that may expose the employee to a variety of dangerous conditions. Employees are exposed to physically and mentally stressful situations, including trauma, illness, contagious diseases, extreme temperatures and contaminated environments. Work also involves working in inclement weather, at all hours of the day or night, to respond to emergency situations and requests for assistance. Living in dormitory quarters on a 24-shift basis is required.

### **Knowledge/Skills/Abilities:**

- Thorough knowledge of Arizona's and SMMS Base Hospital's ALS and BLS protocols and procedures.
- Thorough knowledge of Sacred Mountain Medical Service's Operating Guidelines and Personal Policies Manual.
- Thorough knowledge of the Incident Management System.
- Skill in performing basic and advanced life support procedures in accordance with medical protocols.
- Ability to understand and carry out verbal and written instructions.
- Ability to execute an MCI and disaster plan and direct the work of members under their command in an emergent condition.
- Ability to communicate verbally, via telephone and radio equipment;
- Ability to interpret written, oral and diagnostic form instructions;

- Ability to use good judgment and remain calm in high-stress situations;
- Ability to function efficiently throughout an entire work shift without interruption;
- Ability to calculate weight and volume ratios and read small print, both under life threatening time constraints;
- Ability to accurately discern street signs and address numbers and read manuals and maps;
- Ability to interview patient, family members, and bystanders;
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such;
- Ability to converse in English with coworkers and hospital staff as to status of patient. Good manual dexterity, with ability to perform all tasks related to highest quality patient care.
- Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture, lift, carry and balance up to 125 lbs.
- Ability to work in loud noise, flashing and low lights and confined spaces.

#### **Required Experience and Training:**

##### **Advanced EMT Level 1 (Probationary Period)**

**Pay Scale: DOE**

- High school diploma or high school equivalence (i.e. GED).
- Valid Arizona Driver's Licenses.
- Current Arizona Advanced EMT License and National Registry of Emergency Medical Technician Advanced EMT Certification
- Current American Heart Association CPR, NRP, ACLS and PALS Card.

##### **Advanced EMT Level 2**

**Pay Scale: DOE**

- All requirements of Level 1 and completion of the Probationary Period.

##### **Advanced-EMT Supplemental Levels**

- Instructional
- Educational
- Longevity
- Performance/Merit
- Acting Status
- COLA

#### **Drug Testing/Substance and Alcohol Use**

Final applicants will be required to voluntarily submit to pre-employment drug & alcohol testing on a "pass/fail" basis. Failure to submit to the testing will result in automatic termination of employment. The successful candidate will be subject to random drug & alcohol testing. Sacred

Mountain Medical Service is a strict tobacco, alcohol and drug free workplace and this policy in particular has become one of zero tolerance.

**Position Title:** Paramedic  
**Salary Grade:** DOE/Q  
**Supervises:** None

**Position No.:** Varied  
**Position Status:** Varied  
**Reports to:** Base Supervisor

### **DISTINGUISHING FEATURES OF THE CLASS**

The fundamental reason that this classification exists is for the administration of advanced training and equipment to extend emergency physician services to the chronic, critically ill and injured, which is often performed under conditions, which require strenuous physical exertion.

### **Essential Job Function and Ability:**

The Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The Paramedic must have excellent judgment and be able to prioritize decisions and act quickly in the best interest of the patient, be self disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at optimum level in a non-structured environment that is constantly changing.

- Work with a lower skill and knowledge level EMTs.
- Responsible for safe and therapeutic administration of drugs including narcotics.
- Knowledgeable about medications and must be able to apply this knowledge in a practical sense.
- Knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholinergics, cholinergics, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmics, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, anti-inflammatories, serums, vaccines, anti-parasitics, and others.
- Responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered,
- Keeping one's own pharmacological knowledge-base current as to changes and trends in administration and use and all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.
- Obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage and dosage.
- Take into consideration the possible risks of medication administered to a pregnant mother and the fetus; keeping in mind that drugs may cross the placenta.
- Cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of

aging such as the way skin can tear in the geriatric population with relatively little to no pressure.

- Awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Intermediate Q/Paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications are essential.
- Able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between Centigrade and Fahrenheit scales,
- Be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal pre-cautions and body substance isolation, disposing of contaminated items and equipment properly.
- Be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes, and have the knowledge of poisons and be able to administer treatment.
- Knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs.
- Be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.
- Must not only remain calm while working in difficult and stressful circumstances, but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position.
- Good judgment along with advanced knowledge and technical skills are essential in directing other team members to assist as needed.
- Provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life threatening emergency situations.
- Able to deal with adverse and often dangerous situations, which include responding to, calls in area known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.
- Keeps quarters, equipment and grounds in a clean and orderly condition.

- Ensures that the ambulance is clean and washed and kept in a neat orderly condition. In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.
- Conducts presentations and classes in injury prevention, first aid and CPR to schools, communities and other organizations.
- Promotes and instills Sacred Mountain Medical Services' mission statement and operation philosophy.

### **Essential Physical Skill:**

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's, the Paramedic's, and other workers' well being must not be jeopardized. Must possess good vision and hearing, be able to distinguish odors and maintain the same status throughout the term of employment.

### **Working Conditions:**

The Paramedic works in circumstances varying from the classroom to the scenes of medical emergencies and other incidents affecting public safety. Due to the nature of the work, Paramedic works in unpredictable circumstances involving the threat or actual presence of physical harm. The work contains an element of personal danger. A majority of work is performed indoors or outdoors in emergency situations that may expose the employee to a variety of dangerous conditions. Employees are exposed to physically and mentally stressful situations, including trauma, illness, contagious diseases, extreme temperatures and contaminated environments. Work also involves working in inclement weather, at all hours of the day or night, to respond to emergency situations and requests for assistance. Living in dormitory quarters on a 24-shift basis is required.

### **Knowledge/Skills/Abilities:**

- Thorough knowledge of Arizona's and SMMS Base Hospital's ALS and BLS protocols and procedures.
- Thorough knowledge of Sacred Mountain Medical Service's Operating Guidelines and Personal Policies Manual.
- Thorough knowledge of the Incident Management System.
- Skill in performing basic and advanced life support procedures in accordance with medical protocols.
- Ability to understand and carry out verbal and written instructions.
- Ability to execute an MCI and disaster plan and direct the work of members under their command in an emergent condition.



- Ability to communicate verbally, via telephone and radio equipment;
- Ability to interpret written, oral and diagnostic form instructions;
- Ability to use good judgment and remain calm in high-stress situations;
- Ability to function efficiently throughout an entire work shift without interruption;
- Ability to calculate weight and volume ratios and read small print, both under life threatening time constraints;
- Ability to accurately discern street signs and address numbers and read manuals and maps;
- Ability to interview patient, family members, and bystanders;
- Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such;
- Ability to converse in English with coworkers and hospital staff as to status of patient. Good manual dexterity, with ability to perform all tasks related to highest quality patient care.
- Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture, lift, carry and balance up to 125 lbs.
- Ability to work in loud noise, flashing and low lights and confined spaces.

**Required Experience and Training:**

**Paramedic Level 1 (Probationary Period and Part-time)**

**Pay Scale: DOE**

- High school diploma or high school equivalence (i.e. GED).
- Valid Arizona Driver's Licenses.
- Current Arizona Paramedic License and National Registry of Emergency Medical Technicians (NREMT) Paramedic Certification.
- Current American Heart Association BLS, ACLS, NRP and PALS Card.

**Paramedic Level 2**

**Pay Scale: DOE**

- All requirements of Level 1 and completion of the Probationary Period

**Paramedic Level 3**

**Pay Scale: DOE**

- All the requirement of Level 2
- Critical Care Transport Paramedic, or equivalent with experience

**Paramedic Level 4**

**Pay Scale: DOE**

- All the requirement of Level 3
- Advanced Practice Paramedic (Community Paramedic)

**Paramedic Supplemental Levels**

- Instructional
- Educational
- Longevity
- Performance/Merit
- Acting Status
- COLA

**Drug Testing/Substance and Alcohol Use**

Final applicants will be required to voluntarily submit to pre-employment drug & alcohol testing on a "pass/fail" basis. Failure to submit to the testing will result in automatic termination of employment. The successful candidate will be subject to random drug & alcohol testing. Sacred Mountain Medical Service is a strict tobacco, alcohol and drug free workplace and this policy in particular has become one of zero tolerance.

**Position Title:** Field Supervisor  
**Salary Grade:** DOE/Q  
**Supervises:** All EMT's & Paramedics

**Position No.:** Varied  
**Position Status:** Varied  
**Reports:** CON/CEO

### **DISTINGUISHING FEATURES OF THE CLASS**

The fundamental reason that this classification exists is to assist the Controller (CON) and/or Chief Executive Officer (CEO) to direct and manage all base activities and operations, including discipline of personnel, maintenance of vehicles and equipment, control of expenditures, and assignment of personnel and equipment.

### **Essential Job Function:**

The Field Supervisor will perform the regular duties at their appropriate level Basic EMT and Paramedic with the additional responsibility outlined in this job description and the following four tasks in bold print **1) coordinate work schedule with ASO and coordinate company meetings and training with training and education department; 2) ordering restock and inventory medical supplies; 3) intervention strategies for the maintenance of vehicles and equipment; 4) intervention strategies for the maintenance of living quarters, equipment and furniture and other duties for the effective and efficient daily operations.**

The Field Supervisor works a standard 40-hour administrative work week and sustains additional work hours when on travel to other bases or address complaints or problems. The person assigned to this position has moderate latitude for decision making and independent action for intervention strategies and action plans for programs of all districts and their ambulance bases.

- Conducts probationary and yearly performance reviews to include objective points for improvement.
- In collaboration with the CON/CEO, supervises and evaluates probationary BLS/ALS providers to insure adequate medical skills have been obtained, documenting the progress in accordance with Operating Guidelines.
- Assist the CON/CEO in post-incident analysis with members to point out positive points and areas of improvement.
- Submitting to the CON/CEO thorough records of awards, recognition, counseling and the need for disciplinary actions.
- Work cooperatively with the CON/CEO in investigating EMS complaints both internally and externally.
- Coordinate with the CON/CEO, the orientation of newly hired EMT's personnel.
- Coordinates the selection of vacation and other related scheduling requirements of assigned EMT personnel.
- Enforcing and complying with all safety, security and all other company policies and procedures, as well as all local, state, and federal laws and regulations which include, but are not limited to, DOT and other such agencies.
- Schedule appropriate staff in a timely manner to meet the varied demands of the community and hospital and will ensure that the staff is aware of scheduling to avoid crisis management. Considerations in scheduling will include, but are not limited to, safety, security, full or part-time, training and leave of absence.

- Ensure medical supplies are stocked and equipment is ready to use in accordance with policy.
- Ensure that the vehicle fleet is operated in a safe, professional, and defensive manner at all times and will ensure that the vehicle fleet is maintained in accordance with company standards to ensure safe and efficient operation of all vehicles and compliance with all laws. In addition, the Field Supervisor will ensure that the equipment is kept clean and orderly, both inside and out.
- Ensure that the facility is fully compliant with all company policies and procedures, as well as all local, state, and federal laws such as OSHA.
- Ensure the facilities interior and exterior are clean and orderly at all times with no safety or security hazards present.
- Attend necessary meetings, classes and conferences to improve the Quality Service Delivery of the emergency medical service system.
- Ensure proper security, safety, receipting & filing procedures are being used at all times through a delicate balance of on the job training, on-street inspections, paperwork review, and any other means available.
- Resolves problems encountered during daily operations and determines standards for problem resolution.
- Remain flexible and willing to work varied work schedules. Work commitment is critical! Further, the Field Supervisor will be expected to work under the pressure caused by adverse working conditions, tight deadlines, long hours, etc. while maintaining patience, confidence, and composure at all times.
- Be the example for others to follow. Accordingly, the Field Supervisor will be expected to perform any and all duties that will ensure the safe and healthy operation of the company, as well as any other job duties that may be operationally necessary.
- The Field Supervisor ensures compliance with all management policies and procedures, and counsels orally and submits to the CON/CEO documents in writing all incidents of non-compliance in order to protect the company and to educate the affected individual(s).
- The Field Supervisor interacts with many peers, subordinates, and customers. Therefore, a professional appropriate manner and dress is required at all times. Considering the great deal of interaction with peers, subordinates, and customers and considering how important perception is to our company, personal cleanliness (hygiene) is an absolute must.
- Provides back-up staffing on a part-time basis, as needed.
- Generally speaking, the Field Supervisor is expected to do what it takes to get the job done and ensure that the ambulance base remains fully operational. In situations that are foreign, alien or beyond the control of the Field Supervisor he/she can contact the CON/CEO for his/her attention and decision on the matter.
- Promote and instill Sacred Mountain Medical Services' mission statement and operational philosophy.

#### **Knowledge/Skills/Abilities:**

- Knowledge of modern supervisory and leadership techniques.
- Knowledge of full range of employee development, mentoring, coaching, and training methods, techniques and practices.
- Knowledge of current practices, methods, techniques and regulations pertaining to employee selection, evaluation and discipline.
- Knowledge of issues and problems encountered in employee relations, labor relations, human relations and customer service.

- Knowledge of full range of safety regulations, workplace safety awareness programs, accident prevention programs and hazard identification, and avoidance programs.
- Considerable knowledge of methods, materials and equipment used in emergency medicine and pre-hospital care.
- Thorough knowledge of Arizona's ALS and/or BLS protocols and procedures.
- Thorough knowledge of Arizona's ALS and/or BLS scope of practice.
- Extensive knowledge of department policies, rules and regulations, and controlling laws and ordinances pertaining to emergency medicine.
- Thorough knowledge of Sacred Mountain Medical Service's Policies and Procedures.
- Thorough knowledge of the Incident Management System.
- Skill in motivating, encouraging, mentoring, and inspiring workers to meet productivity, safety, customer service and behavior goals.
- Skill in performing, monitoring, and insuring quality standards are met in the routine, emergency, and technical work performed by employees.
- Skill in selecting and applying verbal and written communication methods to inform, persuade, motivate, counsel, advice, and direct.
- Skill and ability to instruct utilizing multi-media and other educational resources.
- Skill in performing either basic, advanced life support procedures in accordance with medical protocols.
- Ability to maintain high personal level of motivation, job satisfaction, and productivity.
- Ability to assign, instruct and review work of subordinates in a manner conducive to Quality Service Delivery.
- Ability to understand, use and apply management and administrative information systems, technical manuals, policies, guidelines and procedures.
- Ability to make sound decisions and use good judgment in both routine and emergency situations.
- Ability to communicate effectively using a variety of methods and in a variety of settings and situations with senior management, employees at all organization levels, administrators and officials.
- Ability to understand and carry out verbal and written instructions and prepare and maintain a clear and comprehensive shift log, incident reports and equipment control records.
- Ability to execute an MCI and disaster plan and direct the work of members under their command in an emergent condition.
- Ability to establish and maintain effective working relationships with other members, professional groups, public safety agencies and the general public.

#### **Essential Physical Skill:**

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to sit, walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's, the Paramedic's, and other workers' well being must not be jeopardized. Must possess good vision and hearing, be able to distinguish odors and maintain the same status throughout the term of employment.

#### **Working Conditions:**

The Field Supervisor works in circumstances varying from the classroom, administrative offices to the scenes of medical emergencies. Due to the nature of the work, the Field Supervisor works in

unpredictable circumstances involving the threat or actual presence of physical harm. The work contains an element of personal danger. A majority of work is performed indoors or outdoors in emergency situations that may expose the employee to a variety of dangerous conditions. Field Supervisors are exposed to physically and mentally stressful situations, including trauma, illness, contagious diseases, extreme temperatures and contaminated environments. Work also involves working in inclement weather, at all hours of the day or night, to respond to emergency situations and requests for assistance. Driving emergency vehicles is a substantial portion of the job. Living in dormitory quarters on a 24-shift basis may be required.

**Required Experience and Training:**

**Pay Scale: DOE**

- Valid Arizona Driver's Licenses.
- High School Diploma (or equivalent) with (2) two years of post-high school education (or equivalent working experience).
- American Heart Association Healthcare Provider CPR Card and BLS Instructor (CPR).
- Arizona EMT or National Registry EMT-Basic or Paramedic Certification.
- 3-5 years of management and/or supervisory experience.
- Proficient computer skills with emphasis in Word Processing, Data Base Management, Spreadsheets, and the electronic age, i.e. the Internet, e-mail, etc... The company currently is standardized around Microsoft Office 2007 (Word, Excel, and Outlook).

**Drug Testing/Substance and Alcohol Use**

Final applicants will be required to voluntarily submit to pre-employment drug & alcohol testing on a "pass/fail" basis. Failure to submit to the testing will result in automatic termination of employment. The successful candidate will be subject to random drug & alcohol testing. Sacred Mountain Medical Service is a strict tobacco, alcohol and drug free workplace and this policy in particular has become one of zero tolerance.

**Position Title:** Fleet Service Technician  
**Salary Grade:** DOE/Q  
**Supervises:** None

**Position No.:** Varied  
**Position Status:** Varied  
**Reports to:** CON/CEO

### **DISTINGUISHING FEATURES OF THE CLASS**

The fundamental reason that this classification exists is to provide for the repair and maintenance of SMMS vehicles, maintaining them in a safe, reliable and operational state of readiness.

#### **Essential Job Function:**

The Fleet Service Technician, under limited supervision, is responsible for a full range of automotive maintenance and repair needed to keep all SMMS gas and diesel engine vehicles and equipment in good running condition. Incumbents in this classification inspect automotive, and/or equipment to determine necessary corrective action. Work requires high degree of technical knowledge, as well as the ability to exercise independent judgment when determining repair methods.

- Perform all necessary repairs, checks, and preventative maintenance required by SMMS on ambulances and vehicles, up to including major overhauls, road service and emergency repairs.
- Maintain fleet of ambulances, wheelchair vans and company vehicles.
- Operates SMMS vehicles as needed for inspection and testing.
- Performs occasional machine lathe work and welding as needed.
- Responds to routine and emergency calls for repairs or services at all times of the day, including after hours, weekends and Holidays.
- Develops and maintains a maintenance program that is of the highest standard, and which focuses upon the continued safe and reliable operation of the fleet.
- Complete all required forms and reports relating to vehicle inspections, repairs, and maintenance in a timely fashion.
- Prepares reports, requisitions and work orders and maintains records.
- Contains and properly disposes of hazardous wastes.
- Evaluate the cost vs. quality of parts to be utilized and makes informed decisions that will be in the best interest of SMMS.
- Remain informed of relevant economic conditions and situations and recommend to the CON and/or CEO of any adjustments or suggestions.
- Repair to applicable standards all interior non-medical equipment such as gurneys, fasteners, lifts and emergency warning devices up to the level of the mechanic's personal level or certification.
- Utilize sound judgment with regard to in/out service vehicles/stretchers with safety at the forefront of all decisions.
- Be available after hours for work as necessary and for emergency assistance either in person or by phone.
- Maintain and service all shop tools and equipment as required by SMMS, and as required or recommended by the manufacturer of such tools.
- Maintain a clean maintenance area and ensure that the entire shop is clean, neat, and organized at the end of every shift. Discard waste and trash into proper receptacles and assure proper disposal of hazardous material and waste.

- Provide an environment and equipment which is conducive to a safe work environment for all shop personnel. Assess risks to self and others in compliance with set precautions and approved standards, as well as personal judgment.
- Assist the Field Supervisor and/or CON in educating the ambulance operators about the various functions of the vehicles.
- EMS is a dynamic industry; therefore, the mechanic will accept other various duties as assigned.
- Promotes and instills Sacred Mountain Medical Services' mission statement and operation philosophy.

### **Essential Physical Skill:**

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary to work with small nuts and bolts, automotive tools and hydraulic and motorized equipment. Must possess good vision and hearing, be able to distinguish odors and maintain the same status throughout the term of employment.

### **Working Conditions:**

The work environment involves moderate to high risks or discomforts associated with vehicle and equipment maintenance. Incumbent works primarily in a standard shop environment but occasionally may be required to provide service at emergency scenes, on roadsides or other locations, in a variety of weather conditions and surface environments.

Work may occasionally be performed under hazardous and adverse conditions, including, but not limited to, proximity to streets and highways, moving mechanical equipment or electrical currents, high noise environments requiring hearing protection, elevated heights and confined spaces.

### **Knowledge/Skills/Abilities:**

- Thorough knowledge of Sacred Mountain Medical Service's Operating Guidelines and Personal Policies Manual.
- Knowledge of the principles of internal combustion and diesel engine operation.
- Knowledge of methods, materials, tools and standard practices for automotive and truck repair.
- Thorough understanding of the hazards and safety precautions required during vehicle repair and maintenance.
- Knowledge of methods of basic fabrication.
- Knowledge of electronic control systems (i.e., engine, transmission, anti-lock brake system, etc.).
- Ability to diagnose and repair electronic control systems.
- Ability to understand and carry out verbal and written instructions, communicate verbally and via telephone; interpret written, oral and diagnostic form instructions; and read the English language.
- Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture and the ability to lift, carry and balance up to 125 lbs.
- Ability to work in precarious locations (e.g. along highways), with loud noises, flashing and low light conditions, in heights and confined spaces.



### **Job Requirements**

- Mechanically inclined and willing to do maintenance and repair work on vehicles, both gasoline and diesel.
- Must have own tools.
- Must have reliable transportation.
- Must be willing to be On-call, may need to come in off hours.
- May need to travel up to 300 miles or more.
- May need to perform repairs on side of highways or parking lots
- Must be willing to teach driver/operators on proper maintenance and inspection of fleet vehicles.

### **Required Experience and Training:**

#### **Minimum Requirements**

- Be at least 21 years of age,
- Have a clean driving record and free of any criminal and civil convictions,
- Valid Arizona Driver's License - Class B recommended,
- High school diploma or equivalents, and
- Combination of training, education and experience equivalent to four (4) years of journey-level mechanic experience of both gasoline and diesel engines; OR four (4) years as an equipment service worker with demonstrated equipment mechanic abilities and/or apprenticeship as a diesel mechanic.
  - Within two (2) year of appointment, obtain Emergency Vehicle Technician (E.V.T.) Certifications for Level I and Level II EVT status for Ambulances.
  - Within two (2) years of appointment, obtain ASE Master Automobile Technician certification.
- Reserved

#### **Preferred Experiences and Training**

**Pay Scale: DOE**

- Minimum 7 years general automotive repair experience, and
- ASE certifications as Certified Master Automobile Technician, and/or
- ASE certification as Certified Master Medium-Heavy Truck Technicians, and
- EVT Level III or Master ambulance Technician certification

### **Drug Testing/Substance and Alcohol Use**

Final applicants will be required to voluntarily submit to pre-employment drug & alcohol testing on a "pass/fail" basis. Failure to submit to the testing will result in automatic termination of employment. The successful candidate will be subject to random drug & alcohol testing. Sacred Mountain Medical Service is a strict tobacco, alcohol and drug free workplace and this policy in particular has become one of zero tolerance.

## **STANDARD OPERATING PROCEDURES**

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### **Scope of Practice**

Subject: **Emergency Medical Responder**

Code: **1-III-01**

Revised: **1/30/14**

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#### **1. PURPOSE**

- a. The fundamental reason that the Emergency Medical Responder (EMR) classification exists is to:
  - i. Provide for a cost effective means to determine the applicants continued interest in pre-hospital care delivery, and to
  - ii. Provide for the safe response of the ambulance to the emergency scene and/or interfacility request, then to assist only and under the supervision of the on-duty EMT aid in providing efficient and immediate care to the chronic, critically ill and injured, and to drive from the scene and/or medical facility to a medical facility in a safe and expedient manner for continuing definitive care of the chronic, critically ill and injured.

#### **2. EMERGENCY MEDICAL RESPONDER FUNCTION**

- a. This individual possesses the basic knowledge and skills necessary to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, under medical oversight and supervision of the on duty EMT.
- b. Emergency Medical Responders shall be certified by the National Registry of Emergency Medical Technicians (NREMT) and shall maintain NREMT EMR

status as a condition of employment.

- ~~c. All EMR have one (1) year from their date of initial certification to enroll and attend an Emergency Medical Technician (EMT) course. Emergency Medical Responders have two (2) years from the date of their initial certification to obtain their Emergency Medical Technician license from the State of Arizona. Failure to obtain their EMT license within two (2) year will result in termination.~~
- d. One of the eligibility requirements for NREMT certification at this level requires successful completion of an accredited Emergency Medical Responder training program.
- e. The Emergency Medical Responder serves as part of the transporting crew, but not as the primary care giver.
- f. Emergency Medical Responders work alongside other EMS and health care professionals as an integral part of the emergency care team.
- g. The Emergency Medical Responder's scope of practice includes simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies.
- h. A major difference between the lay person and the Emergency Medical Responder employed under SMMS is the "duty to act" as part of an organized EMS response.
- i. Emergency Medical Responders serve as a part of the crew on transporting EMS units; however, the Emergency Medical Responder is not intended to be the highest level caregiver in such situations. They must function with an EMT or higher level personnel during the transportation of emergency patients. The scope of practice model of a Emergency Medical Responder is limited to simple skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and supervision of the on duty EMT.

### **3. SCOPE OF PRACTICE**

- a. The following are the minimum skills of the Emergency Medical Responder:
  - i. Assessment/Vitals
    - 1. Scene Size – Up
    - 2. Vitals – with exception to BP's
  - ii. Lifting/Emergency moves of Patient
  - iii. Eye Irrigation
  - iv. Airway/Ventilation/Oxygenation
    - 1. Bag-Valve-Mask (BVM)
    - 2. Cricoid Pressure (Sellick)
    - 3. Airway Maneuvers
      - a. Head-tilt/chin-lift
      - b. Jaw-thrust
        - i. Modified (trauma)
      - c. Insertion of OPA's & NPA's
    - 4. Mouth-to-Barrier and Mouth to Mask
    - 5. Obstruction
      - a. Abdominal thrust (Peds and Adults)
      - b. Back slaps/Chest thrust (Infant)
    - 6. Oxygen Therapy
      - a. Humidifiers
      - b. Nasal Cannula
      - c. Non-rebreather Mask
    - 7. Suctioning Upper Airway – Rigid/Soft
  - v. Cardiovascular/Circulation
    - 1. Cardiopulmonary Resuscitation (CPR)
    - 2. Defibrillation - Automated/Semi-Automated (AED)
    - 3. Hemorrhage Control
      - a. Direct Pressure
      - b. Pressure Point

- c. Tourniquet
- 4. Trendelenberg Positioning
- vi. Assisted Normal Delivery
- vii. Immobilization
  - 1. Spinal Immobilization
    - a. Manual Stabilization
    - b. Cervical Collar
    - c. Long Board
    - d. Seated Patient (KED)
  - 2. Splinting
    - a. Manual stabilization
    - b. Rigid
    - c. Soft
    - d. Traction
- viii. Reserved

#### **4. ADDITIONAL SCOPE OF PRACTICE**

- a. The following additional skills require documentation of additional training and approval by the SMMS CQI & Training Audit Officer before being performed and are only performed under medical oversight and supervision of the on duty EMT.
  - i. Ambulance/Equipment
  - ii. Checking off ambulance and BLS medical supplies
  - iii. Assisting the ALS provider in the ALS supplies/equipment check off for familiarity
  - iv. Assembling of proper medical equipment at scenes
  - v. Decontaminating and care of medical equipment
  - vi. Decontaminating and care of the ambulance
  - vii. Vitals

viii. Blood Pressure

ix. Oxygen Administration

- b. Pressure Regulators/Flowmeters
- c. Cardiovascular/Circulation
- d. Applying Monitor Leads
- e. Spiking IV bags and priming IV lines
- f. Blood Samples
- g. Blood Glucometer – finger stick blood sample

## STANDARD OPERATING PROCEDURES

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# Employment

Subject: **Employment Categories**

Code: **2-I-01**

Revised: **1/25/14**

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### 1. PURPOSE

- a. The purpose of this policy is to provide guidelines for uniformity and equity in applying personnel policies and benefits. The Fair Labor Standards Act (FLSA) does not define full-time employment or part-time employment as it is to be determined by the employer, as such this policy will also differentiate between full-time and part-time employment, including other employment terms.

### 2. SCOPE

- a. This policy applies to all prospective and current employees, including all full-time, part-time, and temporary personnel.

### 3. POLICY

- a. **Exempt** – Employees whose positions meet specific tests established by the Fair Labor Standards Act (FLSA) and are exempt from overtime pay requirements.
- b. **Non-exempt** – Employees whose positions do not meet FLSA exemption tests and are paid a multiple of their hourly wage for overtime hours worked (Note: Field personnel receive overtime compensation for hours in excess of 40 hours per week; non-exempt administrative personnel

receive overtime for hours in excess of 40 hours per seven-day period).

- c. **Full-Time** - Those employees who work a fixed regular schedule and are able to receive full company benefits (if applicable), to include but not limited, to medical and disability insurance, deferred compensation, tuition and training reimbursements and vacation and sick time.
- d. **Part-Time** - Those employees who typically work less than full-time employees, are on no fixed schedule and work ad hoc, receiving no company benefits in terms of tuition or training assistance (refresher programs, conferences, etc.), medical insurance or deferred compensation, but will receive other benefits in the form of worker's compensation and training necessary by SMMS. Part-time employees are still required to maintain the standards required for the position in which they will function in.
- e. **Temporary** - Employees who are hired or appointed for a specific project or for a specific, limited time period based upon an authorized budgeted position. These employees will also be categorized under the part-time.
- f. **Emergency Hire** - In an emergency, to prevent undue delay or serious interference of service, the Chief Operations Officer may make an emergency hire for a period not to exceed ninety (90) calendar days. This does not require a vacant budgeted position. Such hires can be made without recourse to the formal examination and certification provisions of these procedures. These employees will also be categorized under the part-time.
- g. **Employment "At-Will"**. All hires with SMMS except for permanent hires are "at-will", meaning that employment will last until either the employer or employee decides to terminate the employment relationships, with or without just cause. Employees serving as emergency, temporary, or part-time do not have grievance appeal rights which are extended to permanent employees of SMMS, and therefore serve "at-will". Employees



serving as probationary have grievance appeal rights only on the basis of alleged discrimination.

- h. Probationary Period** - The probationary period is an integral part of the selection procedure allowing the hiring and/or appointing authority to serve and evaluate an employee's work performance in order to determine fitness for full-time status in the position. Probationary periods shall be no less than 6 months (180 days) or greater than 9 months (270 days).

## STANDARD OPERATING PROCEDURES

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# Employment

Subject: Salary and Wages - Non-SCA

Code: 2-I-02

Revised: January 23, 2019

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### 1. PURPOSE

- a. The purpose of this policy is to:
  - i. provides a compensation system that will provide internal equity and externally competitive wages, while allowing for a career-oriented platform that encourages employee growth and retention, and
  - ii. identify Holiday's recognized by Sacred Mountain Medical Services (SMMS).

### 2. SCOPE

- a. This policy applies to all Sacred Mountain Medical Services employees not working under Service Contract Agreements (SCA).

### 3. DEFINITIONS

- a. Eligible Employee - means a full-time employee whether classified as exempt or non-exempt.
- b. Emergency Personnel - means field personnel such as EMTs, Paramedic, EMRs, and Dispatchers who are directly involved in service delivery and are required to work on Holidays, Sunday to Saturday and at any time of the day.
- c. Non-Emergency Personnel/Employees - means office staff and other staff not fitting in the category of Emergency Personnel who are typically assigned Monday thru Friday 0800-1700 work hours.

- d. Preceptor - means an EMT or Paramedic who is training a new employee in the field.

#### 4. **POLICY**

- a. Sacred Mountain Medical Service will pay wages and salaries which are commensurate with the type of work, the degree of responsibility and the qualifications required for each job, which are comparable or approximately comparable subject to budgetary constraints to other comparable organizations and provide for salary adjustments for SMMS employees that are equitable and competitive.
- b. *Salary and Wage Schedule*
  - i. The salary schedules are approved by the Chief Executive Officer (CEO) and set forth in the classification system. Any and all wage adjustments shall be approved by the CEO. The classification system shall be used on all official documents.
    - 1. Level 1 (Probationary Period and Part-Time) - Applicants who meet minimum qualification requirements for a position and are serving their probationary period, or who are part-time employees.
      - a. Newly hired employees shall be paid this minimum step rate.
      - b. All new full-time employees shall serve a 6-month probationary period and complete the probationary process as outlined in SOP 2-1-03 *Probationary Period*.
      - c. Upon successful completion of the probationary period full-time employees will automatically move to the next positional level, with wage adjustments established by evaluation scores, up to a maximum of the highest rate for that class, unless special circumstances are deemed by the Chief Executive Officer (CEO) to warrant a rate jump at a higher level. Such a circumstance may arise in the event of hiring a fully qualified and highly experienced individual.
    - 2. Level 2 - Eligible employees who have met the minimum qualification for a position and have completed their probationary period and any and all training required identified by SMMS.
    - 3. Level 3 - Applicants whose qualifications are slightly more than Level 2.
    - 4. Level 4 - Applicants with qualifications are greater than those required at Level 3.

- ii. The maximum base pay rate for any position shall be at the top step of the salary range for any position classification plus 5%.
  - iii. If an individual who had left employment with SMMS is rehired, the employee may be reinstated to the original position and compensation level (if vacant and all requirements for the position have been met).
- c. *Part-time Employees*
- i. SMMS recognizes that part-time employees may be highly experienced and knowledgeable, possessing advanced practice certifications and/or licensures, and as such after a period of 12 months and 50 24-hour shifts, the employee may move (pending CEO approval) to the next step rate.
- d. *Wage Differentials*
- i. In recognition of added value to SMMS or general cost of living, eligible employees may receive additional compensation above the base rate.
    - 1. Instructional Incentive Pay - In recognition of the added value that is provided by becoming an instructor of EMS services (e.g. CPR/First Aid, ACLS, ITLS, EMT, etc.) from an approved and recognized agency/entity.
      - a. Each instructor status shall be handled on a case by case basis as each presents their own level of complexity and requirements.
      - b. Instruction terms and conditions will apply.
    - 2. Educational Incentive Pay - In recognition of the added value that is provided through completion of higher education degrees (bachelor or higher) and/or certification programs (e.g. critical care paramedic, etc.), employees may receive an educational incentive pay.
    - 3. Longevity Pay - As a means of rewarding continuing service to SMMS, employees who have completed five years of service may receive a 3% addition to their base salary. Upon completion of each additional five years of service, employees may receive a 3% addition to their base salary. Such increases shall begin on the first day of the pay period following the anniversary date.

4. Performance/Merit Pay – As a means of rewarding eligible employees who have consistently demonstrated meritorious performance during the applicable rating period, employees may receive a 2% addition to their base salary upon the approval of the CEO.
  5. Acting, temporary detail positions – In the event that an employee temporarily fills an acting position or assumes a temporary assignment for a special need within SMMS, for longer than three consecutive work shifts, the employee shall be paid at the rate to the promotion of the higher classification. *For example: A paramedic is temporary promoted to help in opening a new base. The position entails training and management at this base until crews become familiar with SMMS operations and can function effectively without management present.*
  6. Cost of Living Increases – In the event the CEO grants a cost of living increase, the determined percentage increase shall be applied across the board to the salary scale. Upon such change to the scale, employees' salaries shall increase accordingly. The cost of living increase shall not change the employee's classification date.
- ii. All wage and salary adjustments are subject to the availability of funds and final approval by the CEO.

e. *Overtime*

- i. Overtime, unless there are exemptions as identified in this policy, is defined as all work performed in excess of 40 hours in a workweek (Sunday through Saturday) for both eligible and non- eligible field and administrative personnel.
- ii. The overtime rate is defined as one and one-half times the regular hourly rate.
- iii. Overtime shall be paid in quarter-hour increments, rounded to the next quarter.
- iv. Paid absences (e.g. Holiday and Sick Leave) are not counted as hours worked for the purposes of computing overtime compensation (see 29 CFR §778.218 & 219).
- v. All authorized and earned overtime and compensatory time must be recorded on the official time sheet/card.
- vi. Non-voluntary and mandatory meetings, training programs, precepting hours, and similar activities offered or directed by SMMS are viewed as "hours worked" for the

purpose of calculating overtime (see CFR §775.27 & 29). Unless training offered is provided at no cost to the employee or the tuition is paid by SMMS for a required or mandatory training, then the time attended is not viewed as “hours worked” and is not calculated for regular time or overtime.

*f. Back-Fill/Call-In*

- i. In the event that an employee is called-in to immediate duty for a back fill, emergency shift coverage or all call, the minimum pay shall be double time.
- ii. Emergency shift coverage will only be paid double time up to the next start of the regular shift day.
- iii. Where sufficient notice of at least 8 hours is given to an employee for Back-Fill/Call-In coverage, double time shall not be applied, but hours worked counted for the purpose of calculating overtime.
- iv. All authorized and earned double time from Back-Fill/Call-In status must be recorded on the official time sheet/card.
- v. Back-Fill/Call-In time will not be counted as "hours worked" for the purpose of calculating overtime (see 29 CFR §778.222).

*g. SMMS Holidays & Holiday Pay*

- i. The Fair Labor Standards Act (FLSA) does not require payment for time not worked, such as vacations or holidays (federal or otherwise). These benefits according to FLSA are generally a matter of agreement between an employer and an employee. Additionally, the FLSA doesn't provide oversight in regard to working on a holiday, so an employer may treat the holiday as any other work day.
- ii. SMMS recognizes holidays as part of the employee benefits package and will recognize seven (7) federal, including up to two additional nonholiday days off. Those days are:
  1. New Year's Day – January 1
  2. President's Day – 3<sup>rd</sup> Monday in February
  3. Memorial Day – Last Monday in May

4. Independence Day – July 4
  5. Labor Day – 1<sup>st</sup> Monday in September
  6. Thanksgiving Day – 4<sup>th</sup> Thursday in November, and the day after as an additional day off.
  7. Christmas Day – December 25, and either the day before or the day after as an additional half or full day off as identified and approved by the CEO.
- iii.* When a recognized SMMS holiday falls on a Saturday, it will be observed on Friday before the Holiday. If the holiday falls on a Sunday, it will be observed on the following Monday.
  - iv.* Administrative office(s) will be closed on these holidays and all eligible non-emergency employees shall receive their regular hourly rate.
    1. An eligible non-emergency employee who is required to work on a holiday and does work shall be paid at one and one half (1 ½) time his/her regular rate of pay, within the date of the holiday.
    2. Non-emergency employees are prohibited from working more than 8 hours on a holiday, unless approved by the CEO.
  - v.* An eligible emergency employee who is required to work on a SMMS approved holiday between the hours of 0001-2400 (24 hours) on the day of the holiday and does work shall be paid at one and one half (1 ½) his/her regular rate of pay. Emergency personnel who are not working on an approved SMMS holiday are considered off and not entitled to holiday pay.
    1. If eligible emergency employees are already in over-time between 0001-2400 hours, holiday pay will be at double pay of the employee's hourly rate for the time period.
  - vi.* Eligible employees with less than three (3) months, or 90 days, employment are ineligible for any holiday pay.
  - vii.* Paid time off for Holidays or approved leave will not be counted as "hours worked" for purposes of calculation of overtime (see 29 CFR §778.219).

viii. Part-time, Temporary and Emergency hire employees are eligible for company recognized holiday pay.

h. Maximum Hours Allowable

- i. All emergency employees are prohibited from acquiring more than 72 hours per week, unless approved by the CEO/ASO.
- ii. Vacant positions held by full-time staff shall first be filled by a part-time employee, unless that part-time employee will be exceeding the maximum hours allowable, at which point a full-time employee may be called upon, so as long as they will not be exceeding the maximum hours allowed.
- iii. Providers being precepted are prohibited from acquiring more than 48 hours per week of precepting time per week, unless approved by the CEO/ASO.

i. Preceptors & Internship (additional reference SOP 3-VI-01a & b Field Internship)

- i. Field personnel who will be training new employees will be compensated at a stipend rate approved by the CEO or a Collateral Assignment.
- ii. Preceptors need to report on their time card the days they precepted a new employee.
- iii. Precepting hours of new employees will be counted as "hours worked" for purposes of calculation of overtime.

j. Medical Attention

- i. In the event an employee is hurt on the job, time spent by an employee while waiting for and receiving medical attention on the premises or at the direction of the employer, during the employee's normal working hours, on days when he is working, constitutes hours worked (see 29 CFR §785.43).
- ii. If the doctor determines that the employee be excused for the remainder of the day and/or shift, the employee shall immediately clock out upon return to the worksite.

k. Reserved



## **5. HISTORICAL NOTES**

- a. Policy originally approved January 22, 2014.
- b. Policy was updated to correct errors, add additional language, and to be in alignment with a January 1, 2012 CEO memo on Holiday pay.
- c. Policy was updated on March 1, 2016 to reflect changes in labor laws, separate from SCA requirements, and clarify operational practices.
- d. Policy updated on January 23, 2019 to clarify operational practices, updates titles and add language for clarification.

## **6. APPROVAL**

- a. Policy was approved on March 3, 2016 as attested to the digital signatures fixed below.  
Original on file.

Revisions approved on this date: January 23, 2019.

A handwritten signature in black ink, appearing to read "W. J. B. M.", is positioned above a horizontal line.

## **STANDARD OPERATING PROCEDURES**

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# **Employment**

Subject: **Probationary Period**

Code: **2-I-03**

Revised: **March 1, 2016**

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### **1. PURPOSE**

- a. The purpose of this policy is to complete the employee selection process by providing new employees with on-the-job work experience by which both the new employee and SMMS may evaluate the suitability of employment.

### **2. SCOPE**

- a. This policy applies to new SMMS field (EMT and Paramedic) employees, both full and part-time.

### **3. POLICY**

- a. New full-time employees shall serve a probationary period, as defined in the policy below. This period is used to determine whether the employment relationship should continue.
- b. Part-time employees, including emergency hire and temporary, as well as full-time employees in the probationary period, are considered "At Will" employees, meaning that employment will last until either the employer or employee decides to terminate the employment relationships, with or without just cause (see Policy 2-I-01). Part-time, emergency hire and temporary employees do not participate in the probationary process, but may have other requirements.
- c. The probationary period for newly hired or promoted full-time employees shall be six (6) months. Upon failure of any portion of the probationary period requirements, as determined by the Chief Operations Officer (COO), and with

the approval of the Chief Executive Officer (CEO), an employee's probationary period may be extended for a period of up to an additional three (3) months for the purpose of further evaluation or training.

- d. Completion of the probationary period is accomplished through successful completion of:
  - i. precepting shifts,
  - ii. workbook completion, and
  - iii. evaluations.
- e. Newly hired full-time employees shall receive two (2) written evaluations, one at 3 months and the other at the end of the six-month by the Field Supervisor or COO.
- f. If at any point during the probationary period SMMS determines, in its sole discretion, that a satisfactory performance cannot be achieved through a reasonable amount of training and coaching, the employee shall be terminated or demoted to a lower provider level.
- g. Rehires
  - i. If a former SMMS employee, having been gone for one (1) calendar year or more is rehired, the employee shall serve a probationary period of six (6) months, to a maximum of nine (9) months.
  - ii. Rehires are still required to conduct precepting shifts and receive the required evaluations, but may be exempt from the workbook requirement.
  - iii. Rehires who have been gone for less than 2 years, having been an active paramedic with another agency, may serve a reduced field internship for the purpose of updating that paramedic in any operational changes that may have occurred, including, but not limited to, policies and procedural, and technological (i.e. biomedical equipment, charting, etc.) changes.
- h. Part-time to Full-time Employment
  - i. Part-time employees, having less than 12 months and 50 24-hour shifts with SMMS, moving into a full-time position shall be required to serve a 6 month probationary period, including fulfillment of any training and/or

certification requirements. Part-time employees having more than 12 months and 50 24-hour shifts with SMMS, may serve a reduced probationary period of 3 months, up to 6 months.

- i. All new full and part-time employees have until 180 days from the date of hire to acknowledge that they have reviewed all current SMMS operating procedures, completed all required training and other assignments required by the organization. Failure to complete these assignments will result in a failure to complete the *initial* probationary period.

#### **4. HISTORICAL**

- a. Policy was originally drafted on February 23, 2014 and updated to reflect changes in the probationary period process.
- b. Policy was updated on January 11, 2015.
- c. Policy was update on March 1, 2016 to reflect changes to the Field Internship Program and Probationary Period. Part-time communication for shift work was also removed and moved to 2-I-04 Reporting to Work.

#### **5. APPROVAL**

- a. Policy was approved on March 3, 2016 as attested to the digital signatures fixed below. Original on file.

A handwritten signature in black ink, appearing to read "W. J. [unclear]", is positioned below the text of item 5a.

## **STANDARD OPERATING PROCEDURES**

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# **Employment**

Subject: **Work Hours**

Code: **2-I-04**

Revised: **February 23, 2016**

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### **1. PURPOSE**

- a. The purpose of this policy is to establish guidelines and policies relative to Sacred Mountain Medical Service's member's responsibility to report to work on time, to identify work hours of the employee and to prevent unscheduled work (see 29 CFR 785.13).

### **2. SCOPE**

- a. This policy applies to all non-exempt SMMS employees.

### **3. DEFINITIONS**

- a. Emergency Personnel - means field personnel such as EMTs, Paramedic, EMRs, and Dispatchers who are directly involved in service delivery.
- b. Non-Emergency Personnel/Employees - means office staff and other staff not fitting in the category of Emergency Personnel.

### **4. POLICY**

- a. The following definitions are provided to ensure proper application of the timekeeping requirements of the Fair Labor Standards Act.

- i. The work hours for non-emergency personnel/employees begins at 0800 hours and ends the same day at 1700 hours, for 8 hours. Lunch begins at 1200 hours and ends at 1300 hours.
  - ii. The workweek for non-emergency personnel/employees is Monday through Friday.
  - iii. The workday for emergency personnel begins at 0800 hours and may the following day at 0800 hours, in 24 hour shift increments.
    - 1. Lunch is included in the workday.
    - 2. Emergency field personnel often work more than one (1) 24 hour shift in a workweek and on SMMS recognized and non-recognized holidays.
  - iv. The workweek for emergency personnel is Sunday through Saturday and on SMMS and non-SMMS recognized holidays.
  - v. The work period for the purpose of calculating overtime, after 40 hours, for both non-emergency personnel/employees and emergency personnel staff is Sunday morning at 0800 to the next Sunday at 0759 hours.
- b. Non-emergency personnel/employees, who are afforded a lunch break, shall take their lunch at the designated times and shall clock out for that period allowed.
- c. SMMS cannot allow employees to "bank" time worked and grant it as "time off" at a later date. *Example: Employee works four (4) 10 hour days Monday thru Thursday to take Friday off.*
- d. Supervisors have the option to adjust the employee's schedule during a work week in order to offset any hours worked beyond the regular schedule.
- e. Employees shall report to work as scheduled and be at their work station, properly attired, prepared to begin work at the prescribed starting time. Such guidelines apply not only to regular shift duty, but also to training or other special events to which the employee is assigned.
- f. All employees are not permitted to clock in more than 10 minutes before their start time, or clock out 10 minutes after their stop work time without their supervisors approval.

- i. Regardless of the additional 20 minutes that an employee's receives, employees will be paid only for the hours they are scheduled to work (see 29 CFR §785.48). Exemptions do apply such as:
    - 1. Late call
    - 2. Mandatory hold over
- g. In the event that an employee is unable to report to work or is going to be late, the employee is to personally notify their supervisor at least 2 hours prior to starting their shift. If prior notification is not possible, (i.e., due to an emergency or sudden illness), the employee must notify the supervisor as soon as is practical.
  - i. Emergency personnel shall make every attempt to notify their supervisor early as possible so that additional time can be provided to find suitable coverage.
- h. Notification of absence or lateness shall include reasonable explanation of the circumstances as well as an indication of the expected date and time the employee plans to return to work.
- i. Absences of more than one day shall be reported daily, unless other prior arrangements have been made with the supervisor.
- j. In the event that an employee is more than one hour late reporting to work, the supervisor may use discretion in determining whether or not the employee may work the remainder of the day.
- k. An employee who is absent from work for two consecutive workdays without notification shall be considered to have voluntarily resigned from employment with SMMS. In the event that mitigating circumstances resulted in an employee's inability to provide contact with the supervisor, the Chief Operations Officer may determine otherwise appropriate action.
- l. Excessive absenteeism or tardiness places an extra burden on fellow employees, as well as the organization as a whole. Therefore, an employee who demonstrates a problem with absenteeism or tardiness shall be subject to disciplinary action, up to and including termination.

- m. The period of computation for recording tardiness or employees shall run from January 1 to December 31.

## **5. HISTORICAL NOTE**

- a. Policy originally created on January 30, 2014.
- b. Policy was revised on March 1, 2016. Title changed from *Reporting to Work on Time* to *Work Hours* to reflect FLSA requirements.

## **6. APPROVAL**

- a. Policy was approved on March 3, 2016 as attested to the digital signatures fixed below. Original on file.

A handwritten signature in black ink, appearing to read "W. J. [unclear]", is centered on the page.



## **STANDARD OPERATING PROCEDURES**

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# **Employment**

Subject: **Secondary Employment**

Code: **2-I-05**

Revised: **1-24-14**

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### **1. PURPOSE**

- a. The purpose of this policy is to ensure that additional employment taken on by Sacred Mountain Medical Service personnel does not impair job performance or safety. This includes conflicts of interest, neglect of duty, absence from or tardiness, excessive working hours, and performing duties associated with additional employment during normal working hours.

### **2. SCOPE**

- a. Full-time employment with Sacred Mountain Medical Service shall generally be the sole employment of the employee. Therefore, this policy applies to all full-time staff.

### **3. POLICY**

- a. Sacred Mountain Medical Service members who participate in outside off-duty employment are subject to the policies contained herein.
- b. Employees who wish to accept part-time or full-time employment with another agency, organization or business, in addition to their regular duties with SMMS must first obtain written authorization from the Chief Operations Officer (COO).
- c. Employees shall forward such request in writing to the COO. The

request shall describe the work to be performed and the approximate number of hours per week that the employee wishes to work.

- d. Outside employment shall not interfere with an employee's ability to satisfactorily perform his/her duties with the organization in a safe and efficient manner.
- e. To ensure personnel are rested and capable to perform their assigned job function safely and efficiently, all personnel shall ensure that they receive a minimum of 12 hours of rest between jobs before coming to their assigned shift in order to comply with this policy.
- f. Members shall not conduct any outside business, employment or transactions while utilizing SMMS telephones, computers (e-mails, etc.) and faxes.
- g. SMMS equipment and facilities shall not be used to conduct or support any outside business or employment.
- h. Members shall not be involved or engaged in any out-side business or employment which may:
  - i. Obstruct, impede or hinder SMMS operations in any way or form,
  - ii. Bring discredit or criticism upon SMMS, or
  - iii. Cause conflict of interest relating to their position within SMMS.
- i. Members shall not utilize SMMS' name or their position within the department to further there outside business or employment.
- j. Approval to work outside the department may be restricted or denied if an employee fails to satisfactorily perform his/her duties with the department, or will compromise safety of other members and/or the public.
- k. Until such time as the Chief Executive Officer rules otherwise, and as long as the efficiency of the employee is not lessened in carrying out his/her

duties with SMMS, off-duty employment will be permitted. This privilege may be revoked at any time signs of abuse or reduction in efficiency are noted.

4. Reserved

## **STANDARD OPERATING PROCEDURES**

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### **EMPLOYMENT**

Subject: **Certifications and Continuing Education**

Code: **2-I-10**

Revised: **February 23, 2016**

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#### **1. PURPOSE**

- a. The purpose of this policy is to:
  - i. identify that an Arizona and/or NREMT licensure/certification, including all sub-certifications required for that license/certification, is a condition of employment;
  - ii. outline the process for an advanced life support (ALS) and basic life support (BLS) certified provider to follow in order to maintain certification, meet and exceed base hospital requirements, and to meet the specific educational requirements of Sacred Mountain Medical Service;
  - iii. identify how SMMS will assist the employ with maintaining their licensure/certifications; and to
  - iv. identify what employees are financially responsible for in maintaining their Arizona and/or NREMT licensure/certification.

#### **2. SCOPE**

- a. This policy applies to all operational personnel who are required to maintain EMR or higher certification and to comply with Administrative Code R9-25-610 & 611 for ALS re-certification.

#### **3. DEFINITIONS**

- a. Emergency Medical Care Technician (EMCT) - refers generically as EMRs, EMTs, AEMTs and Paramedics.

- b. License, Licensure – refers to a medical provider card issued by the State of Arizona.
- c. Certification – refers to the medical provider card issued by the National Registry of Emergency Medical Technicians (NREMT).
- d. National Registry of Emergency Medical Technicians - a U.S. certification agency covering pre-hospital medical providers. While NREMT certification may be mandatory for Arizona licensure, it is not necessarily required for renewals.

#### 4. POLICY

- a. It is the responsibility of SMMS to provide personnel properly trained to ensure that all facets of emergency service are delivered efficiently and effectively to the community in which we serve.
- b. When addressing emergency medical services, standards of care in the medical community, medical protocol and direction and quality assurance and training all becomes measurements of the organization and its personnel to meet or exceed current pre-hospital medical care standards. More specifically ongoing EMS training, either mandates or gratuitous as provided by SMMS will have a positive effect on the service outcome in the areas of patient mortality, patient care quality and risk management.
- c. Certification and Licensure as a Condition of Employment
  - i. As required by this policy, maintaining a valid Arizona license and NREMT certification, as an Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced EMT or Paramedic, is the responsibility of the individual and is a condition of employment.
  - ii. All medical providers, including EMRs, are required to maintain their National Registry of Emergency Medical Technicians (NREMT) certification.
    - 1. \_New employees that do not have their NREMT certification shall have until their probationary period to obtain their NREMT certification.

- iii. A lapse of NREMT certification may result in termination. A loss of an Arizona License will result in immediate termination. If a position is available, the individual may be placed in an administrative position.
  - iv. All personnel must be a licensed EMCTs by the State of Arizona prior to employment; verified by a license card or letter and current BLS (CPR) and/or ACLS and PALS\_provider card and confirmed from the Arizona Department of Health Service, EMS Bureau.
  - v. Note that AzDHS does not provide licensure for EMRs, as such the NREMT certification shall be used.
- d. Base Hospital Continuation Education
  - i. All EMCTs, are required to maintain 6 base hospital hours a year of continuing education requirements (e.g. run reviews).
  - ii. Personnel that attend base hospital CE classes to full-fill base hospital requirements on days other than their scheduled shift day will be compensated for their travel, based on Google's map travel times, and actual classroom time.
- e. Advanced Practice EMT/Paramedics
  - i. EMTs wishing to perform advanced procedures approved by the State of Arizona, including IV, patient assist medications, Combi-tube/King airway and Epi pen administration, Narcan administration, etc., are required to receiving training and skill sign off, and approval from administrative medical direction prior to performing those advanced procedures.
    - 1. EMTs wishing to perform advanced procedures must have at least one year experience as a working EMT.
  - ii. In order to receive any advanced practice incentive pay, personnel must provide copies of their certifications prior to receiving any incentive pay. Incentive pay adjustments will take effect after the next current pay period.
- f. Tuition & Reimbursements

- i. Under this policy, SMMS will provided cost sharing assistance for refresher programs for all their medical personnel. Cost sharing for the purpose of this policy refers to SMMS paying for or reimbursing the ~~ALS~~ provider for one of the following:
    - 1. Tuition
    - 2. Lodging
    - 3. Vehicle use
  - ii. Continuing educations programs (e.g. EMS World Conference, Classic Lifeguard EMS Conference, etc.) are at the expense of the employee, unless offered in-house by SMMS or required by the base hospital (e.g. run reviews).
  - iii. All requests for assistances or reimbursements will be conducted in accordance with the training and travel policy.
  - iv. All tuition and reimbursements are contingent upon funding availability.
- g. Incentive Pay (see 2-I-02 Wages & Salaries)
  - i. Personnel who are licensed ALS providers and not receiving an assigned incentive pay for their service will not be required to utilize those skills while on duty.
  - ii. Personnel who are ALS providers who downgrade their level will also downgrade their incentive pay in correlation.
- h. Upon receiving new licensure and certification card(s), providers are required to provide a copy to SMMS within 5 working days for their personal and provider files.
- i. Personnel allowing any other certifications to lapse required as a part of a licensing requirement (e.g. CPR, ACLS, PALS, etc.) by SMMS or medical director (e.g. NRP) will fall into the disciplinary process to include suspension or termination.

## 5. HISTORICAL NOTE

- a. Policy was originally created and approve on 1/20/14.

- b. Policy was amended on 10/7/14 to change the title from *Pre-Hospital Continuation Education* to *Certifications and Continuing Education*, make the employee financially responsible for any CE courses, but continue to provide assistance to refresher programs, and to break up the policy into specific categories for easier reading.
- c. Policy was updated February 23, 2016 to reflect base hospital requirements for CEs and to ensure FLSA laws apply to this requirement.



## STANDARD OPERATING PROCEDURES

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# Employment

Subject: **Time-Out Period**

Code: **2-I-11**

Revised: **2/23/14**

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### 1. PURPOSE

- a. The purpose of this policy is to establish guidelines and policies relative to the safety of Sacred Mountain Medical Service's ambulance crewmembers when experiencing excessive back to back calls, late night calls and long hours of work.

### 2. POLICY

- a. For the safety of crews and patients all ambulance employees who experience back to back 911 calls or inter-facility requests in excess of 18 hours consecutively without interruption within a 24 hour period are required to take a 6 hour time-out period for sleep and replenishment.
- b. The time-out period will start from the said crews encounter from IN-QUARTERS TIME of the last call before taking the time-out period.
- c. Employees who are on time-out will not be interrupted until after their 6 hour rest period is accomplished.
- d. A crew in time-out period is not subject to the alternating of calls at bases with multiple ambulances and will not return to such expected duties until after the 6 hour rest period is accomplished.
- e. Dispatchers shall make every attempt necessary to call in a fresh crew to take 911 or interfacility call during this time-out period.

- f. Crews that are not in a time – out period that are stationed at a base of two operating ambulances only, and the one is in a time-out period, must respond to all calls until either they reach the 18 hour mark or the other crew comes out of a accomplished 6 hour rest period.
- g. The CEO only may use discretion in allowing for deviations in this policy when employees are in time-out due to extenuating circumstances.

## **STANDARD OPERATING PROCEDURES**

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# **Employment**

Subject: **Light Duty Assignment**

Code: **2-I-16**

Approved: **September 28, 2015**

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### **1. PURPOSE**

- a. The purpose of this policy is to establish guidelines for light duty assignments which may be made available to employees who are recovering from disabilities related to injury/illness, and who are presumed to be able to return to full unrestricted duty within 12 weeks of the date the original modification is made.

### **2. SCOPE**

- a. This policy applies to all full-time SMMS employees.

### **3. DEFINITIONS**

- a. Light Duty - means modified job requirements to meet short-term disabilities as prescribed by the SMMS contract physician.
- b. Compensable Injury - means an injury/illness that is confirmed as resulting during the course and scope of the employee's employment and qualifies for worker's compensation.
- c. Field Employees - means the First Responder, EMT and/or Paramedics who are involved in direct service delivery of patients.

#### 4. PROCEDURE

- a. The employee shall be responsible for immediately notifying his/her supervisor of any job related medical condition, which will affect the job performance. Refer to SOP 3-II-03 *Injury Reporting*.
- b. The supervisor shall be responsible for filing the necessary paperwork and notifying the appropriate personnel of the employee's disability and/or making prompt arrangements for the employee to be seen by the contracted medical provider.
- c. If an employee is injured on the job and the injury/illness is determined to be compensable, the employee shall receive Worker's Compensation benefits as administered by policy.
- d. A SMMS contract physician shall be responsible for receiving medical information and determining necessary limitations of duties. The medical confirmation shall be maintained in the employee's health records. All medical/health information is considered confidential.
- e. If the accident/injury is determined to be compensable, the employee must comply with all instructions or recommendations and keep all appointments of the attending physician with follow-up from the SMMS' physician as needed. Supervisors should communicate with employees with occupational injuries to ascertain that rehabilitation instructions are being followed in the most efficient manner.
- f. SMMS will make every effort to place the employee in a position that meets the physical limitations recommended by the attending physician. Due to the limited available positions and finances, light duty assignment will not always be available.
- g. Field employees assigned to a light duty position will be placed on an administrative 40 hours per week schedule.
- h. The employees assigned to light duty will receive his/her normal bi-weekly check if the employee works the complete pay period associated

with the light duty assignment.

- i. If the employee is placed on light duty outside his/her normal work area, the reporting supervisor is responsible for assuring that actual hours worked, leave taken, etc., are reported to the employee's supervisor.
- j. Employees on light duty are required to follow the policies and procedures of the department to which they are assigned.
- k. If for any reason after the light duty assignment is made the employee claims to be unable to perform, the employee is to be sent immediately to SMMS physician for reevaluation. Only if the problem develops after normal working hours or weekends should an employee be sent directly home. If the after hour situation occurs, the employee should be instructed to report to the SMMS physician at 8:00 am on the next workday.
- l. The employee, who is placed on light duty due to a compensable injury, will be monitored by SMMS physician at frequent intervals until released for regular duties.
- m. The employee will return to regular duty after being released by SMMS physician and completion of any departmental fitness requirements.
- n. SMMS reserves the right to require a physician's examination for employees by the physician of SMMS choice.
- o. If the employee is injured off the job and the injury/illness is determined non-compensable, the employee is not entitled to worker's compensation benefits. He/she may elect to use sick leave, accrued vacation leave, compensatory leave, or leave without pay if no other leave is available.
- p. Light Duty Placement for off-the-job injuries.
  - i. At the discretion of the Chief Operating Officer, requests for light duty assignments for employees who receive off-the-job injuries/illnesses can be arranged within their work center.
  - ii. There is no mandatory requirement to place employees recovering from off-the-job injuries/illnesses into any light duty program. Due

to the limited available positions, light duty assignments will not always be available.

- iii. SMMS reserves the right to make the final determination as to the conditions under which such positions are made available and for how long a person may occupy such as position.
- iv. If the COO does not approve the light duty request, employees must use sick leave, vacation leave, or leave without payoff no other leave exists.
- v. Employees are encouraged to obtain disability insurance through SMMS or third party vendor should they become injured on or off the job and are unable to work.
- vi. Light duty assignments are contingent upon the availability of positions or funding. Sacred Mountain Medical Services, Inc. cannot guarantee light duty assignments for injured workers.
- q. Medical Disability Displacement
  - i. If after receiving a medical assessment or re-evaluation by SMMS approved physician, an employee is determined to be unable to perform the regular duties of his/her job permanently, SMMS will make every effort to place the employee in a permanent position that meets the physical limitations recommended by the attending physician. Due to the limited available positions and finances, this permanent assignment will not always be available.

## **5. HISTORICAL NOTE**

- a. Policy was approved on September 28, 2015 by Danny Barney CEO, originally drafted on August 14, 2015.

## **STANDARD OPERATING PROCEDURES**

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# **Universal Precautions**

Subject: **Universal Precautions**

Code: **2-II-01**

Revised: **1/30/14**

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### **1. PURPOSE**

- a. The purpose of this policy is identify the responsibilities of Sacred Mountain Medical Service (SMMS) to communicate to the employee the risk associated of obtaining an infectious disease, ways to prevent transmission and the documentation requirements.

### **2. SCOPE**

- a. This policy applies to SMMS management.

### **3. 01.02 GENERAL**

- a. Universal Precautions is a general statement for the purpose of risk-reduction practice for health care workers. Universal precautions is an approach for infection control, whereas body substance isolation (BSI) is only one component of the Universal Precaution standard. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood-borne pathogens.

- b. OSHA requires that SMMS have in place an exposure control plan that provides instruction for actions to prevent transmission of infectious material that places the employee at risk.
- c. The diseases of primary concern in this exposure control policies are listed:
  - i. HIV
  - ii. Hepatitis (A, B, C, and non-A, B, C types)
  - iii. Tuberculosis
  - iv. Herpes
  - v. Meningitis (viral and bacterial)
  - vi. Influenza (all types)
  - vii. Childhood Diseases (Measles, Chickenpox and Mumps)
- d. SMMS recognizes that when Universal Precautions and proper decontamination procedures are followed, all blood-borne diseases will be held at minimal exposure to the employee.
- e. It is SMMS' goal to ensure a safe working environment and to minimize or eliminate occupational exposure to blood and other potentially infectious materials that contain blood-borne pathogens, by using a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, Hepatitis B vaccination, signs and labels and other provisions.

#### **4. POLICY**

- a. SMMS shall be responsible for providing a safe and healthy working environment.
- b. SMMS shall ensure that the work site is maintained in a clean and sanitary condition. A written schedule for cleaning and method of decontamination based upon location within the facility, type of surface to



be cleaned, type of soil present, and tasks or procedures being performed in the work area, will be implemented and maintained.

- c. SMMS shall list all job classifications in which all employees in those job classifications have occupational exposures, a list of all job classifications in which some employees have occupational exposures, and a list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in the job classifications listed. These lists shall be made without regard to the use of personal protective devices.
- d. Within ten (10) working days, SMMS shall require employees hired after February 1, 2014 to:
  - i. be fit tested for N95 facemask,
  - ii. be up to date on immunization, including hepatitis B vaccinations,
  - iii. have a baseline blood draw, and
  - iv. complete SMMS blood and airborne pathogen training.
- e. The result of the baseline blood draws will not be a condition of employment, nor will discrimination be tolerated. The results of the baseline blood draws will be maintained with strict confidentiality in the files of the clinic or drawing entity.
- f. SMMS shall make available and offer the hepatitis B vaccination series to all employees who are at risk of an exposure, prior to the completion of their orientation training, or within 10 working days of their initial assignment.
  - i. The vaccination series are to be made available to the employee at no cost, at a reasonable time and place, performed by or under the supervision of a licensed physician, according to the recommendations of the U.S. Public Health Service current at this time.

- ii. Pre-screening shall not be a pre-requisite for receiving HB vaccine.
- iii. If the employee initially declines hepatitis B vaccination after receiving the information regarding risks of the job, but at a later date while still covered under the standard decides to accept the vaccination, the service will make it available at that time.
- iv. Employees who are declined to accept the hepatitis B vaccination offered by the service shall sign a statement (see attachment), and will be maintained in the records of the clinic.
- v. If routine booster dose(s) are recommended by the Center of Disease Control (CDC), at a future date, these shall be made available in accordance to the above standard.
- vi. Other voluntary preventive vaccination, i.e.: Tetanus diphtheria, influenza, measles, mumps, rubella, and etc., shall be encouraged of the employee, at no cost to SMMS.
- g. SMMS and the employees shall ensure the rights of confidentiality of the employee and the patient. Every effort shall be made to secure forms and other appropriate information as "confidential". The clinic or drawing agency will maintain the only record available of employee baselines and any exposure results. Employees that deny the patient or a fellow employee the rights of confidentiality shall be counseled. Dismissal from SMMS shall be an option for management.
- h. SMMS shall provide training to educate all employees with occupational exposure risks at no cost and during work hours, or if the employee is off duty, the employee's time will be compensated at regular working wages. Such training will be provided at the time of the initial assignment, within 90 days after adoption, and thereafter at least annually within one year of previous training. Additional training shall be provided in a timely

manner when changes such as modification of, or institution of new tasks or procedures affect the employee's occupational exposure and need only address the new exposures created.

- i. Training shall be on a level appropriate to the educational level vocabulary, literacy and language of the employee(s). A general explanation of blood-borne pathogens, other diseases as identified by the Public Health Service, and shall consist of a general explanation of the epidemiology and symptoms, modes of transmission, explanation of SMMS's Exposure Control Plan and how to obtain a copy, an explanation of the use and limitations for prevention of reduction of risk, review of appropriate engineering controls, work practices, and PPEs for pre-exposure and post-exposure risk reduction, and compliance with legislative mandates and service policies and procedures. Proper usage, location, types, selection process, handling, decontamination and disposal of service provided items should be reviewed. Employee tasks should be reviewed to ensure that the safest measures are used.
- j. Information regarding vaccinations, including efficiency, safety, method of administration, benefits and availability at no cost shall also be presented.
- k. Reporting exposures and procedures to follow shall be reviewed.
- l. Training shall be presented by knowledgeable individuals, covering the elements as it relates to the workplace and shall allow for questions and answers. SMMS will assist employees with risk reduction programs.
- m. The training records shall include the dates of training sessions, contents or summary of materials presented, names and qualifications of individuals conducting the training, names and job titles of those in attendance. Training records will be maintained for the term of employment plus 30 years. All records required shall be maintained and made available upon request to the employees, the employee's

representative, and to anyone having written consent of the subject employee.

- n. SMMS shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued to employees. SMMS shall make the following items available, at no cost, for personal protection: masks, latex or vinyl gloves, (for patient care and clean-up), bag-valve-mask resuscitation set ups, waterless hand washing antiseptic cleanser and antiseptic towelettes, disposable gowns, face shields or masks and protective eye wear, and tape or bandages for covering cuts, lesions, or percutaneous injury.
- o. Such PPEs will be considered only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Hypoallergenic gloves, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- p. SMMS shall ensure that the employee uses appropriate PPE unless the employee documents the reason for temporary and brief declination of use when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have posed an increased hazard to the employee or co-worker.
- q. SMMS shall investigate and document such instances in order to determine whether changes can be instituted to prevent such occurrences in the future.
- r. SMMS does recognize the possibility of minimal delay of patient contact due to application of PPE. The employee and co-worker will not be held liable for donning personal protection that delays patient contact and

decreases the transmission of infectious diseases and maintains a safer environment for the patient, family, co-workers and the other employees.

- s. SMMS shall provide containers for dirty medical waste for vehicles and station sites. Containers shall be marked as described, disposable puncture resistant and leak resistant containers for sharp medical wastes, and containers such as trash cans, with lids, for storage of pre-bagged medical waste. Disposable collection containers shall be appropriately marked.
- t. SMMS shall clean, launder, dispose of, repair or replace personal protective equipment as required to maintain its effectiveness, at no cost to the employee.
- u. SMMS shall designate an area in each designated building to be used for storage of biohazard waste and it shall be properly identified as such. Each building shall have identified an area for storage of new or clean equipment and supplies. The two areas are to be separate and maintained in accordance with safety standards.
- v. SMMS shall ensure engineering controls and work practices be used to eliminate or minimize employee exposure. If occupational exposure remains after institution of these controls, personal protective equipment (PPEs) shall be used.
- w. SMMS shall ensure that information regarding equipment not completely decontaminated is conveyed to all affected employees, the service representative, and/or manufacturer, as appropriate, prior to handling, service or shipping so that appropriate precautions will be taken.

## **STANDARD OPERATING PROCEDURES**

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# **Universal Precautions**

Subject: **Prevention**

Code: **2-II-02**

Revised: **1/24/14**

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### **1. PURPOSE**

- a. The purpose of this policy is to outline the responsibilities of employees to utilize PPE, prevent and reduce contamination and their requirements to attend annual training.

### **2. SCOPE**

- a. This policy applies to SMMS medical personnel.

### **3. POLICY**

- a. Employees should be familiar with the risk reduction equipment provided by SMMS. If the employee needs assistance in understanding the proper use of these items, they should seek the information immediately from their peers, supervisor or the infectious control officer.
- b. The employee is responsible for following universal precautions, utilization of PPEs, following pre-and post-exposure guidelines to ensure that risks of infection are reduced.
- c. Employees shall treat all blood or other body fluids as potentially infectious.

- d. If at any time the employee delays patient contact time due to donning personal protective equipment, this shall be documented. SMMS recognizes that employees need to provide personal protection utilizing the equipment that has been provided.
- e. Any employee temporarily and briefly declining the use of PPEs must document why and which circumstance(s) would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the employee or co-worker.
- f. Employees are responsible for proper sanitary maintenance of vehicle and non-disposable equipment and supplies.
  - i. Equipment that may become contaminated with blood or other potentially infectious materials shall be decontaminated as necessary.
  - ii. Any employee not immediately decontaminating equipment shall label such stating which portions remain contaminated.
  - iii. Records shall be maintained providing sufficient evidence of pre-exposure condition and post-exposure procedures.
- g. Employees that are pregnant should consult a physician for guidance regarding any additional infection control procedures.
- h. The employee shall not intentionally expose the patient to an infectious disease and should avoid contacts if the employee's health so necessitates.
- i. The employee shall not intentionally expose the office staff to infectious disease.
  - i. The employee prior to submitting the paperwork utilizing precautions as deemed necessary by the employee shall redo any paperwork that has been contaminated with blood or body fluids.
- j. Employees shall be provided access to these policies and procedures and to the attachments. If possible, assistance will be provided to secure any additional information for improving patient care and reducing risk.

- k. Employees shall sign a form noting that they have reviewed and understood these policies and procedures.
- l. Employees shall not withhold treatment of any patient with a confirmed, diagnosed or perceived existence of infectious disease.
- m. Employees shall treat all patients with the best possible care in accordance with current medical practices, utilizing barrier protection (universal precautions), for reduction of transmission of infectious disease.
- n. Patients that are trapped, entangled, or in any non-sterile environment should be treated and employees should make efforts to take greater personal protective measures in protecting themselves from injury and breaks in barrier protection.
- o. Employees are encouraged to maintain proper personal hygiene and good physical conditioning. Proper laundering of personal clothing is important in infection control and employees should use proper procedures according to the manufacturer's recommendations.
- p. Smoking, eating, drinking, applying cosmetics or lip balm, handling contact lenses are prohibited in work areas where there is reasonable likelihood of infectious disease exposure.
- q. All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- r. The cab must be kept separate from the patient compartment during patient transport to decrease the likelihood of contamination.
- s. Any food that the employee desire to keep available on the emergency vehicle, must be kept in a sealed container that can be decontaminated and labeled as "personal items" and kept in a compartment that will not be exposed to patient care equipment; this compartment shall be labeled externally as a non-patient care compartment to prevent other agency



personnel from entering this compartment and contaminating the personal items.

- t. If the employee or co-worker is contaminated, they may not enter the compartment labeled as “personal items” until they have been decontaminated.
- u. There will be no smoking allowed in the emergency vehicle at any time.
- v. Employee’s may not have food or drink in the patient compartment at any time.
- w. Food may not be consumed in the cab of the ambulance.
- x. The employee will be required to complete the infectious disease training session annually.
  - i. If the employee does not complete the required training, the employee will be suspended until he/she completes the required training.
- y. Any violations of this policy and procedure will be a cause for disciplinary action.

## **STANDARD OPERATING PROCEDURES**

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### **Universal Precautions**

Subject: **Pre-Exposure Precautions**

Code: **2-II-03**

Revised: **1/30/14**

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#### **01.01 PURPOSE**

- A. The purpose of this policy is to outline pre-exposure precautions that employees can take to minimize contamination and contraction of an infectious disease.

#### **01.02 SCOPE**

- A. This policy applies to SMMS medical personnel.

#### **01.03 POLICY**

- A. Employees shall include emergency vehicle decontamination of a 1:10 bleach solution or other approved germicide as part of the daily vehicle check-out at the start of each shift.
  - i. This solution will be used to wipe down all working surfaces in the patient compartment, the stretcher, cabinet doors, walls, bench tops, and other areas that could be considered contaminated.
  - ii. The employee will use disposable towels and the solution provided. Disposable towels will then be placed in biohazard containers.

- iii. If cloth towels are used, they will be placed into the contaminated laundry container appropriately labeled for laundering.
- B. Employees should wash hands before patient contact with an antiseptic cleanser/towelette or soap and running water. The employee shall use 10 seconds of friction, soap and running water for hand washing techniques. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible. The manufacturer's recommendation for the waterless cleanser should be followed.
- C. Hand washing is the single most effective means of preventing the spread of infection. Hand washing procedures should be followed even if gloves have been worn. If an emergency situation precludes proper hand washing, the hands should be washed as soon as possible.
  - i. Any skin surface that comes into contact with blood or other body fluids should be cleansed using the same procedures used for hands. Hands should be washed:
    - 1. Before and after contact with a patient.
    - 2. Before and after touching open wounds (even if gloves are worn).
    - 3. Before eating
    - 4. After direct exposure to blood or other body fluids.
    - 5. After removing gloves.
    - 6. After handling soiled or contaminated items and equipment.
    - 7. After using the toilet.
  - ii. The method used for correct hand cleaning and degerming with water and plain soap is to:
    - 1. Wet hands.

2. Lather hands with either bar soap or liquid soap.
3. Rub repeatedly for at least 15 seconds.
4. Rinse.
5. Turn faucets off using a dry disposable towel.

b. Barrier Precautions

- i. A medical history and examination cannot readily identify all patients infected with HIV or other blood-borne organisms. Therefore, blood and other body fluid precautions should be consistently used for all patients. These include patients at first aid stations where the risk of exposure by blood is possible and where the infectious status of the patient is usually unknown.
- ii. All health care workers should use the following barrier precautions to prevent exposure of skin and mucous membranes when contact with blood or any other body fluids of any patient is anticipated.
- iii. Disposable latex gloves (which do not have to be sterile) should be worn for touching blood or other body fluids (urine, stool, semen, infected wounds, vomit, and so on), mucous membranes, or nonintact skin of all patients.
- iv. Gloves should be worn for handling items or surfaces soiled with blood or other body fluids.
- v. Gloves must be changed between each patient.
- vi. Hands and other skin surfaces should be washed immediately and thoroughly on contact with blood or other body fluids.
- vii. Hands should be washed immediately after gloves are removed.
- viii. Employees shall utilize masks and protective eyewear or face shields should be worn during procedures that are likely to disperse droplets of blood or other body fluids, so that exposure

of mucous membranes of the mouth, nose, and eyes is prevented when the possibility of patient body fluids splashing, droplets, spray, splatter, or other situations generating eye, nose or mouth contamination can be reasonably anticipated.

- ix. Gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other body fluids.

D. Employees shall utilize gloves as follows:

- i. Medical grade latex or vinyl gloves are worn for all patient care activities, which include the possibility of contamination of the hands with the patient's blood or body fluids (i.e.: bleeding control, starting an IV, airway management, splinting).
- ii. Gloves shall be replaced as soon as practical when contamination or as soon as feasible as a barrier is compromised. Gloves shall not be washed or decontaminated for re-use.
- iii. Medical grade latex gloves shall be worn for non-patient care activities such as handling contaminated equipment and cleaning the vehicle.
- iv. Employees shall assume that all patients are potentially infectious and shall use proper barrier protections.
- v. Employees should avoid direct contact with blood, vaginal secretions, semen, feces, urine and other body fluids. Employees shall wear gloves with each patient contact.
- vi. Employee mouth pipetting/suctioning of body or direct mouth to mouth techniques that increase exposure to potentially infectious material is prohibited. The employee shall utilize resuscitation equipment made available.
- vii. Employees drawing specimens of urine or other potentially infectious materials shall place them in a labeled or color coded

container which prevents leakage during collection, handling, processing, storage, transport, or shipping. If outside contamination occurs, the primary container shall be placed in a second container which provides required standards. Blood tubes will be transported with the top secure, and in a secure manner to prevent possible breakage and spilling of blood.

- viii. When employees encounter body fluids under uncontrolled emergency circumstances in which differentiation between fluid types is difficult, if not impossible, they should treat all body fluids as potentially hazardous and all procedures shall be performed in such a manner as to minimize splashing, spraying, splattering and generation of droplets of these fluids.
- E. Female employees with long hair will tie their hair back to prevent contamination from blood and body fluids.
- F. Employees should cover any cuts, lesions or percutaneous injuries. Employees with weeping lesions, dermatitis or open acne sores should avoid contact with patients. If this condition exists, notify the supervisor and utilize small bandages or small dressings for cover.
- G. Employees shall treat all body fluids as infectious and all disposable or non-disposable equipment and supplies contaminated with body fluids as “medical waste”.
- H. Employees shall utilize masks and eye shields when the possibility of exposure to the patient’s blood or body fluids, including respiratory discharges or sputum exists. CPR should be performed using bag-valve-mask. The employee will be taught that direct mouth-to-mouth contact is not within the guidelines of this policy and procedure.
- I. In the event that the patient could have active tuberculosis (TB), or of the patient demonstrates any signs/symptoms of respiratory airborne illness,

the employee shall utilize the personal protective mask while involved with patient care.

- J. SMMS provides gowns that shall be worn when the possibility or gross contamination exists. Prolonged exposure to patient may justify usage.
- K. The employee shall utilize the information provided by dispatch to properly prepare themselves with PPEs prior to their arrival for the call. The employee will be taught which PPEs should be used for specific types of calls.

## **STANDARD OPERATING PROCEDURES**

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# **Universal Precautions**

Subject: **Decontamination Procedures**

Code: **2-II-02**

Revised: **1/30/14**

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### **1. PURPOSE**

- a. The purpose of this policy is to identify the decontamination procedures use for cleaning surfaces and equipment, including what cleaning products to use.

### **2. SCOPE**

- a. This policy applies to SMMS medical personnel when decontaminating equipment, ambulances, clothing and other affects.

### **3. GUIDELINES**

- a. Employees shall ensure that the worksite is maintained in a clean and sanitary condition. All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious material.
- b. The areas listed below shall be decontaminated by the employee with an EPA approved germicide or 1:10 solution of household bleach mixed with water, made fresh daily.
- c. All equipment involved with patient care shall be decontaminated prior to returning to service. The patient compartment and emergency vehicle cab



shall be decontaminated after each incident involving possible exposure to infectious disease. The employee will be evaluated by the supervisor or infection control officer without warning to ensure compliance with onsite evaluations on a continual basis.

- d. The employee will wear medical approved latex gloves during cleaning/decontamination. The employee will be advised to obtain the appropriate solution (listed below), and disposable towels for extensive cleaning. If cloth towels are used to clean, the soiled towels will be placed in the appropriately marked soiled/contamination linen container for proper cleaning.
- e. The employee will wear gloves when decontaminating any surface area or spills.
- f. Low Level of Decontamination – no contact, patient skin barrier in place (patient on backboard with clothes still on).
  - i. Surfaces of the vehicle, floor, cabinets, squad bench, equipment, etc.
  - ii. Wipes (e.g. CaviWipes or Super Sani-Cloth) or a dilution of 1 part household bleach to 10 parts water may be applied to a contaminated surface as a disinfectant, leaving it on for at least 60 seconds.
- g. Intermediate Level of Decontamination – skin contact of equipment.
  - i. Stethoscopes
  - ii. Blood pressure cuffs and pulse oximeter finger clip
  - iii. Reusable splints (i.e. Hare traction, KED, vacuum spins, etc.) that come in contact with the patient's intact skin.
  - iv. Gurneys, especially hand rails.
  - v. Wipes (e.g. CaviWipes or Super Sani-Cloth) or a dilution of part household bleach to 10 parts water may be applied to a

contaminated surface as a disinfectant, leaving it on for at least 60 seconds.

- vi. Surfaces of the vehicle, floor, cabinets, squad bench, equipment, etc.
- h. High Level of Decontamination – body fluid contact or spray (coughing, sneezing, etc.)
  - i. Laryngoscope blades and McGill forceps
  - ii. Thermometers and BGL machines
  - iii. MAST pants
  - iv. Portable and stationary suction
  - v. Backboards and reusable splints (i.e. Hare traction, KED, vacuum spins, etc.) that come in contact with the patient's body fluids.
  - vi. Gurneys, especially hand rails or if blood or other bodily fluids makes contact.
  - vii. Surfaces of the vehicle, floor, cabinets, squad bench, equipment boxes, backboard, etc.
  - viii. A solution of Hibiclens or Betadine soap will be used to clean contaminated equipment in the high level category. The employee will wear gloves, mask or eye protection during the cleaning process. The solution will be scrubbed onto the contaminated equipment for a period of time not less than 30 seconds, and then rinsed with clean running water. Repeating may be necessary.
- i. Cleaning of high levels contaminated items will take place in the designated area, not in the bathroom or kitchen sinks.
- j. If the backboard has been grossly contaminated, the employee will utilize appropriate scrubbing appliances to remove the contamination from hard-to-clean areas first.

- k. The employee will be taught to wipe from the inside out, and to use clean towels when the previous towel has been soiled beyond its effectiveness. The employee will understand that friction is necessary with any cleaning action, as this method has been proven to decrease bacterial life.
- l. For MAST trousers that have been grossly contaminated, the employee will place the MAST in the yellow bag for proper identification and will use Hibiclens or Betadine soap for decontamination.
- m. In the event the employee's uniform becomes soiled, dispatch will be notified that the employee needs to have access to a clean uniform, possible shower at either the receiving facility or the station. Following employee decontamination, the employee and co-worker will decontaminate the emergency vehicle prior to returning to on-line status.
- n. The employee will decontaminate the patient area in the ambulance prior to sending the ambulance in for service or repairs. The employee will explain to the service department the possibility of the presence of bio hazardous waste and the importance of taking precautions to reduce the chance of an exposure.

#### **4. HISTORICAL NOTE**

- a. Policy originally created and approved on January 30, 2014.

## **STANDARD OPERATING PROCEDURES**

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### **Universal Precautions**

Subject: **Personal Protective Equipment**

Code: **2-II-05**

Revised: **1/30/14**

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#### **1. PURPOSE**

- a. The purpose of this policy is to identify personal protective equipment that shall be worn by the employee and what shall the organization provide to the employee for the prevention and reduction of acquiring an infectious disease.

#### **2. SCOPE**

- a. This policy applies to SMMS medical personnel and management.

#### **3. POLICY**

- a. Gloves. Gloves will be medical-approved latex examination designed for single use only. Hypo-allergenic or powderless gloves will be available for the employee who has a reaction to the standard gloves issued. All gloves supplied by SMMS will not reflect a cost to the employee.
  - i. Gloves will be removed one into the other. This procedure will prevent any transmission of potential infectious hazards unintentionally obtained on the scene and during patient care. Gloves will then be disposed of into the regulated medical waste.

- ii. Grossly contaminated gloves will be disposed of as medical waste.
  - iii. Grossly contaminated gloves will be disposed of into the red biohazards containers.
- b. Masks. SMMS will supply NIOSH certified N95 facemask to help protect you from microorganisms including bacteria and many viruses.
  - i. Appropriate training and instruction in the proper use of each type of respirator will be provided.
  - ii. The employee will be fit tested on the approved respirator. Fit test will be conducted annually.
  - iii. A satisfactory face seal is a prerequisite for successful completion of the respiratory protection training program.
    - 1. Successful completion of the respiratory protection training program is a condition of employment.
  - iv. The following may disqualify an employee from wearing a respirator:
    - 1. Facial deformities and facial hair.
    - 2. Perforated tympanic membranes.
    - 3. Respiratory diseases affecting pulmonary function.
    - 4. Symptomatic coronary artery disease, significant arrhythmias, or history of recent myocardial infarction.
    - 5. Endocrinal disorders which may cause the employee to suffer sudden loss of consciousness or response capability.
    - 6. Inability to perform coordinated movements and conditions affecting response and consciousness due to neurological disabilities.

7. Use of medications that affect judgment, performance or reliability or alter the state of awareness or consciousness.
  8. A history of claustrophobia may require further evaluation.
  9. Any other condition which the physician believes might require special restriction.
- v. N95 facemask shall not be reused and repaired.
  - vi. Another mask supplied by SMMS will be chin-length mask and eye protection combination. The employee will be instructed to wear these face shields according to the design of the manufacturer. SMMS will not tolerate any modifications by the employee that contradict the initial design. These masks are disposable and for single-use only. After use, the employee will dispose of the masks as medical waste.
- c. Eye Protection - SMMS will supply eye goggles and/or combination mask and eye protection at no expense to the employee. After use of this face-shield, the employee will dispose of them as medical waste. If gross contamination has occurred, the employee will dispose of the face shield into the marked, red biohazard containers.
    - i. In the event the employee maintains their own personal eye protection with side shields, the employee will be required to decontaminate the goggles/glasses according to manufacturer recommendations. SMMS will not recognize nor accept sunglasses, prescription glasses, or other styles that do not have the appropriate side shields. In the event that the employee damages their personal eye protection, SMMS will not be held liable since the face-shield is already provided.

- d. Gowns. The most effective-barrier gown will be supplied by SMMS to provide an effective barrier against most circumstances that involve pre-hospital settings. The employee shall don the gown in the situation of possible gross contamination or obvious gross hemorrhaging.
  - i. SMMS does recognize that extraordinary circumstances arise, and in the event the employee's uniform becomes soiled despite gown protection, SMMS will provide an opportunity for proper decontamination. It is the employee's responsibility to notify dispatch if contamination does occur.
- e. Hats and Booties. SMMS will provide disposable hats and booties for the employee for situations that involve, or possibly involved gross contamination to prevent soiling of boots and the head.
- f. Antiseptic Cleansers/Antiseptic Towelettes. SMMS will provide antiseptic cleansers and antiseptic towelettes in the event the employee is unable to wash hands and other exposed skin surfaces immediately. The employee will be instructed and encouraged to wash with soap and running water as soon as is feasible.
  - i. SMMS will also provide a fresh solution of 1:10 household bleach daily in spray bottles to each emergency vehicle for decontamination purposes. SMMS will also provide blue bags (leak proof and puncture resistant), for the employee to place any towels utilized for decontamination purposes in the field, soiled uniforms or contaminated linen. The bag will later be placed at either a hospital for correct processing, or at one of the designated stations for laundering.
- g. Laundering. All employees will use gloves when handling laundry from the blue bag.
  - i. Blue bag laundry shall be handled by a company who can laundry potential biohazard contamination.

- ii. All laundry (towels, MAST pants, blankets, soiled uniforms) will be washed according to the manufacturer's guidelines.



## **STANDARD OPERATING PROCEDURES**

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### **Universal Precautions**

Subject: **Post-Exposure Procedures**

Code: **2-II-06**

Revised: **1/30/14**

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#### **1. PURPOSE**

- a. The purpose of this policy is to outline the procedures should the employee become exposed or contaminated from another person's body fluids during the course of their work.

#### **2. SCOPE**

- a. This policy applies to SMMS medical personnel and management in the course of their work with SMMS.

#### **3. POLICY POST-EXPOSURE PROCEDURES**

- a. SMMS shall consider employees to have had a significant exposure if a situation in which the body fluids, such as blood, amniotic fluid, saliva, urine or feces of a patient have entered the body of the employee through a break in the skin from cuts or abrasions, from a contaminated needle stick or scalpel, from intimate respiratory contact, or through any other situation when the patient's body fluids may have entered the employee's body.
- b. Employee's Responsibility
  - i. Needle-sticks, cuts and skin exposures should be washed with soap and water. (Do NOT use bleach).

- ii. Splashes to the nose, mouth, or skin should be flushed and if applicable washed with soap and water.
  - iii. Splashes to the eyes should be irrigated with sterile irrigants, saline or clean water.
  - iv. Report the exposure to your supervisor right away by notifying your supervisor and completing an incident report on the event with seven (7) calendar days, or thirty (30) days for cases involving MRSA, spinal meningitis or TB.
- c. Supervisors Responsibility
  - i. Without delay – If a significant blood borne exposure has occurred, get the exposed individual to the nearest emergency room for evaluation. Supervisor should call the emergency room and inform them that they are sending an employee to the emergency room for evaluation to a bloodborne exposure.
    - 1. An employee must consult a physician to support a claim.
    - 2. Within 10 days, the employee should have initial blood draws. Within 30 calendar days, blood test should have been performed for HIV and Hepatitis. The employee should have been retested within seven (7) months and then again in sixteen (16) months.
  - ii. Complete SCF Arizona's P-261 form "Report of Significant Work Exposure to Bodily Fluids" and form C-407 "Workers' Report of Injury and Release of Medical Information" for all bloodborne pathogen and for cases involving MRSA, spinal meningitis or TB.
  - iii. Report exposure to your next level supervisor.
- d. SMMS shall provide forms (Form P-261) for reporting significant exposures to the employees.

- e. SMMS shall make immediately available to the employee a confidential medical evaluation and follow-up.
  - i. This evaluation shall include documentation on the form prescribed by SMMS, the route(s) of exposure, identification of the source individual, and the designated physician.
  - ii. If the source individual refuses the on-site testing following a significant exposure, the exposure form of the employee shall be forwarded to the contracting Infectious Control Officer for documentation. The employee will be offered counseling.
- f. The test results of the source individual shall be confidential and sent to the designated agent of the service for employee counseling.
  - i. If the source individual is positive, the employee will be referred to a health network for counseling. The employee who was exposed will be advised to have a blood specimen obtained within 90 days of the exposure for comparison to the baseline.
- g. SMMS will not be held responsible if the employee was advised repeatedly, advisement has been documented, and the employee did not have the specimen obtained.
- h. SMMS shall provide additional training and evaluation to the employee who experience a significant exposure. If the significant exposure could have been prevented by utilizing PPE and the documentation is insufficient to justify the lack of PPEs, the employee will be placed in remedial training of infectious disease precautions and control. If this same employee suffers a second significant exposure that could have been prevented by utilizing PPEs and the documentation is insufficient to justify the exemption of PPEs, the employee will be subjected to evaluation. Termination is an option of management if this employee is deemed a risk for co-workers and patients after a thorough investigation and evaluation.

- i. SMMS shall establish and maintain an accurate record for each employee with occupational exposure. SMMS shall maintain these records with confidentiality. Such records shall include the name and social security number of the employee, a copy of the employee's hepatitis B vaccination status including dates of all vaccinations and any medical records relative to the employee's ability to receive vaccination, a copy of the employee's baseline testing, a copy of all results of examinations, medical testing, and follow-up procedures, a copy of the designated physician's written opinion, a copy of information provided to the designated physician, and shall maintain these records for the duration of employment plus 30 years.
- j. SMMS or their agents will assume financial liability for testing and treatment following a documented significant exposure. This shall be done as directed by the designated physician. Diagnostic testing of the patient shall be paid by SMMS.
- k. SMMS shall document all written reports of significant exposure and will assist the employee in follow-up. Notification of the workmen's compensation insurance carrier shall be responsibly of the clinic physician and shall be documented. SMMS shall designate the clinic physician as the person responsible for such notifications, and shall be knowledgeable in the procedures of notification and shall have the appropriate insurance claim forms readily available.
- l. Employees should consider themselves as potentially capable of infecting others after a significant exposure and should take steps necessary to protect their fellow employees and patients. Families or other intimate contacts should be aware of potential exposure and educated as to risk reduction techniques. The designated physician should notify the clinic physician, who would then notify the affected employee should any modifications of normal activity be necessary.

m. SMMS will annually re-evaluate the effectiveness of these rules and regulations and all engineering and work practice controls and make changes as recommended. It is recognized that state of the art equipment and ever changing technology may create a need for change on an immediate basis. Management reserves the right to implement changes if the risk to the safety of the employee is reduced. Notice of any changes shall be posted for all employees and functional activities promoted to implement the change.

## **STANDARD OPERATING PROCEDURES**

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# **Universal Precautions**

Subject: **Occupational Hazards**

Code: **2-II-07**

Revised: **1/30/14**

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### **1. PURPOSE**

- a. The purpose of this policy is to identify the occupational hazards of their position and the minimum personal protective equipment to be worn by providers in the course of patient care and treatment.

### **2. SCOPE**

- a. This policy applies to SMMS employees and management.

### **3. POLICY**

- a. It is the policy of SMMS that employees will wear gloves in all patient contacts (regardless of the medical call or condition), cleaning and decontamination procedures.
- b. The employee will be instructed to the individual skills that place them at risk for infectious disease exposures. Each skill will be discussed, and related to possible situations that arise in the pre-hospital setting.
- c. The EMT, EMT and Paramedic are considered to be in a high-risk category of infectious disease exposure due to the uncontrolled environment and unknown patient history in the pre-hospital setting. Each skill that the medical provider does in the field will be discussed but

not limited to the skills listed. Other skills will be added to the exposure control plan accordingly when they become apparent.

- d. The EMR, EMT and Paramedic will demonstrate proficiency in the skills listed below. In addition to these standards, the employee will be taught and demonstrate infectious disease precautions to decrease exposure risk.

- e. Medical Patient Assessment

- i. The employee will wear medical-approved latex gloves with any patient contact.
  - ii. If the patient is demonstrating any signs or symptoms of a respiratory illness, meningitis, or other airborne diseases, the employee will wear a N95 mask for the duration of patient care.
  - iii. If the patient experiences a productive cough or emesis, the employee will don eye protection with the mask.
  - iv. If emesis, GI bleeding or other extraordinary medical conditions arise that could expose the employee to splashing or spraying, the employee will also wear a gown.

- f. Traumatic Patient Assessment

- i. Upon dispatch to a traumatic injury the employee shall prepare themselves with PPEs prior to arrival to decrease any patient delay.
  - ii. Gloves will be worn on all patient contacts.
  - iii. Masks and eye protection will be on or near the employee for quick application. The emergency vehicle cannot be considered "near the patient".
  - iv. Traumatic calls involving the likelihood of gross contamination (gross industrial accidents, GSW, stabbings, multiple system trauma from MVAs, auto pedestrian, etc.), the employee will wear hat, gown and booties in addition to gloves, mask and eye protection.

- g. Airway Management

- i. Oropharyngeal Airway Placement:
  - 1. The employee will wear gloves, mask, and eye protection.
- ii. Suctioning:
  - 1. The employee shall wear gloves and eye protection. If the patient is experiencing emesis, the employee shall wear a gown in addition to the PPEs listed.
- iii. Facial Injuries:
  - 1. The employee shall wear gloves and eye protection. If severe hemorrhage is present with facial injuries, the employee shall don a gown.
- iv. Spitting:
  - 1. If the patient demonstrates aggressive behavior and attempts to strike the employee with sputum, the employee shall utilize the authority of local law enforcement agencies.
  - 2. If local law agencies are not at the scene, the employee shall have gloves, mask and eye protection in place before attempting to restrain the patient to ensure employee and co-worker protection. The employee will be responsible for properly documenting the necessity of restraints
- v. Vomiting:
  - 1. In the event the patient exhibits emesis or likelihood of emesis, the employee will have gloves and eye protection in place.
  - 2. If the patient is exhibiting projectile emesis (i.e.: cardiac arrest, head injuries, ipecac administration), the employee will have a gown on. The emesis contents will be contained in an emesis basin or plastic bag.
- vi. Coughing:



1. If the patient has a productive cough, the employee will wear mask and eye protection in addition to gloves.
2. If the patient has a non-productive cough yet exhibits signs and symptoms of a respiratory airborne illness, the employee will utilize the PPEs listed above.

vii. Oxygen Administration

1. The employee will wear gloves.
2. If the oxygen is to be administered to a patient who has a cough, emesis or an upper GI bleed, the employee will don mask and eye protection.

viii. Bleeding Control and Bandaging

1. The employee shall wear gloves with minor bleeding.
2. If the patient has excessive hemorrhage or arterial bleeding, the employee shall wear eye protection and a gown.
3. If the patient is a victim of traumatic injury and gross contamination is likely, the employee will also wear a hat and booties.

ix. Obstetrical Emergencies/Labor & Delivery

1. The employee will wear gloves, gown, mask and eye protection to prevent contamination from blood, amniotic fluid, etc., that is associated with labor and delivery.

x. Spinal Injuries

1. The employee will wear gloves.
2. If the patient is vomiting or has facial injuries, the employee will wear a mask and eye protection.
3. If the patient is hemorrhaging, the employee will wear a gown in addition to the PPEs listed above. If the hemorrhage is likely to grossly contaminate the pre-hospital provider, booties and a hat will also be worn.

- xi. Splinting
  - 1. The employee will wear gloves.
  - 2. If the patient is spitting, or an artery is spurting blood, the employee will wear a mask and eye protection.
- xii. Chemstick/Blood Sugar Test
  - 1. The employee will wear gloves.
  - 2. If the patient is combative and the likelihood of blood splashing or spraying is possible, the employee will wear a mask and eye protection.
- xiii. IV Assembly
  - 1. The employee will wear gloves during IV assembly.
- xiv. EKG Patch Application
  - 1. The employee will wear gloves for the application of EKG patches for cardiac monitoring.
- xv. Intravenous (IV) and Interosseus (IO) Application
  - 1. The employee will wear gloves.
  - 2. If splashing of blood or body fluid is possible, the employee will wear a mask and eye protection.
- xvi. Intravenous (IV) Medications
  - 1. The employee will wear gloves.
  - 2. If the medication is a controlled substance and needs to be recapped for accounting purposes, the needle will not be considered contaminated unless blood is in the IV tubing and contaminates the needle.
- xvii. Regardless of this, the employee shall use one of the two accepted recapping methods:
  - 1. "Booting It" which involves the employee stepping on the cap and sliding the needle into the cap.

2. "Scoop Method" where the employee places the cap on a flat surface and scoops the cap with the needle.

xviii. Intramuscular (IM) Subcutaneous (SQ) Medications

1. The employee will wear gloves during the injection of any medications into the muscle.

xix. Sublingual (SL) Medications

1. The employee will wear gloves during the administration of sublingual medications.
2. If the patient is coughing or experiencing emesis, the employee shall wear a mask and eye protection.

xx. Endotracheal/Nasotracheal Intubation

1. The employee will wear gloves, a mask and eye protection during this procedure.
2. **No exceptions will be accepted** if the employee disregards the use of PPEs due to the high risk of emesis that can occur and expose the employee during this technique.

xxi. Combi-tube, LMA or King Airway

1. The employee will wear gloves, mask and eye protection in the event the employee selects the placement of these devices.

xxii. Endotracheal Medications

1. The employee will wear gloves, mask and eye protection during the procedure of administering medications through the endotracheal tube.
2. Due to the likelihood of splashing from the endotracheal tube (common response of the lung when a foreign substance is administered), the employee shall advise the EMS team to take the same precautions.

xxiii. Nebulizer Medications

1. The employee shall wear gloves, mask and eye protection during the administration of a nebulizer (Albuterol).

xxiv. Aspiration

1. In the event the patient aspirates foreign substances into the lungs, the employee will be required to accomplish either endotracheal suctioning, or deep oropharyngeal suctioning.
2. The employee will wear gloves, mask and eye protection.

xxv. Cricothyroidotomy

1. The employee will utilize gloves, mask and eye protection during this procedure.
2. The employee will continue to wear these PPEs until the patient's care has been released to the receiving facility's medical staff.

xxvi. Foreign Object Removal with McGill Forceps

1. The employee will wear gloves, mask and eye protection.

xxvii. Care of the Patient With a Tracheostomy

1. The employee will wear gloves, mask, eye protection and a gown while in the actions of providing patient care.
2. In the event the employee needs to proceed with suctioning of the patient, the employee will change the examination gloves to sterile gloves.

xxviii. Nasogastric (NG) Tube Placement

1. The employee will wear gloves, mask and eye protection during this procedure.
2. The PPEs will remain in place until the tube is either clamped off or the patient has been released to higher medical authority.

xxix. Defibrillation/Cardioversion/External Pacing

1. The employee will wear gloves.

h. Reserved

## **STANDARD OPERATING PROCEDURES**

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# **Rules and Regulations**

Subject: **Sexual Harassment**

Code: **3-I-03**

Revised: **2/24/14**

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### **1. PURPOSE**

- a. It is the policy of Sacred Mountain Medical Service that all employees have the right to work in an environment free from all forms of discrimination and conduct which can be considered harassing, coercive or disruptive, including sexual harassment.

### **2. SCOPE**

- a. This policy applies to all employees of Sacred Mountain Medical Service (SMMS).

### **3. DEFINITIONS**

- a. Sexual harassment is a form of misconduct that undermines the integrity of the employment relationship. It does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, that is personally offensive that debilitates morale and interferes with work effectiveness.
- b. While sexual harassment encompasses a wide range of conduct, some examples of specifically prohibited conduct include:
  - i. Physical assaults of a sexual nature, such as rape, sexual battery, molestation or attempts to commit these assaults, and

intentional physical conduct that is sexual in nature, such as touching, pinching, patting, grabbing, brushing against another employee's body or poking another employee's body.

- ii. Unwanted sexual advances, propositions or other sexual comments, such as sexually oriented gestures, noises, remarks, jokes, or comments about a person's sexuality or sexual experience (especially when directed at or made in the presence of any employee who indicates or has indicated in any way that such conduct in his or her presence is unwelcome).
- iii. Preferential treatment or promises of preferential treatment to an employee for submitting to sexual conduct, including soliciting or attempting to solicit any employee to engage in sexual activity for compensation or reward.
- iv. Subjecting, or threats of subjecting, an employee to unwelcome sexual attention or conduct or intentionally making performance of the employee's job more difficult because of that employee's sex.
- v. Sexual or discriminatory displays or publications anywhere in the workplace by SMMS employees.

#### **4. POLICY**

- a. No employee, either male or female, should be subject to unsolicited and unwelcomed sexual overtures or conduct, either verbal or physical.
- b. Unwanted or unsolicited verbal or physical harassment of employees by supervisors or coworkers will not be tolerated. Supervisors shall promptly correct such behavior should it occur.
- c. If a member informs a supervisor or co-worker that his/her language or behavior is offensive and such conduct continues, the employee immediately should report the situation to his/her supervisor..

- d. Appropriate disciplinary action shall be taken against an employee found guilty of harassing another employee.
- e. An employee who files a complaint will be treated fairly and courteously at all times without fear of retaliation.
- f. Such behavior by employees may result in disciplinary action up to and including termination.
- g. It is a violation of this policy for anyone to knowingly or with reckless disregard for the truth make false accusations of sexual harassment. Failure to prove a claim of sexual harassment is not equivalent to a false allegation. Sanctions may be imposed on individuals who knowingly or with reckless disregard for the truth make false accusations of sexual harassment.



## **STANDARD OPERATING PROCEDURES**

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# **Rules & Regulation**

Subject: **Unacceptable Behavior**

Code: **3-I-04**

Revised: **February 23, 2016**

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### **1. PURPOSE**

- a. The purpose of this policy is to declare and define the moral obligations of all employees, and to establish broad behavioral guidelines within which all employees are expected to conduct themselves while working for Sacred Mountain Medical Services.

### **2. SCOPE**

- a. This policy applies to all staff, including administrative personnel, executives, full and part-time medical staff, student workers, citizen observers, and volunteers.

### **3. POLICY** - The following activities are prohibited by employees, some while on duty. The list of examples is illustrative of the type of behavior that is not permitted, but this list is not intended to be all-inclusive. Violation of this policy will result in disciplinary action, up to including termination, as outlined in the employee discipline policy.

- a. Unlawful behavior, gambling, noisy or quarrelsome conduct, and lewd or indecent activity.
- b. Possession and brandishing of a firearm or other deadly weapon unless the employee is authorized by the Chief Executive Officer to carry or possess such a weapon. Firearms and other deadly weapons must remain locked in vehicles at all times.
- c. Threats or physical violence against patients, employees of the public, other

agencies, coworkers, or other employees.

- d. Sexual activity, to include the possession of printed or audiovisual material that is sexually offensive.
- e. Abusive behavior, hazing, or harassment of co-workers or employees of the public. Horseplay, practical jokes, and other disruptive behavior are also prohibited.
- f. Use of department supplies and materials to clean or repair personal vehicles or property. Includes using washing machines for personal laundry. Exception: civilian clothes, typically reserved to one set, brought in or worn when coming in for shift, or needed to wear when getting off.
- g. Alteration or modification of vehicles, buildings, computers, items or equipment owned and operated by SMMS without the Chief Operating Officer's (COO) authorization.
- h. Parking vehicles, trailers, campers, tractors, boats, etc. on SMMS property, including the storing of personal belongings not designated for work in quarters, storage units or on SMMS property.
- i. Acceptance or solicitation of gifts, rewards, or fees for services incidental to the performance of one's duty.
- j. Conducting personal business or performing any activity for which the employee will receive any form of compensation from anyone other than SMMS.
- k. Insubordination; refusal to follow job-related instructions of supervision, unless that instruction violates SMMS policies and procedures and/or safety standards.
- l. Making a false statement in any official communication or in a conversation with another employee or citizen.
- m. Performing any act or making any statement, oral or written, about one's co-workers, intending to destroy morale, good order, or working relationships with coworkers.
- n. Display insolence or indifference or evading duty during an emergency incident.
- o. Theft or misappropriation of SMMS property, funds, records, equipment, proprietary information or personal property of employees.
- p. Being in possession of or consuming alcoholic beverages or illegal or controlled substances or prescription drugs for which one does not have a current

prescription during working hours and/or on SMMS property; or reporting for duty under the influence of alcohol or illegal drugs or controlled substances or prescription drugs for which one does not have a current prescription.

- q. Returning or coming to work within 12 hours of consuming alcohol, regardless of quantity.
- r. Failure to report the use of prescription medications, as well as any over-the-counter medications that may produce side effects that could alter one's ability to perform the duties of their job.
- s. Failure to adhere to SMMS safety rules, including the use of protective safety equipment
- t. Excessive absenteeism or tardiness and unauthorized use or abuse of sick leave (if applicable).
- u. Altering or falsifying time records – one's own or those of another employee.
- v. Altering or falsifying SMMS business records, reports, files or documents.
- w. Failure to maintain current and proper licenses and/or certification required to perform assigned duties.
- x. Providing false or misleading information when applying for employment or at any time during employment.
- y. Failure to notify the Chief Operations Officer in the event an employee is charged with any criminal or civil offense beyond a minor traffic violation.
- z. Conviction of a criminal offense involving moral turpitude.
- aa. Failure to obey traffic laws while on duty, including during any paid response time.
- bb. Leaving quarters to conduct personal errands without one's partner and ambulance without proper approval from the Chief Operations Officer.
- cc. Not acting with integrity or honesty. Although loyalty is prized in the organization and among the staff, it shall not override moral and organizational integrity.
- dd. Part-time employees who have not worked for six (6) months or who have not put in availability for the same period will have assumed to resigned and employment terminated.

#### 4. HISTORICAL NOTE

- a. Policy revised on 1/22/14.
- b. Policy revised on September 25, 2015 to correct the layout of the policy and reflect the storing of personal items on SMMS grounds and property, including employees leaving quarters without proper approval and notification and consumption of alcohol. Also removed thing related to social media as a social media policy exist.
- c. Policy was updated on February 23, 2016 to require part-timers to communicate regularly if they cannot work shifts with SMMS. This section was also removed from 2-I-03 Probationary Period.

## **STANDARD OPERATING PROCEDURES**

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# **Rules & Regulations**

Subject: **Drug and Alcohol Testing**

Code: **3-I-05**

Revised: **3/14/14**

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### **1. PURPOSE**

- a. To establish and maintain a drug and alcohol-free workplace in the interest of public safety and a healthy and productive work environment, by prohibiting the use, consumption, influence, possession, distribution or sale of illegal drugs or controlled substances and/or alcohol while on duty.

### **2. SCOPE**

- a. This policy applies to all prospective and current employees, including all full-time, part-time, and temporary personnel.

### **3. POLICY**

- a. It is the policy of Sacred Mountain Medical Service (SMMS) to maintain a drug and alcohol-free work environment so that employees have safe, healthy, and productive conditions in which to work, and so that the community receives the high quality of service that it expects. The maintenance of such an environment justifies the use of a reasonable employee drug/alcohol-testing program.
- b. Any employee failing to meet this policy shall be subject to discipline, up to and including termination of employment. To ensure that our

members function in a safe, healthy and productive manner, SMMS will stress education, prevention, intervention and rehabilitation as it relates to drug and alcohol use or abuse.

#### **4. GUIDELINES**

- a. In order to ensure fitness for duty, all employees shall be required to report the use of any prescription medications, as well as any over-the-counter medications that may produce side effects that could alter one's ability to perform the duties of their job. Such a report shall be made to the immediate supervisor, who will refer the information to the physician for consideration. The physician will determine whether any work restriction or limitation is indicated and inform SMMS and the individual of such restriction or limitation.
- b. Use of Alcohol/Illegal Drugs
  - i. Alcohol -- Employees may not buy, obtain, use, possess, manufacture, distribute, dispense, sell, or transport alcohol while working, while on SMMS property, while in uniform, or while operating SMMS equipment, machinery, or vehicles or personal vehicles. Employees may not work or report to work under the influence of alcohol or with an alcohol level of .04 or greater.
  - ii. Illegal Drugs – Employees may not buy, obtain, use, possess, manufacture, distribute, dispense, sell, or transport illegal drugs while on duty, while on SMMS property, while in uniform, or while operating SMMS equipment, machinery, or vehicles or personal vehicles. Employees may not work or report to duty under the influence of illegal drugs or the metabolites of illegal drugs.

- c. Reporting Violations -- All employees have the responsibility to immediately report unsafe working conditions or hazardous activities that may jeopardize their safety, the safety of fellow employees and the safety of the public we serve. This includes the responsibility to immediately report any violations of this Drug and Alcohol policy.
- d. In order to ensure a drug and alcohol-free work environment, drug testing may be required under the following circumstances:
  - i. *Pre-Employment* -- All prospective employees will be required to pass a drug screen as part of their pre-employment physical examination.
  - ii. *Annual Physical Examination* -- All employees of SMMS may be required to pass a drug and alcohol screening process as part of their regular physical examination.
  - iii. *For Cause* -- Suspicion of drug or alcohol use as determined by good faith behavioral observation, performance problems, or employee complaints that are not confirmed by a third party (for instance, but not limited to slurred speech, lack of coordination, erratic behavior, odor of alcohol or marijuana, bloodshot eyes, dilated pupils, incoherence, drowsiness, chronic absenteeism, witnessed use).
  - iv. *Post-Accident/Incident Involvement* -- Employees involved in on-the-job accidents or other work-related incidents where it is reasonably possible that drug/alcohol use could be a contributing factor. Decisions regarding "involvement" and/or "reasonably possible" are at the sole discretion of the Chief Operations Officer. However, any circumstance in which an employee is sent for medical evaluation and/or treatment for a work-related accident or injury shall automatically require a drug and alcohol screen.

- v. *EMR, EMT & Paramedic Program Testing* – An employee shall be subject to drug and alcohol testing as a condition of being accepted into EMR, EMT and paramedic school.
- vi. *Treatment Program* – Any employee who is referred by SMMS for chemical dependency evaluation or treatment or who is participating in a SMMS approved chemical dependency treatment program shall be required to undergo periodic unannounced drug/alcohol testing during the evaluation or treatment period and for a period of up to two years following return to duty.
- e. Consequences of testing refusal:
  - i. Refusal by an employee to cooperate under this policy shall be grounds for termination of employment. Refusal by a prospective employee to cooperate under this policy shall be grounds for SMMS to refuse to hire the individual.
  - ii. Any employee who attempts to interfere, alter, substitute, or in any way affect the outcome of the drug and alcohol screening test process shall be subject to disciplinary action, up to and including termination.
  - iii. Any employee who fails to report immediately to the designated testing facility shall be subject to disciplinary action, up to and including termination.
- f. Actions that may be taken based upon test results:
  - i. A confirmed positive test result may result in one of the following actions:
    - 1. **First Offense** -- Leave of Absence *may* be granted (without pay, after any and all paid leave time has first been utilized) for a *maximum* of twelve weeks to participate in a rehabilitation program approved by SMMS. Any out-of-pocket costs associated with a



rehabilitation program shall be at the employee's expense. Failure to fully comply with the terms of a rehabilitation program shall subject the employee to termination of employment.

**2. Second Offense** - Immediate termination for breach of agreement.

- ii. Voluntary notification of drug/alcohol use/abuse by an employee to SMMS prior to employer's notice of suspicion to employee - Disciplinary measures will not be taken, however, the employee shall be required to participate in a rehabilitation program approved by SMMS. Leave of Absence shall be granted (without pay, after any and all paid leave has first been utilized) for a maximum of twelve weeks to participate in a rehabilitation program approved by the SMMS. Any costs associated with a rehabilitation program shall be at the employee's expense. Failure to fully comply with the terms of a rehabilitation program shall subject the employee to termination of employment.
- iii. In the event that an employee takes a Leave of Absence to enter a rehabilitation program, the employee shall be required to sign a release of information to allow treatment information to be shared with the Chief Operations Officer.
- iv. Return To Duty -- Information regarding the employee's participation, progress, and successful completion of the rehabilitation program, as well as readiness for return to duty shall be communicated to the Chief Operations Officer through the rehabilitation program coordinator.
- v. As a general rule, the employee shall be subject to follow-up random testing for up to two years to ensure that the employee remains drug and alcohol-free.

- g. Employee's right to obtain written test results: If requested in writing to the Chief Operations Officer, an employee or prospective employee that has been tested may receive a copy of the written test results.
- h. Employee's right to explain positive test result: An employee testing positive shall have an opportunity to meet with the Chief Operations Officer to contest or explain the positive results before any employment status action is final. An employee shall not be allowed to return to work after a positive test and prior to an opportunity for such a meeting. No compensation shall be earned after the test is completed and the employee has been released from the medical facility.
- i. Confidentiality of test results: All information, communications and/or documents obtained by SMMS in association with the testing portion of this policy shall become a part of the employee's confidential medical file (separate from the standard personnel file), with access only by the Chief Operations Officer, Chief Executive Officer, or the Administrative Office Manager, and shall not be used or received in evidence, obtained in discovery or disclosed in any public or private proceeding, unless related to an action taken by SMMS or the employee, except disclosure to:
  - i. The tested employee, prospective employee or other person designated in writing by that employee or prospective employee.
  - ii. Individuals designated by the District to receive and evaluate test results or hear the explanation of the employee or prospective employee.
  - iii. An Arbitrator, Mediator, Court or Governmental Agency as authorized by Tribal, State or Federal Law.

## 5. PROCEDURE

- a. *Management Procedure:* If a member of management of SMMS has knowledge of or reasonably suspects that an employee meets the

requirements for drug/alcohol testing as stated within this policy, the following procedure shall be followed:

- i. After noting and documenting the time, the supervisor shall remove the employee from any work area and/or responsibility while maintaining visual contact of the subject employee at all times.
  1. If the employee has been involved in an accident or incident, any injuries will be addressed and resolved as a number one priority.
  2. The test procedure is not to be pursued until and unless the employee is safe and stable.
  3. If an employee must receive outside medical attention, emergency medical personnel will be told of SMMS' drug/alcohol testing policy so proper samples may be retained when it is safe to do so.
- ii. The employee shall be told that drug or alcohol use is a reasonable suspicion and that the appropriate SMMS officials are going to be contacted for assistance in initiating the testing procedure.
- iii. The supervisor shall notify the Chief Operations Officers. After obtaining basic information, the Chief Operations Officers or his designated representative shall make arrangements for transportation to the medical facility. A supervisor will maintain visual contact until the employee has been turned over to medical facility personnel. Consent forms shall be completed in the presence of a supervisor or medical personnel.
- iv. If an employee fails to submit to a test, the employee shall be suspended without pay until further notice, and subject to termination for failure to submit to a drug/alcohol test. The

employee will be told that the Chief Operations Officers will contact them by phone or mail to communicate further action.

## **6. NOTIFICATION PROCEDURE**

- a. The medical facility shall contact the Chief Operations Officers or his designated representative with confidential verbal notification of the results of the test results. If the test is positive, the results of the confirmation test shall also be provided. Written documentation of any test results shall be forwarded by confidential fax or mail (if faxed, the Chief Operations Officers will be contacted immediately preceding the fax transmission to assure that only he receives the fax directly off the machine).
- b. The Chief Operations Officers shall notify the tested employee by phone of the results of the test. If requested by the tested employee, a copy of the written test results will be made available for the employee.
- c. In the case of a negative test result, the employee shall be notified of the test results and the return-to-work schedule. The employee's personnel file shall be purged of any information related to the test, and documentation of the negative test shall be maintained in the employee's separate medical file.
- d. In the case of a confirmed positive result, the Chief Operations Officers shall determine the level of discipline and notify the employee of such. Information regarding the disciplinary action shall be maintained in the employee's personnel file. Information specifically regarding the testing shall be maintained in the employee's separate medical file.

## **7. Reserved**

## **STANDARD OPERATING PROCEDURES**

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# **Rules & Regulations**

Subject: **Protecting Health Information**

Code: **3-I-06**

Revised: **1/22/14**

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### **1. PURPOSE**

- a. The purpose of this policy is to explain the Health Insurance Portability and Accountability Act of 1996, and the responsibilities of all those to protect patient information.

### **2. SCOPE**

- a. This policy applies to all pre-hospital medical providers, auditors, medical billing, medical review and other staff who will be caring for patients, auditing reports for billing and quality assurance purposes, or other activities that result in knowing patient health information.

### **3. POLICY**

- a. Health Insurance Portability and Accountability Act of 1996 (HIPAA) rules cover all health information, regardless of form, including electronic records, paper records, and oral communication. HIPAA rules also provide healthcare consumers with control over their health information, set boundaries on medical record use and release, ensure the security of personal health information, and establish accountability for medical record use and release.

- b. Under the US Health Insurance Portability and Accountability Act (HIPAA), PHI that is linked based on the following list of 18 identifiers must be treated with special care. Those identifiers are:
- i. Name
  - ii. Geographical identifiers
  - iii. Dates related to the individual
  - iv. Phone Numbers
  - v. Fax Numbers
  - vi. E-mail addresses
  - vii. Social security numbers
  - viii. Medical record numbers
  - ix. Health insurance beneficiary numbers
  - x. Account numbers
  - xi. Certificate/license numbers
  - xii. Vehicle ID and serial numbers, including license plate numbers.
  - xiii. Device identifiers and serial numbers
  - xiv. Web uniform resource locators (URLs)
  - xv. Internet protocol (IP) address
  - xvi. Biometric identifiers, including finger, retinal and voice prints
  - xvii. Full face photographic images and any comparable images
  - xviii. Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data.
- c. Given the nature of our work, it is imperative that we maintain the confidentiality of patient information that we receive in the course of our work.
- d. The HIPAA Privacy Rule is intended to protect patients' health information, but not to impede or interfere with patient care or safety.

- e. Sacred Mountain Medical Service prohibits the release of any patient information or to anyone outside the organization unless required for purposes of treatment, payment, or healthcare operations. All discussions of protected health information (PHI) within the organization should be limited.
- f. A member knowingly or inadvertently breaches patient confidentiality policies and procedures at any time, the member must immediately notify the Privacy Officer of SMMS. A breach of confidentiality may result in disciplinary action.
- g. Protecting Patient Information
  - i. Don't leave patient care reports (written or electronic) out in the open for others to read. Once completed, place in the locked file designated for patient care reports.
  - ii. Don't discuss patient protected information with other crew members who were not on the scene, with members of other shifts or departments, with family members, the media, elected officials, or the public.
  - iii. Don't comment on Facebook, Twitter or other social media regarding calls responded to, including the uploading of any scene pictures without written approval from the Chief Operations Officers.
  - iv. Don't take pictures of patients and their injuries regardless if authorization is received from the patient, or one cannot identify the patient. We don't take scene pictures unless necessary for patient treatment, after which time that picture will be immediately deleted from the device.
- h. Reserved

## **STANDARD OPERATING PROCEDURES**

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# **Rules and Regulations**

Subject: **Patient Rights**

Code: **3-I-07**

Revised: **1/22/14**

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### **1. PURPOSE**

- a. The purpose of this policy is to recognize the rights and privileges of each patient encountered by employees of Sacred Mountain Medical Service.

### **2. SCOPE**

- a. This policy applies to all employees who will be rendering aid to the sick and injured and their family members.

### **3. POLICY**

- a. Sacred Mountain Medical Service (SMMS) employees will respect the rights and culture of each patient and recognize that individuals have unique healthcare needs. Therefore, we respect our patient's personal dignity and seek to provide care based upon individual needs. These rights also apply to the people who may be legally responsible for making healthcare decisions, such as parents, legal guardians, and those given decision making authority such as a durable power of attorney.
- b. Each patient is entitled to the following rights:
  - i. The right to considerate and respectful care regardless of race, color, religion, sex, age, physical or mental condition, sexual preference or national origin.



- ii. The right to know if other healthcare providers are in supervised training and assisting in patient care.
- iii. The right to agree to treatment before any procedure begins.
- iv. The right to know about any specific procedures or treatment including risks and benefits of such care.
- v. The right to make decisions about healthcare, including the right to accept or refuse care as permitted by law. If a patient refuses care, the risk of such refusal will be explained to the patient. The right to an explanation of potential risk if the patient refuses care.
- vi. The right to personal privacy. Discussion of a case or exam will only occur with healthcare providers caring for the patient and other authorized persons.
- vii. The right to privacy of medical records, including history of illness or disease. Without consent and/or authorization, medical records will not be released.
- viii. The right to obtain a copy of their medical record in accordance with SMMS policy.
- ix. The right to know about the safety reasons for restraining a patient physically.
- x. The right to express concerns about any aspect of care or service rendered.
- xi. The right to practice cultural or religious ceremonies prior to transport or during patient care.

c. Reserved

## **STANDARD OPERATING PROCEDURES**

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# **Rules and Regulations**

Subject: **Computer and Internet Usage**

Code: **3-I-08**

Revised: **1/30/14**

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### **1. PURPOSE**

- a. To provide employees with the use of up-to-date computer technology in a way that is beneficial to the employee in his/her job, but not disruptive to the workplace.

### **2. SCOPE**

- a. This policy applies to all SMMS employees.

### **3. POLICY**

- a. It is the policy of the SMMS to place computers in SMMS facilities and to provide Internet and electronic mail access for use by employees in conducting official business.
- b. Computers are placed in all SMMS facilities so that employees may complete their assigned duties and communicate with others outside the company.
- c. The SMMS utilizes both the Internet and an electronic mail system for business purposes. The use of these systems is intended for SMMS related work activities, and employees shall refrain from the use of such systems for non-work related or personal business.

- d. It is the responsibility of each employee to ensure that SMMS information disbursed via these systems is accurate, appropriate and lawful.
- e. Unauthorized copies of copyrighted or licensed materials on the Internet may not be created, distributed, or knowingly utilized.
- f. Employees shall not expect privacy in their Internet and electronic mail use and communications; management retains the right to review all employee activities on the systems.
- g. Employees are to utilize only the software programs provided by SMMS on the SMMS-owned computers. Downloading of software programs to SMMS computers may only be done with the prior approval of the Chief Operations Officer. Likewise, exporting system or other computer software is strictly prohibited without the prior approval of the Chief Operations Officer.
- h. Employees are prohibited from accessing pornographic or otherwise inappropriate websites on the internet while on SMMS premises. This shall include the use of one's personal computer as well as SMMS computers.
- i. Confidential information should be protected at all times. Employees should take all necessary steps to prevent unauthorized access to this information.
- j. Authorized users are responsible for the security of their individual passwords and accounts; passwords are not to be disclosed to others and should be changed as often as needed.
- k. All computers and remote devices should be secured with a password-protected screen saver and set to deactivate after being left unattended in excess of ten minutes.
- l. All computer equipment used by departmental employees shall regularly run approved virus-scanning software with a current virus database.

- m. Any introduction of malicious programs (i.e., viruses, worms) into the network or server is strictly forbidden and may result in disciplinary action up to and including termination.
- n. Sending unsolicited e-mail messages (e-mail spam) to individuals who did not specifically request such or creating or forwarding chain letters or other “pyramid” type schemes shall be forbidden.
- o. Upon termination of employment with the SMMS, employees are prohibited from taking any computer-related programs, files, or materials for personal possession. Access to the SMMS’s computer system shall be eliminated at the point of termination.

## **STANDARD OPERATING PROCEDURES**

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# **Rules and Regulations**

Subject: **Social Media**

Code: **3-I-09**

Revised: **January 5, 2016**

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### **1. PURPOSE**

- a. The purpose of this policy is to not restrict the liberties of employees in expressing their right to free speech or concerted activity, but to protect our patient's confidentiality and to provide guidance to the employee when using social media to discuss work related topics and/or issues.

### **2. SCOPE**

- a. This policy applies to all employees of SMMS, whether on duty or off duty.

### **3. DEFINITION**

- a. Concerted Activity - activities undertaken jointly by employees for the purpose of union or organization, collective bargaining, or other mutual aid or protection without fear of retaliation.
- b. Social Networking Websites - On-line communities that share common interests in hobbies, religion, or politics or even as a means to keep in touch with family and friends. Examples include, MySpace, Facebook, Friendster, Twitter, Yahoo 360 and Ryze (to name a few).

#### 4. POLICY

- a. SMMS recognizes that individuals engage in social networking and will at times may use social networking sites to express displeasure or pride about the organization or their work experiences. Nothing in this policy prohibits employees from concerted activity, however as agents of SMMS, patient confidentiality and employee rights, including information not publicly available will be protected.
- b. Any personal use of SMMS computer or communications equipment such as workstations, phones, laptops, or network infrastructure, to participate in social networking must be minimal, limited to non-work times, or interfere in any way with the business needs and operations of SMMS, and may not impose costs on SMMS.
- c. Employees shall use their best judgment and exercise personal responsibility when making comments about their work terms and conditions. As a company, SMMS trusts and expects you to exercise personal responsibility whenever you participate in social media or other online activities.
- d. Harassment, bullying, discrimination, or retaliation that would not be permissible in the workplace is not permissible between co-workers online, even if it is done after hours, from home and on home computers.
- e. Members shall not mention information about SMMS, their employees, other agencies in which SMMS interacts with, or incidents responded to that isn't publicly available. Do not say anything that compromises the integrity of SMMS, its members or employees, our work partners and our patients. For example, commenting on:
  - i. any patient's condition, care or treatment, or
  - ii. an employee or supervisor you can't personally get along with, or
  - iii. a bad wreck and calling the driver "stupid" for texting and driving,or

- iv. the Fire Department in that they didn't know how to extricate, or
  - v. SMMS contract negotiations, etc.
- f. If an employee comments on any aspect of the company's business they must clearly identify themselves as an employee and include a disclaimer that their views are their own and not necessarily those of their employer or peers. The use of the disclaimer does not override the need to follow other principles in this policy.
- g. When a member identifies their association with SMMS on Social Media – for example, by stating they work for SMMS or posting pictures of themselves in uniform or at work - and/or discusses their work, they are expected to behave professionally, and in a way that is consistent with the organization's values and policies.
- h. Tips for the employee who wish to comment on any social networking site about the terms and conditions of their employment, whether positive or negative, include:
  - i. Protect our patient's confidentiality.
  - ii. Make social networking comments on your own time.
  - iii. Respect others, and be cognizant of bullying and harassment activity.
  - iv. Be aware of how online posts are, or can become, public.
  - v. Get your facts straight.
  - vi. Ensure comments are legal.
  - vii. Understand the implications of defamation and liable.
  - viii. Respect copyrights and SMMS logos.
  - ix. If you're about to publish, respond or engage in something that makes you even the slightest bit uncomfortable, don't do it.
  - x. Mere gripes that affect yourself are generally not protected by labor laws.

- i. Any postings shall be removed that are inappropriate or in conflict with this policy. SMMS reserves the right to request that certain subjects are avoided or certain posts withdraw.
- j. Any member who violates this policy is subject to disciplinary action, up to including termination and/or legal action.

## **5. HISTORICAL NOTE**

- a. Policy was originally created on January 22, 2014.
- b. Policy was revised on 1/5/2016 to comply with the National Labor Relations Act (NLRB) regarding social media use by employees and to remove photo taking criteria and to make it its own policy (3-I-15).

## **6. APPROVAL**

- a. Policy was approved on \_\_\_\_\_ as attested to the digital signatures fixed below.



## **STANDARD OPERATING PROCEDURES**

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# **Rules & Regulation**

Subject: **Fraternization**

Code: **3-I-10**

Revised: **1/22/14**

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### **1. PURPOSE**

- a. The purpose of this policy is to minimize the potential perception of favoritism and preventing the creation of an uncomfortable working environment for others in the case of fraternization.

### **2. SCOPE**

- a. This policy applies to all staff, including administrative personnel, executives, full and part-time medical staff, student workers, citizen observers, and volunteers.

### **3. DEFINITION**

- a. Fraternization - is defined as a relationship of an intimate or romantic nature or conduct that creates the appearance or impression that such a relationship exists.

### **4. PROCEDURE**

- a. In the event that a supervisor develops a relationship that would be construed as fraternization as defined in this policy, he/she is required to report such a relationship to his/her supervisor in order to allow the organization to determine and document the consensual nature of the

relationship, and/or to determine the appropriate reassignment of one of the involved individuals.

- b. In the event that two employees develop a relationship that would be construed as fraternization as defined in this policy, they are required to report such a relationship to their supervisor so as to allow the organization to monitor the work environment.
- c. If it is determined, at the sole discretion of the Chiefs Operations Officer, that such a relationship may be disruptive to a harmonious working environment, the Chiefs Operations Officer may opt to reassign one of the two involved employees.
- d. Failure to comply with this policy shall be grounds for disciplinary action, up to and including dismissal.

## **STANDARD OPERATING PROCEDURES**

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# **Rules & Regulation**

Subject: **Visitors**

Code: **3-I-11**

Revised: **9/25/2015**

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### **1. PURPOSE**

- a. The purpose of this policy is to allow for visitation of SMMS offices and crew quarters by members of the public and family members while maintaining control and security of SMMS facilities and ensuring the safety of our visitors.

### **2. SCOPE**

- a. This policy applies to any individuals wishing to visit offices or crew quarters, or any employees wishing to have visitors in their work area.

### **3. PROCEDURE**

- a. It is the policy of SMMS to recognize visitors' desires to view ambulances, quarters and offices, and to allow for such visits as long as there is minimal interruption to emergency response or work activity.
- b. Visitors shall be allowed in the crew quarters, but shall be escorted by an employee after the visitor has identified the purpose of the visit.
- c. Under normal circumstances, the following persons shall not be restricted from crew quarters or offices:
  - i. Family member(s) of an employee on duty
  - ii. Vendors/suppliers making deliveries or performing services

- iii. Public employees entering in connection with their duties
- iv. Children who wish to tour quarters (shall be accompanied by an adult)
- v. Any other individual or group seeking information or training regarding fire/emergency medical services
- d. No visitors shall be allowed in the stations after 2100 hours, without the approval of the supervisor. Beds and bunkrooms are off limits to non-department personnel unless prior written approval is obtained from the Chief Operations Officer.
- e. Family members and/or guest are not permitted to sleep or stay overnight in SMMS quarters or on the property.
- f. Amorous activity with anyone is not allowed while on duty or on the property owned or operated by SMMS.
- g. Employees are responsible for the conduct of their visitors or guests at all times while on SMMS property. Unless prior approval is obtained from the Chief Operations Officer, guests and visitors shall be limited to free time periods and not during scheduled activities.
- h. Supervisor may restrict visitation if it is deemed to be in the best interest of SMMS. Such restriction shall be documented, and the officer shall notify the Chief Operations Officer.
- i. Members reporting to work early requiring the use of the quarters for a period of more than 3 hours shall notify the supervisor. For example: an employee from Phoenix comes in the night before his/her shift and spends the night at the quarters to start at 0800 hours the next day.

#### **4. HISTORICAL NOTE**

- a. Policy was revised on 2/15/14.
- b. On 9/25/15 the policy was amended to prohibit family and friends from sleeping or staying overnight on SMMS property.

## **STANDARD OPERATING PROCEDURES**

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# **Rules and Regulations**

Subject: **Citizens Observer Program**

Code: **3-I-12**

Created: **1/24/14**

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### **1. PURPOSE**

- a. The purpose of this policy is to establish a citizen ride-along policy and to identify the responsibility of the supervisors in approving such request.

### **2. Scope**

- a. This policy applies to all field personnel who will be scheduling citizen ride-a-longs, and does not apply to EMT and Paramedic field internships.

### **3. Definition**

- a. For the purpose of this policy the term "supervisor" refers to the paramedic on the ambulance.

### **4. Policy**

- a. The Citizens Observer Program permits interested citizens to observe Sacred Mountain Medical Service operations by riding with ambulance crews. The program is open to family employees of SMMS, visiting EMS personnel from other cities, potential EMT students, and on a limited basis, to the general public.
- b. Observers must be at least 18 years of age and sign a release before being permitted to ride-along.
- c. Supervisor will schedule citizen observers and official visitors to ride with EMS crews.

- d. Observers should be scheduled at least two days ahead of the planned date.
- e. All observers will be scheduled to ride between 0800 to 2000 hours. Overnight right ride-alongs are not permitted.
- f. Scheduled riders shall always have preference over unscheduled riders.
- g. Citizen observers are limited to four (4) ride-alongs per calendar year.
- h. All observers must sign a release form before being permitted to ride.
- i. The supervisor will contact dispatch of the observers arrival and departure time.
- j. Observers will be advised that emergency activity may delay their return to quarters and that a large percentage of observers may develop motion sickness and will need to take preventative measures to ensure a pleasant observation.
- k. Supervisors are responsible for insuring that observers are appropriately attired and have observed good hygiene practices. Properly attired refers to casual clothing consisting of:
  - i. Clean jeans or denim outfits without visible rips, tears, holes, or patches.
  - ii. Polo shirts (including logo-embroidered shirts), banded collar shirts, and other buttoned collar shirts.
  - iii. Blouses or sweaters.
  - iv. T-shirt or sweatshirts (clean, neat, without offensive or inappropriate logos, verbiage, or pictures.
  - v. Casual shoes (no heels or open toe shoes).
  - vi. Facial piercings and tattoos as outlined in Policy 5-I-02 are prohibited and will need to be removed or covered up.
- l. A safety vest and/or nametag will be assigned to the observer to be worn when required.
- m. The supervisor will explain to the observer the appropriate action to

follow should the entire crew be away from the ambulance during a major incident, or an incident in which the observer is prohibited from being in the immediate area (hazardous or potentially hazardous areas).

- n. The supervisor will ensure that the observer is properly seated and belted while the ambulance is in motion during the ride-along process.
- o. It is the supervisor's responsibility to insure that the observer has the opportunity to observe the incident where possible, but must not allow the observer access to a sensitive EMS situation that could embarrass the observer, the patient, or the patient's family.
- p. Under no circumstance will EMS personnel (or anyone else) ride in an unsafe position on the ambulance to accommodate an observer or for any other reason.
- q. Supervisors shall ensure that observation is limited to one per vehicle.
- r. Due to the sensitive nature of some calls, the observer may be required to stay with the ambulance.
- s. The observer shall be informed that the unnecessary release of information to the public regarding confidential information will result in the revocation of any further observation ride-alongs, and possible subject to legal recourse for any damages sustained.
- t. It is the supervisors responsibility to assure that all requirements of this management procedure are strictly followed.

5. Reserved

## **STANDARD OPERATING PROCEDURES**

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# **Rules & Regulations**

Subject: **Employment of Relatives**

Code: **3-I-13**

Created: **3/4/14**

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### **1. PURPOSE**

- a. The purpose of this policy is to prevent problems of supervision, safety, security and morale that could potentially arise from employment of relatives.

### **2. SCOPE**

- a. This policy applies to all employees with SMMS and only to full-time employees.

### **3. DEFINITION**

- a. Relatives are defined as an employee's spouse or domestic partner, or anyone within the following relationships, either with the employee or the employee's spouse: father, mother, stepfather, stepmother, son, daughter, stepson, stepdaughter, brother, sister, grandparent, grandchild, aunt, uncle, niece, nephew or first cousin.

### **4. POLICY**

- a. Applications for employment from relatives (as defined below) shall be considered with other qualified applications when personnel vacancies occur. However, some restrictions in job placement shall apply to help



prevent problems of supervision, safety, security, and morale.

- b. The following guidelines shall apply regarding the employment of relatives:
  - i. Relatives may not regularly work for the same immediate supervisor.
  - ii. Relatives may not regularly work at the same station on the same shift.
  - iii. Relatives may not regularly directly supervise their employed relatives.
- c. If, during the course of employment, two employees become related, resulting in a conflict to this policy, consideration shall be given to adjusting the work assignments. The Chief Operations Officer shall review each situation on an individual basis and determine the necessary adjustment to the work assignment of the individuals involved.

## STANDARD OPERATING PROCEDURES

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# Rules & Regulations

Subject: **Tobacco Free Workplace**

Code: **3-I-14**

Created: **3/4/14**

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### **1. PURPOSE**

- a. The purpose of this policy is to:
  - i. create a healthier environment for our employees, visitors and the public,
  - ii. prevent contamination of equipment, furniture and personal belongings,
  - iii. maintain a level of physical fitness and health, and to
  - iv. maintain guidelines regarding tobacco use in the workplace.

### **2. SCOPE**

- a. This policy applies to all employees, as well as to visitors on SMMS premises.

### **3. DEFINITION**

- a. For purposes of this policy, “tobacco” is defined to include any cigarette (lighted or not), cigar, pipe, bidi, any other smoking product, including vapor cigarettes, as well as any form of chewing tobacco.

### **4. POLICY**

- a. It is the policy of SMMS to maintain a tobacco-free workplace in accordance with the laws and the rights, needs, health, and concerns of employees, visitors and the public.
- b. Vehicles, buildings and property owned and operated by SMMS have been

designated tobacco-free workplaces. The use of tobacco products is not permitted inside a building or vehicles or on the grounds, owned by or operated by SMMS.

- c. Tobacco and alcohol promotional items including clothing, bags, lighters, stickers or other personal articles are prohibited on SMMS property and in SMMS vehicles.
- d. Upon implementation of this policy, SMMS may provide assistance to any employee who wishes to participate in a Tobacco Use Cessation Program. The employee shall submit a written request to the Chief Operations Officer that outlines the program that they want to use and all associated costs.
- e. It is required as a condition of employment that all SMMS sign and acknowledge this policy prior to employment. Failure to comply with the policy set forth by SMMS will result in disciplinary action up to and including dismissal.

## **STANDARD OPERATING PROCEDURES**

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# **Rules and Regulations**

Subject: **Photo Taking**

Code: **3-I-15**

Created: **January 5, 2016**

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### **1. PURPOSE**

- a. The purpose of this policy is to protect patient confidentiality of our patients and to prevent any breach of HIPAA laws.

### **2. SCOPE**

- a. This policy applies to all employees of SMMS, whether on duty or off duty.

### **3. POLICY**

- a. Pictures may be taken of any incident as permitted in this policy, or as approved by the Chief Operations Officers or Chief Executive Officer. It must be noted that there is no reason why photos, beyond what is identified in this policy, need to be taken of incident scenes, patient injuries, etc, regardless if they are non-emergent or do not identify a person or party.
  - i. Pictures taken on any scene shall only be used for one of the following:
    1. Training, including lessons learned.
    2. After action review.

3. Patient care purposes.
  4. Investigative purposes (i.e. EMT injury, crime, etc.).
  5. Document an injury, situation or event.
- ii. Any pictures taken of scenes on personal cameras as approved by policy or the COO shall:
    1. NOT be distributed.
    2. NOT have any identifiable information (i.e. license plate, facial pictures, tattoos, etc.) that would identify a particular person or party.
    3. NOT be posted on any website, including social networking sites, regardless if any identifiable information has been removed.
    4. SHALL be deleted immediately after shown for its intended use.
  - iii. Photos taken on SMMS property or in pursuit of SMMS service shall be taken in good taste and with respect to the individual(s) and SMMS. Any photos or videos taken within the work environment by a member and posted on a social networking website will have been assumed by SMMS to have received permission from that individual(s) to post them on that site.
  - iv. Any scene pictures taken shall be reviewed by the COO prior to their release to those requiring to have it (i.e. law enforcement).

#### **4. HISTORICAL NOTE**

- a. This policy was removed from the Social Media policy and made its own on January 5, 2016.

#### **5. APPROVAL**

- a. Policy was approved on \_\_\_\_\_ as attested to the digital signatures fixed below.

## **STANDARD OPERATING PROCEDURES**

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# **Rules & Regulations**

Subject: **Employee Safety**

Code: **3-II-02**

Created: **3/4/14**

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### **1. Purpose**

- a. The purpose of this policy is to establish an occupational safety and health program for SMMS. It was promulgated to provide a safe working environment for SMMS employees.

### **2. Scope**

- a. This policy applies to all SMMS employees.

### **3. Policy**

- a. It shall be the policy of SMMS to operate at the highest possible level of safety and health for all its employees. To this end, SMMS shall:
  - i. Make every reasonable effort to provide a safe and healthy work environment.
  - ii. Give primary consideration to the prevention and reduction of accidents, injuries, and occupational illnesses.
  - iii. Take the appropriate corrective action to avoid repetitive occurrences of accidents.
  - iv. Provide training, supervision, written procedures, program support, and review for all of its activities.
- b. Safety and health is the responsibility of every employee. Therefore, each employee shall:
  - i. Cooperate, participate, and comply with all of the provisions of the

occupational safety and health program.

- ii. Promptly report acts and conditions that are unsafe or unhealthy and that pose a threat either to employees or to others.
- iii. Maintain a level of mental and physical fitness that enables the member to safely perform his/her assigned tasks.
- iv. Immediately report to his/her supervisor any accident, injury, or illness that occurs while on duty. The appropriate report shall be filed in writing within 24 hours of the event or at the end of his/her shift.
- c. Supervisors shall be responsible for enforcing the requirements of the occupational safety and health program and for ensuring that each employee complies with the provisions of the occupational safety and health program.
- d. If an employee was exposed to a hazardous material shall file a *Hazardous Materials Exposure Form*.
- e. Supervisors shall be responsible for ensuring that their subordinate who is involved in an accident or injury completes the appropriate reports. Reports shall be complete, accurate, and filed in a timely manner.
- f. SMMS shall review all accident and injury reports and shall ensure that the event is reviewed to adjust or make recommendations to engineering, enforcement and/or educational practices.

#### **4. Historical Notes**

- a. Originally created 3/4/14.



## **STANDARD OPERATING PROCEDURES**

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# **Rules & Regulations**

Subject: **Injury Reporting**

Code: **3-II-03**

Created: **3/4/14**

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### **1. PURPOSE**

- a. The purpose of this policy is to provide an overview of SMMS record keeping and reporting requirements for work related injuries and illness.

### **2. SCOPE**

- a. All employees with SMMS are covered by this policy. As a condition of employment, employees are required to abide by the terms of this policy.

### **3. DEFINITION**

- a. The difference between an injury and an illness is significant because all work related illnesses must be "Recorded", but only some injuries are "Recordable".
- b. Injuries are "Recordable" if they require medical treatment (other than first aid), or involve a loss of consciousness, restriction of work or motion, or transfer to another job.
- c. Whether a case involves an injury or illness is determined by the nature of the original event or exposure that caused the case, not by the resulting condition of the affect employee.
- d. Injuries are caused by instantaneous events in the work environment. Cases resulting from anything other than instantaneous events are

considered illness.

#### 4. POLICY

- a. All employees must follow SMMS injury reporting requirements, and all supervisors are responsible for ensuring that all “reportable” injuries and illness are reported to SMMS Worker’s Compensation provider.
- b. All employees must orally report to their supervisor any work-related Illness or Injury immediately or by the end of his/her shift. All employees who have sustained a work related illness or injury should seek immediate medical attention.
- c. Supervisors shall make an investigation to determine if the illness and/or injury is work related; to obtain witnesses; and to obtain written documentation of a medical evaluation.
- d. Supervisors are responsible for completing form *C-101 Employer’s Report of Industrial Injury* upon notification of an injury. If the injured/ill employee needs to seek medical evaluation, a copy of form C-101 shall accompany the injured/ill employee.
- e. Supervisors are responsible for submitting form C-101 and, if applicable, witness statements, within two (2) working days to SMMS administration office.
- f. A copy of the completed form C-101 will be kept in the employee’s personal file.
- g. Recordable Incidents
  - i. The following incidents need to be recorded:
    - 1. an occupational death.
    - 2. an occupational illness.
    - 3. an occupational injury that involves a loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment other than first

aid.

h. Medical Treatment

- i. First Aid - is limited to one-time treatment and follow-up observation, and involves treatment of only minor injuries that do not ordinarily require medical care. Injuries are **not** minor if:
  - 1. they must be treated only by a physician or licensed medical personnel;
  - 2. they impair bodily function;
  - 3. they result in damage of a non-superficial nature to the individuals physical structure; or
  - 4. they involve complications requiring follow-up medical treatment.
- ii. One time treatment and a follow-up visit for observation of minor injuries are considered first aid even though they are provided by a physician or registered professional personnel.

i. Work Related Incidents

- i. An incident must be work related to be recordable. If an incident is only partially caused by occupational exposure, it should still be recorded. Under OSHA regulations, a work relationship is established when the injury or illness result from an event or exposure:
  - 1. on SMMS property or premises; or
  - 2. at other locations where employees are engaged in work related activities or where employees are present as a condition of their employment.
  - 3. SMMS premises consist of the total establishment.

j. Travel Related Incidents

- i. Employees who travel on SMMS business are considered to be engaged in work related activities during the time they are

engage in the interest of SMMS. This includes, but is not limited to:

1. traveling to and from customer contacts and training and classroom sites.
- ii. However, an injury or illness would not be recordable if:
  1. it occurred during normal living activities (eating , sleeping, recreations), or
  2. the employee deviates from a reasonable direct route of travel. The employee would again be in the course of employment when he or she returned to the normal route of travel.
- k. There are many grey areas in regards to injuries and illness, and what is considered on or off the job. If an injury or illness has been sustained and if the employee is unsure whether or not the claim is work related, employees are advised to report it and get it documented and allow SMMS to make the appropriate determination.

5. Reserved

## STANDARD OPERATING PROCEDURES

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# RULES & REGULATIONS

Subject: **Employee Discipline**

Code: **3-III-01**

Revised: **9/25/15**

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### 1. PURPOSE

- a. The purpose of this policy is to:
  - i. ensure that the issuance of employee discipline is consistent and constructive,
  - ii. outline the steps to the formal grievance process, and
  - iii. identify the responsibilities of the employees and supervisors in the formal grievance process.

### 2. SCOPE

- a. This policy applies to all SMMS employees.

### 3. POLICY

- a. Employees, including supervisors, whose job performance or conduct are unsatisfactory, or who violate the law (Local, State and Tribal), SMMS policy and procedures and/or directives are subject to disciplinary action as outlined in the Table of Penalties.
- b. Violations not included in the Table of Penalties will be handled on a case by case basis under council with the members of the Executive Team and SMMS Attorney.
- c. All supervisors have the authority and responsibility to administer appropriate disciplinary action for violations of SMMS policies and procedures.
- d. Types of Disciplinary Action.
  - i. *Letter of Instruction for Corrective Action.* A notification given to an employee giving an order or guidance to something that is not

listed in policy, common practice or behavior.

- ii. *Oral (Verbal) Warning.* Whenever grounds for disciplinary action exist, and the supervisor determines that more severe action is not immediately necessary, the supervisor shall orally communicate to the employee the supervisor's observation of the deficiency if feasible at the time the conduct is observed. The supervisor should make a record of the verbal warning. Whenever possible, sufficient time for improvement should precede formal disciplinary action.
  - iii. *Written Reprimand.* A supervisor may issue a written reprimand with a courtesy copy provided to the Chief Executive Officer. Such reprimand shall be in writing and be addressed to the employee. A copy signed by the employee acknowledging receipt shall be delivered to SMMS for inclusion in the employee's permanent personnel file. Written reprimands will remain in force for one (1) year, beginning on the date of the infraction.
  - iv. *Suspension.* The supervisor, under council with the CEO and Attorney, may suspend without pay an employee pursuant to the table of penalties, as a disciplinary measure for cause. The Attorney for SMMS and the employee shall be furnished with a written copy of the statement setting forth reasons for suspension and notifying the employee of the right to appeal as provided by SMMS policy and the rules and regulations of the Navajo Nation Labor Relations Department.
  - v. *Termination for Cause.* The supervisor, under council with the CEO and Attorney, may terminate for cause any employee by delivering a written notice to the employee clearly stating the grounds for termination. Upon receipt of such written statement of termination the employee may appeal as provided by SMMS policy and the rules and regulations of the Navajo Nation Labor Relations Department.
- e. All disciplinary actions shall be documented in writing by the supervisor.

- f. Documentation of disciplinary actions, including verbal warning will become part of the employee's personnel records and may be purged from their files after (12) months from the date of issuance, unless extended for further misconduct.
- g. Supervisor's administering disciplinary action of Written Reprimands or higher shall provide copies of such actions to the CEO and SMMS Attorney.
- h. Notice of disciplinary actions should be hand delivered whenever practicable or sent by certified mail. Notice by certified mail shall be effective upon delivery by the U.S. Postal Service.
- i. The disciplinary notice for Written Reprimands, Suspensions, and/or Termination shall be in writing, directed to the employee, and shall contain:
  - i. an appropriate identification of the party, including position title; and
  - ii. the date(s) on which the violation(s) occurred, or where such acts are of a continuing nature and are the basis for the disciplinary action, the period of time when the acts occurred; and
  - iii. a reference to SMMS policy regarding the offense(s) committed and the penalty imposed; and
  - iv. clear and concise statement of the facts constituting the alleged violations(s); and
  - v. an explanation of the employee's right to appeal the disciplinary action pursuant to SMMS policy and the Navajo Nation Labor Relations Department; and
  - vi. if hand delivered, the employee's acknowledgment of receipt of the notice, or if employee refuses to acknowledge, the notation that employee refused to sign and the date.
- j. Grievance Steps – Full-time employees who have completed their probationary period have the right to grieve any disciplinary action imposed upon them. Failure to follow the steps provided herein may result in their forfeiture to use the grievance process.
  - i. Step 1 – Appeal to the Supervisor. The employee, that has been disciplined for cause shall present a written Grievance Statement to the

employee's immediate supervisor within seven (7) calendar days of the date disciplinary action, unless the cause of the grievance occurs at a higher level, in which case it shall commence at that level.

1. The Grievance Statement shall contain a clear and concise statement of the matter being grieved. The Grievance Statement shall clearly state the relief sought by the employee.
  2. A written decision shall be given to the employee, by the immediate supervisor within ten (10) calendar days of the receipt of the grievance.
  3. If the grievance remains unresolved, the employee may proceed to Step 2 of the grievance process.
- ii. Step 2 – Appeal to the Chief Operations Officer (CEO). Within seven (7) calendar days after the decision in Step 1 is due, the employee shall present the written grievance and such decision to the CEO with a copy (if applicable) to the Supervisor who initiated the action. The CEO shall schedule a conference with the party(s) within ten (10) calendar days after the receipt of the grievance. The CEO shall render a written decision to the employee with a copy (if applicable) to the Chief Operations Officer (COO) within seven (7) calendar days after conclusion of the conference. The CEO's decision shall be the final decision.
- iii. Step 3 - File charges with Office of Navajo Labor Relations who may review and investigate your complaints related to the decision of the CEO.
- k. All hires with SMMS except for permanent hires are "at-will", meaning that employment will last until either the employer or employee decides to terminate the employment relationships, with or without just cause. Employees serving as emergency, temporary, or part-time do not have grievance appeal rights which are extended to permanent employees of SMMS, and therefore serve "at-will". Employees serving as probationary have grievance appeal rights only on the basis of alleged discrimination



(Policy 2-I-01).

1. Responsibility

- i. Supervisors shall ensure copies of employee disciplinary actions are forwarded to the CEO and SMMS attorney, and any suspensions and/or terminations are conducted in council with the CEO and SMMS Attorney prior to administering these disciplinary actions.
- ii. In cases of less serious performance and/or conduct issues, supervisors are encouraged to discuss such deficiencies with their employees before initiating any formal disciplinary action.
- iii. Supervisors shall be specific in describing the time period constituting an employee's suspension, and shall include both the dates and hours when the suspension begins and ends. Holidays shall be counted in computing the suspension period
- iv. Suspensions imposed are without pay, and require the employee to remain away from the workplace during the period of suspension.
- v. In addition to the penalties listed, employees are reminded that depending upon the offense(s) committed, they may be subject to prosecution under Tribal, State or other applicable laws and/or be deemed ineligible for future employment with SMMS.
- vi. Employees who violate State, Tribal or other applicable laws may also be subject to penalties provided for in those laws. Such violations may or may not lead to disciplinary action by the supervisor
- vii. Where one set of circumstances warranting disciplinary action violates more than one offense listed, supervisors must allocate the total penalty among each separate offense charged.
- viii. Employees shall not be penalized for multiple offenses arising from the same conduct or event.

**4. HISTORICAL NOTE**

- a. Policy was approved on February 23, 2014.
- b. On March 28, 2014 #15 in the Table of Penalties was amended to add "including

violation of policy that damages property” to have a disciplinary process should employees fail to follow policy that damages a vehicle, for example, backing an ambulance without a spotter that results in damage.

- c. On 9/25/2015 this policy was amended to include a Letter of Instruction for Corrective Action in the policy and table of penalties.

## Sacred Mountain Medical Service Table of Penalties

	Offense	1 <sup>st</sup> Offense	2 <sup>nd</sup> Offense	3 <sup>rd</sup> Offense	4 <sup>th</sup> Offense
1.	Theft of Property	Removal			
2.	Loss of State Certification/Licensure for any reason. May include loss of a Driver's License.	Removal			
3.	Falsification or unauthorized alteration of any SMMS record.	Removal			
4.	False statement(s) of material fact in employment application or related documentation.	Removal			
5.	Fraud and/or conspiracy to commit fraud.	Removal			
6.	Concealing, removing, mutilating, obliterating or destroying SMMS records or documents without authorization.	Removal			
7.	Failure to directly call or report to the immediate supervisor for two (2) consecutive working days.	Removal			
8.	Operating a SMMS vehicle under the influence of alcohol or illegal drugs.	Removal			
9.	Convicted of operating a personal own vehicle while under the influence of alcohol or other controlled substance (except when controlled substance is used as prescribed).	Removal			
10.	Egregious misconduct which calls into questions one's fitness for continued employment in that position with SMMS	Suspension (up to 30 calendar days) and/or Removal.	Removal		
11.	Sexual harassment	Suspension (up to 30 calendar days) or Removal	Removal		
12.	Malicious damage to SMMS property including but not limited to graffiti, vandalism, etc.	Suspension (up to 30 calendar days) or Removal	Removal		

13.	Endangering the physical well being of any individual, including but not limited to, threats of , or actual violence.	Suspension (up to 30 calendar days) or Removal	Removal		
14.	Disclosing confidential SMMS information to unauthorized person(s).	Written Reprimand or Suspension (up to 14 calendar days).	Suspension (up to 30 calendar days) or Removal	Removal	
15.	Misuse of SMMS property or services, including violation of policy that damages property.	Written Reprimand or Suspension (up to 14 calendar days).	Suspension (up to 30 calendar days)	Removal	
16.	Insubordination, includes violation of any policy. Note: Offense determined is based on the severity of the violation.	Letter of Instruction or Verbal Warning.	Written Reprimand or Suspension (up to 14 calendar days).	Suspension (up to 30 calendar days).	Removal
17.	Neglect of duty	Written Reprimand or Suspension (up to 14 calendar days).	Suspension (up to 30 calendar days).	Removal	
18.	Unauthorized absence	Written Reprimand.	Suspension (14 calendar days).	Removal	
19.	Unauthorized tardiness	Verbal Warning	Written Reprimand	Suspension (14 calendar days)	Removal
20.	Unsatisfactory work performance.	Letter of Instruction or Verbal Warning	Written Reprimand	Suspension (up to 30 calendar days).	Removal
22.	Mistreatment of any individual(s), which jeopardizes health and/or safety.	Suspension (up to 14 calendar days).	Suspension (up to 30 calendar days).	Removal	
23.	False witness against employee(s).	Suspension (up to 14 calendar days).	Suspension (up to 30 calendar days).	Removal	
24.	Violation of safety regulations, which endangers oneself or others.	Written Reprimand or Suspension (up to 14 calendar days).	Suspension (up to 30 calendar days).	Removal	

25.	Possession of unauthorized firearm(s) in the workplace.	Suspension (up to 14 calendar days).	Removal		
26.	Failure to comply with the SMMS motor vehicle regulations, including but not limited to use of SMMS vehicles for personal reasons.	Written Reprimand	Suspension (up to 30 calendar days) and/or Demotion.	Removal	
27.	Creating discord among fellow employees leading to decreased productivity or a hostile working environment.	Written Reprimand.	Suspension (up to 30 calendar days).	Removal	
28.	Failure to treat the public, hospital staff, other public safety agencies, or fellow employees with courtesy.	Written Reprimand.	Suspension (up to 30 calendar days).	Removal	
29.	Use of abusive or vulgar language and/or gestures.	Written Reprimand or Suspension (up to 14 calendar days).	Suspension (up to 30 calendar days).	Removal	
30.	Display of intoxication on the job (including use of restricted drugs not in conformance with a medical prescription).	Mandatory evaluation by EAP, Suspension (up to 30 calendar days).	Suspension (30 calendar days), and/or Removal	Removal	

## **STANDARD OPERATING PROCEDURES**

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# **RULES & REGULATIONS**

Subject: **Drug Bag and Access**

Code: **3-V-01**

Revised: **1/8/2016**

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### **1. PURPOSE**

- a. The purpose of creating and maintaining a drug bag security policy is to comply with applicable Arizona laws and base hospital requirements regarding the storage, access and use of pharmaceuticals.

### **2. DEFINITIONS**

- a. Drug bag refers to the Arizona Department of Health Services approved medications list and the case or container that holds the medications.
- b. Controlled pharmaceuticals refers to the controlled substances of Versed, Valium, Fentanyl and Morphine found in the drug bag.
- c. Non-Controlled Pharmaceutical refers to the other pharmaceuticals products used by ALS providers not a DEA controlled substance, such as glucagon, atropine and naloxone.
- d. ALS Provider refers to the paramedic or advanced EMT.
- e. Otterbox refers to the clear plastic container that is capable of being locked with a plastic seal tab that holds controlled pharmaceuticals in the drug bag.

### **3. POLICY**

- a. SMMS paramedics will:
  - i. Immediately report any discrepancies found in the drug bag.
  - ii. Conduct shift change drug bag transfer, involving the off-going and the on-coming ALS provider.

- iii. When dealing with controlled pharmaceuticals, to always have a witness if possible.
- iv. Ensure security methods are applied to the drug bag for its safe keep.
- v. Follow the procedure as described for the drug bag inspection and restocking.
- vi. Report lost or stolen drug(s) to appropriate personnel, including law enforcement.

b. Drug Bag Security

- i. The drug bag shall be stored in a locked compartment within the ambulance or secured within the quarters AT ALL TIMES, and locked with tamper proof seal to ensure the drug bag has not been tampered with when direct and consistent visual contact cannot be achieved.
- ii. ALS providers shall keep compartment keys locked in the key valet within the ambulance at all time. Keys will be transferred during joint inspection of the drug bag.
- iii. Any keys used for the security of drug bags will be stamped with a “Do Not Duplicate” engraving. Copying of the drug bag compartment or locker key is strictly prohibited.
- iv. ALS providers storing the drug bag in the ambulance shall assure that temperatures are maintained as recommended by the drug manufacturer.

c. Drug Bag Access Log Sheet - Inspection of Drug Bag

- i. Sacred Mountain Medical Service drug bag will be inspected by the on-coming ALS provider at the beginning of the shift. The off-going ALS provider will be present during the inspection and will sign in validity to the on-coming ALS provider’s inspection of controlled substances (morphine, fentanyl, midazolam, diazepam, lorazepam, etc.). Both ALS providers shall begin the inspection by performing the following.
  - 1. Enter the date of inspection on the *Drug Bag Access Log Sheet*.
  - 2. Prior to breaking the seal, confirms that the seal number matches the last known documented seal number, (NOTE: The log should

show continuity between the numbers, with NO discrepancies. The old # should always be the previous entry's new #), and writes down the seal number.

3. Writes "INSPECTION" in the "RUN #/PURPOSE/COMMENTS" column, as this will indicate that this was an inspection only.
  4. Removes the Otterbox storing the control pharmaceuticals from the drug bag, confirms that the seal number securing the Otterbox matches the last known entry.
  5. Breaks seal and opens Otterbox to ensures the number of controlled pharmaceuticals match the last known entry and/or inventory requirement and pharmaceuticals have not been tampered with.
  6. After completion of the inspection, documents the quantity remaining, the new seal number with both ALS providers signing the *Controlled Substance Access Log Sheet* with employee numbers, places the log sheet back in the Otterbox in a manner in which the last serial number is visible and secures the Otterbox with the seal.
  7. Both ALS providers will sign the *Drug Bag Access Log Sheet* to indicate the controlled pharmaceuticals have been jointly inspected.
- ii. In the event an ALS provider is not available to inspect the drug bag with the on-coming or off-duty ALS provider, the ALS provider's partner will act as said ALS provider and sign the drug bag access log sheet.
  - iii. Do not store the *Drug Bag Access Log Sheet* with the drug bag.
- d. Drug Bag Access Log Sheet - Restocking Procedures after a Call
- i. Entering the date of use on the *Drug Bag Access Log Sheet*.
  - ii. Write down the last seal number.
  - iii. Write the incident number of the call in the "RUN #/PURPOSE/COMMENTS" column, as this will indicate that this drug bag was used on a call.



- iv. Identify the medication used in the "Medication Take/Replaced" column. Restock that medication as needed. If medication involves a controlled pharmaceutical, follow the procedures previously discussed. Note: Secondary signature is not required at this time.
- v. Secure drug bag with a new seal and record that seal number.
- vi. Sign the *Drug Bag Access Log Sheet*, including your employee number.
- e. Med Vault® Access for Controlled Pharmaceuticals
  - i. Each ALS provider shall be provided their own PIN for access to the Med Vault® and shall keep their PIN secure.
  - ii. Med Vault® access for any reason shall be performed by a minimum of two people, whom one will be a witness to the contents of the Med Vault®.
  - iii. When access to the Med Vault® is obtained for the purpose of restocking controlled pharmaceuticals, utilize the *Controlled Substance Access Log Sheet* located in the Med Vault®:
    - 1. Enter the date on the *Controlled Substance Access Log Sheet*.
    - 2. Prior to breaking the seal on the storage box, confirm that the seal number matches the last known documented seal number, (NOTE: The log should show continuity between the numbers, with NO discrepancies. The old # should always be the previous entry's new #), and write down the seal number.
      - a. If the seal number does not match, refer to *Seal Number Discrepancies* section found in this policy.
    - 3. Write the purpose of gaining access into the Med Vault® in the "COMMENT AND/OR INCIDENT" column, such as: "Taking one morphine for incident KY-14-09876" or "Restocking three (3) morphines".
    - 4. Break seal and open the storage box. With your witness, ensure the number of controlled pharmaceuticals match the last known entry and/or inventory requirement and pharmaceuticals have not been tampered with.

5. After inspection, taking or adding controlled pharmaceuticals, document the new quantities and the new seal number with both providers signing the *Controlled Substance Access Log Sheet* with employee numbers.
  6. Places the *Controlled Substance Access Log Sheet* back in the Med Vault® and lock the Med Vault®.
- iv. Place incident reports that used controlled pharmaceutical in the Med Vault® for restocking and inventory control purposes.
- f. PCR of Controlled and Non-Controlled Pharmaceutical Use
- i. It is required that all medications used must be documented and indicated in the “MEDS USED/REPLACED” column of the *Drug Bag Access Log Sheet*. With controlled pharmaceutical use, documentation is even more important. Controlled pharmaceutical use will include the following on the patient encounter form.
    1. Patient’s name, date of birth and social security number.
    2. Incident run number.
    3. Paramedic’s name, signature and certification number.
    4. Amount of narcotics used.
    5. Amount of narcotics transferred to the hospital or the amount wasted at the hospital.
    6. RN receiving/wasting the narcotics must also sign.
  - ii. Should unused portion of a controlled medication require disposal at the receiving facility or if the unused portion is transferred to a ground or air ambulance, the accepting RN or paramedic must witness the disposal or accept the drug and sign the patient encounter form and if applicable the pharmacy controlled drug replacement form. The patient encounter form and pharmacy form must include the medication being wasted and the amount.
- g. Drug Bag Checklist
- i. The *Drug Bag Checklist* ideally should be completed at the beginning of each shift, with a check of expiration dates. It is understood that this

might not always be feasible, so it is permissible to make an expiration date and quantity adjustments of any Pharmaceuticals used on a run. **ANY PHARMACEUTICALS USED, MUST EITHER BE REPLACED IMMEDIATELY OR REPORTED IN THE "RUN #/PURPOSE/COMMENTS" SECTION.**

- ii. On the first day of each month, the drug bag should be physically inspected and the contents with expirations dates verified. Expired pharmaceuticals **MUST** be immediately replaced.
- iii. Any pharmaceuticals expiring during the month shall be immediately listed and reported to the Chief Operations Officer or to the contracting pharmacy for replacement.
- iv. Regardless if the drug bag was checked thoroughly at the beginning of the shift, the drug bag shall be checked daily to ensure the lock and drug bag has not been tampered with and that inspection documented on the *Drug Bag Access Log* sheet. The purpose of this is to ensure that a tampered bag is caught within 24 hours, as opposed to days.

h. Seal Number Discrepancies

- i. If any discrepancies in the seal number are found on the *Drug Bag Access Log Sheet* or *Controlled Substance Access Log Sheet* the bag/box must not be opened.
- ii. The immediate supervisor will be contacted and a joint physical inspection and inventory will be conducted, either by the Chief Operations Officer or another ALS provider.
- iii. Documentation of the discrepancy should be noted on the *Drug Bag Access Log Sheet* and an incident report documenting circumstances forward to the Chief Operations Officer.

i. Pharmaceutical Discrepancies

- i. When pharmaceutical discrepancies are found the corrective action will depend on the type of medication.
- ii. Medications that are broken without signs of tampering require:
  - 1. Notification of incident to the supervisor who will notify the Chief Operations Officer.

2. Documentation on the *Drug Bag Access Log Sheet* or *Controlled Substance Access Log Sheet*.
- iii. Discrepancies (tampered with or missing) that involve non-controlled pharmaceuticals:
  1. Documentation on the *Drug Bag Access Log Sheet*.
  2. Documentation of the discrepancy should be noted on the *Drug Bag Access Log Sheet* and completion of an incident report documenting circumstances, including what is missing or tampered with which should be forwarded to the Chief Operations Officer.
- iv. Discrepancies (tampered with or missing) that involve controlled pharmaceuticals:
  1. Notification of incident to the supervisor who will notify the Chief Operations Officer.
  2. Notification of appropriate law enforcement and that a report is made.
  3. Documentation of the discrepancy should be noted on the *Drug Bag Access Log Sheet* and *Controlled Substance Access Log Sheet*, including completion of an incident report documenting circumstances, including what is missing or tampered with which should be forwarded to the Chief Operations Officer.
  4. Forward all reports and law enforcement document number to the Chief Operations Officer.
  5. The Chief Operations Officer may consider notification of the DPS narcotics division for tampered or missing controlled substances.
  6. When discrepancies of this nature are found, off going personnel must remain available until all reports and incident documentation are completed.
- v. Personnel may be asked to submit to a drug screen in accordance with SMMS policy on substance abuse for any discrepancy involving controlled pharmaceuticals.

- j. Reserved

### **3. HISTORICAL NOTE**

- a. This policy was original created on January 3, 2003, revised in January 23, 2014 and updated to reflect changes in new engineering practices taken to maintain security and control of drug bags and controlled pharmaceutical stock.
- b. Policy was updated on January 8, 2016.

## **STANDARD OPERATING PROCEDURES**

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# **Rules and Regulations**

Subject: **Medication Error Reporting**

Code: **3-V-02**

Revised: **2/5/14**

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### **1. PURPOSE**

- a. The purpose of this policy is to outline the responsibility of the ALS provider and supervisors in dealing with a medication error.

### **2. SCOPE**

- a. This policy applies to SMMS ALS (advanced EMT and/or paramedics) providers.

### **3. POLICY**

- a. Errors involving the administration of medications by SMMS paramedics are considered to be very serious and have the potential to adversely affect patient care. All medication errors will be investigated in a timely fashion and corrective actions will be taken if necessary.
- b. Medication errors will be reported to the supervisor as soon as the error is discovered. Initial notification will be by telephone or face to face followed by a written prehospital report forwarded to the supervisor.
- c. The prehospital report will be reviewed by a team comprised of the supervisor or delegate, another ALS provider and SMMS' Medical Director or designee.

- d. Included in this investigation will be the proximate cause of the error, potential adverse effect of the error, patient outcome, and any other pertinent information.
- e. Upon completion of the investigation, the team will make a written recommendation to the Chief Operations Officer.
- f. Recommendations may include remedial training, temporary cessation of paramedic status with SMMS, written reprimand, or other disciplinary action.

## STANDARD OPERATING PROCEDURES

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# Rules and Regulations

Subject: **Field Internship - Paramedic**

Code: **3-VI-01a**

Created: **March 1, 2016**

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### 1. PURPOSE

- a. The purpose of this policy is to establish guidelines for new employee Field Internship programs, and to develop and produce competent paramedics for SMMS.

### 2. SCOPE

- a. This policy applies to all new SMMS paramedic employees.

### 3. DEFINITIONS

- a. Paramedic Internship Workbook (PIW) - a written record of the minimum required training, skills and experience necessary to achieve paramedic full-time position status. The PIW will assist the provider by serving as a *road map* to guide the provider through the specific skills they must perform and the training they must complete in order to be certified for the position. Completion of the entire workbook will ensure that you have been evaluated in the critical tasks necessary to safely and adequately function in the position. The workbook itself will provide guidance to the program.
- b. Field Internship - an initial evaluation and basic training period in which behavior is evaluated and new paramedics are provided guidance by an experienced SMMS paramedic to gain practical experience before working on their own. The field internship is to ensure behaviors are in-line with SMMS and that new paramedics "get it" before being allowed to work solo on a SMMS



ambulance.

#### 4. POLICY

- a. SMMS beleives that EMT skills are not "basic", but essential and foundational to the care delivered at the paramedic level. As such, any paramedics who attended a paramedic course without being a active field EMT for at least one year (i.e. 'Zero to Hero' program) will serve in a reduced capacity for up to 18 months, but no less than 12 months, prior to being authorized to begin their field internship and function as a paramedic.
- b. SMMS reserves the right to hire a paramedic and limiting their scope of practice, for the purpose of meeting this requirement.
- c. A SMMS employee who obtained their paramedic licensure is not necessarily entitled to a paramedic position and no wage adjustment is expressly or automatically granted. A paramedic position must be available or made available, and paramedic employment terms and conditions must be agreed upon by the employee prior to any title change or wage adjustment.
- d. All newly certified paramedics and new SMMS paramedic employees shall be required to serve a Field Internship prior to being released to work alone on the ambulance.
- e. The Field Internship is based on performance and is composed of monitored experiences on an advanced life support (ALS) unit and completion of the *Paramedic Internship Workbook*, which will provide the new paramedic with the development of expanded patient care responsibilities. This will advance from observation to team leader for the patient and management of the scene as the team leader.
- f. One Field Internship shift is defined as a 48 hours shift with the same preceptor. New paramedic employees shall not be precepted by the same paramedic for two consecutive shifts.
- g. Providers being precepted are prohibited from acquiring more than 48 hours per week of precepting time due to overtime expense as a third person.
- h. All new paramedics to SMMS shall be required to serve a minimum of four (4)

Field Internships shifts (192 hours) and must receive three consecutive evaluations with a score of not less than 85% on both the *Paramedic Field Internship: Shift Evaluation* form, and the *Professional Behavior: Shift Evaluation* form, and complete the *Paramedic Internship Workbook* before being cleared of the Field Internship program.

- i. Returning paramedics who have been gone for less than 2 years, having been an active paramedic with another agency, may serve a reduced field internship for the purpose of updating that paramedic in any operational changes that may have occurred, including, but not limited to, policies and procedural changes and technological (i.e. biomedical equipment, charting, etc.) changes.
- i. The maximum number of shifts for Field Internship is ten (10) shifts, or 20 days (480 hours). If the new paramedic employee does not receive three (3) consecutive scores of at least 85% or better on the *Paramedic Field Internship: Shift Evaluation* and the *Professional Behavior: Shift Evaluation* form by the 10<sup>th</sup> shift, that paramedic may be released from employment or placed back in their previous held position, if that position is available.
- j. Preceptor Responsibilities
  - i. The performance of the SMMS intern will be evaluated after each call by the Preceptor with a written shift evaluation conducted at the end of the Preceptor or Intern's shift.
  - ii. The Paramedic Preceptor is responsible for the direct supervision and evaluation of the new paramedic. As such, the paramedic preceptor should be a practicing paramedic for at least two (2) years and six (6) months in a full-time capacity with SMMS to become a preceptor.
  - iii. The Field Preceptor will directly supervise the actions and activities of the intern at all times during patient care and shall:
    1. adhere to EMS Agency policies and procedures.
    2. directly observe the performance of all skills by the intern and be in a position to immediately assume control of the performance of a skill if needed.

3. be present in the patient compartment of the ambulance anytime the paramedic intern is providing patient care during transport to a hospital.
  4. shall review and approve the patient care, and documentation required by the ALS provider before going off shift.
  5. evaluate the intern using the established evaluation criteria – *Paramedic Field Intern: Shift Evaluation and Professional Behavior: Shift Evaluation*.
  6. sign off on skills successfully completed in the *Paramedic Internship Workbook*.
  7. assess the intern's performance using cognitive, psychomotor, and affective domains.
  8. create a positive and supportive learning environment.
  9. measure an intern's performance against the standard of an entry level paramedic.
  10. provide counsel to a paramedic intern who is not progressing and keep the training program and the employer's CQI program informed of the intern's progress.
  11. instruct interns on the correct procedures for making base hospital contact, conducting a patient report via radio and/or cellular phone, and requesting base hospitals orders.
- iv. Preceptors and interns are encouraged to openly communicate with each other regarding problems that may occur during the internship phase of training.

k. Paramedic Intern Responsibilities

- i. The paramedic intern shall:
  1. complete all requirements established by the ALS provider prior to the start of the Field Internship including but not limited to employee orientation, pre-internship physical and drug screening, and vaccination verification.
  2. endeavor to master the skills and abilities of a licensed paramedic.

3. endeavor to become thoroughly knowledgeable of and adhere to all EMS Agency policies and procedures with a special emphasis on field operations, clinical care, and preceptor/student oversight and responsibilities.
  4. complete all required patient care, ALS service provider, and paramedic training program documentation before going off shift.
  5. not function as a paramedic intern while on duty as an emergency medical technician.
  6. actively participate in daily evaluations with their paramedic preceptor.
- ii. In order to prevent conflicts of interest paramedic interns are prohibited from making payments or offering gratuities to paramedic preceptors (e.g. buying lunch).
  - iii. At the end of each Shift Evaluation, a copy of the PB:SE and PFI:SE shall be turned into administration for review.
  - iv. Interns and preceptors are encouraged to openly communicate with each other regarding problems that may occur during the internship phase of training.

1. Internship Documents

- i. Paramedic Intern Call Log (PICL) – This log is provided to the paramedic intern to keep track of all ALS call responded to.
  1. The PICL shall be completed by the paramedic intern, providing as much information as possible and obtaining a signature from the paramedic preceptor to attest to the validity of that call.
  2. The paramedic intern is responsible for the safety and security of this call log and to turn it in upon completion of his/her Field Internship.
- ii. Paramedic Field Intern: Shift Evaluation (PFI:SE) – This evaluation assesses the paramedic intern's performance using cognitive, psychomotor, and affective domains.

1. The PFI:SE form shall be completed by the paramedic preceptor at the completion of the preceptors or paramedic intern's shift, whichever comes first.
  2. Preceptors shall utilize the "Criteria Form" to complete the rating section of the PFI:SE.
  3. Comments shall be included in each evaluation category.
  4. The preceptor shall review the PFI:SE with the paramedic intern on why the individual was graded the way he/she was, ways to improve and what to continuing doing.
- iii. Professional Behavior: Shift Evaluation (PB:SE) – This evaluation assess the paramedic intern's behavior on the job and some affective domains.
1. The PB:SE form shall be completed by the paramedic preceptor at the completion of the preceptors or paramedic intern's shift, whichever comes first.
  2. Any "1" or "2" ratings shall be explained in the space provided at the end of the evaluation. Preceptor shall include a description of the behavior and corrective actions needed.
  3. The preceptor shall review the PB:SE with the paramedic intern on why the individual was graded the way he/she was, ways to improve and what to continuing doing.

m. Internship Completion

- i. At the completion of the Field Internship Program, all original field documentation, to include the PB:SE, PFI:SE, PIW and PICL, be submitted to the COO for final review. All documentation must be completed and collected by SMMS staff prior to being released to operate solo on an ALS ambulance, and only upon approval from medical direction.
- ii. Copies of the PB:SE, PFI:SE, PIW and PICL shall be forwarded to our EMS Pre-hospital Coordinator for review. After review, clearance to run solo on the ambulance or the need for additional hours may be required.
- iii. Pursuant to the EMS Pre-hospital Coordinator, as a means to continue to gauge the competency of the new paramedic, all reports shall be

submitted to the Quality Assurance representative for a period of 3 months for review.

**5. HISTORICAL NOTES**

- a. This policy was created and revised to clean up format and add returning paramedics.

**6. APPROVAL**

- a. Policy was approved on March 3, 2016 as attested to the digital signatures fixed below. Original on file.

A handwritten signature in black ink, appearing to read "Huy, [unclear]". The signature is written in a cursive, flowing style.

## STANDARD OPERATING PROCEDURES

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# Rules and Regulations

Subject: **Field Internship - EMT**

Code: **3-VI-01b**

Created: **March 1, 2016**

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### 1. PURPOSE

- a. The purpose of this policy is to establish guidelines for new employee Field Internship programs, and to develop and produce competent EMTs for SMMS.

### 2. SCOPE

- a. This policy applies to all new SMMS EMT employees.

### 3. DEFINITIONS

- a. EMT Probationary Workbook (EPW) - a written record of the minimum required training, skills and experience necessary to achieve EMT full-time position status. The EPW will assist the EMT by serving as a *road map* to guide the provider through the specific skills they must perform and the training they must complete in order to be certified for the position. Completion of the entire workbook will ensure that the EMT has been evaluated in the critical tasks necessary to safely and adequately function in the position. The workbook itself will provide guidance to the program.
- b. Field Internship - an initial evaluation and basic training period in which behavior is evaluated and new EMTs are provided guidance by an experienced EMT to gain practical experience before working on their own. The field internship is to ensure behaviors are in-line with SMMS and that new EMTs "get it" before being allowed to work solo with their paramedic or EMT partner.

#### 4. POLICY

- a. Any existing SMMS employee who obtained their EMT licensure is not necessarily entitled to an EMT position with SMMS, and no wage adjustment is expressly or automatically granted. An EMT position must be available or made available, and EMT employment terms and conditions must be agreed upon by the employee prior to any title change or wage adjustment.
- b. Newly hired full-time EMTs have two evaluation periods which include the Field Internship and the Probationary Period.
- c. Field Internship
  - i. All newly certified EMTs and new EMT employees shall be required to serve a Field Internship prior to being released to work alone on the ambulance.
  - ii. The Field Internship is based on performance and is composed of monitored experiences on an ambulance unit.
  - iii. Part-time employees are only required to complete the Field Internship.
  - iv. One Field Internship shift is defined as a 48 hour shift with the same preceptor. New EMT employees shall not be precepted by the same EMT for two consecutive shifts.
  - v. Providers being precepted are prohibited from acquiring more than 48 hours per week of precepting time due to overtime expense as a third person.
  - vi. All new EMTs to SMMS shall be required to serve a minimum of four (4) Field Internships shifts (192 hours) before being cleared of the Field Internship program.
    - 1. Returning EMTs who have been gone for less than 2 years, having been an active EMT with another agency, may serve a reduced field internship for the purpose of updating that EMT in any operational changes that may have occurred, including, but not limited to, policies and procedural changes and technological (i.e. biomedical equipment, charting, etc.) changes.



2. The maximum number of shifts for EMT Field Internship is six (6) shifts, or 12 days. If the new EMT employee does not receive three (3) consecutive scores of at least 85% or better on their evaluations, that EMT may be released from employment or placed back in their previous held position, if that position is available.
3. Failure to successfully pass the field internship may result in termination from employment.

vii. Probationary Period

1. All newly hired full-time EMTs shall be required to serve a probationary period as outlined in SOP 2-I-03 *Probationary Period*, and in that time complete their *EMT Probationary Workbook (EPW)*.
2. Completion of the *EPW*, which will provide the new EMT with the general knowledge, skills and abilities that SMMS wants to see from their employees shall be completed before the completion of the probationary period.
3. Failure to complete the *EPW* may result in extension of the probationary period, up to including termination from employment.

d. Preceptor Responsibilities

- i. The performance of the SMMS intern will be evaluated after each call by the Preceptor with a written shift evaluation conducted at the end of the Preceptor or Intern's shift.
- ii. The EMT Preceptor is responsible for the direct supervision and evaluation of the new EMT. As such, the EMT preceptor should be a practicing EMT for at least two (2) years and one (1) year in a full-time capacity with SMMS to become a preceptor.
- iii. The Field Preceptor will directly supervise the actions and activities of the intern at all times during patient care and shall:
  1. adhere to EMS Agency policies and procedures.
  2. directly observe the performance of all skills by the intern and be

in a position to immediately assume control of the performance of a skill if needed.

3. be present in the patient compartment or cab of the ambulance anytime the EMT intern is providing patient care or driving to a hospital.
  4. shall review and approve the patient care, and documentation required by the BLS provider before going off shift.
  5. evaluate the intern using the established evaluation criteria – *EMT/EMR Field Intern: Shift Evaluation and Professional Behavior: Shift Evaluation*.
  6. sign off on skills successfully completed in the *EMT Probationary Workbook*.
  7. assess the intern's performance using cognitive, psychomotor, and affective domains.
  8. create a positive and supportive learning environment.
  9. measure an intern's performance against the standard of an entry level EMT.
  10. provide counsel to a EMT intern who is not progressing and keep the training program and the employer's CQI program informed of the intern's progress.
  11. instruct interns on the correct procedures for making base hospital contact, conducting a patient report via radio and/or cellular phone, and requesting base hospitals orders.
- iv. Preceptors and interns are encouraged to openly communicate with each other regarding problems that may occur during the internship phase of training.

e. EMT Intern Responsibilities

i. The EMT intern shall:

1. complete all requirements established by the BLS provider prior to the start of the Field Internship including but not limited to employee orientation, pre-internship physical and drug screening,

and vaccination verification.

2. endeavor to master the skills and abilities of a licensed EMT.
  3. endeavor to become thoroughly knowledgeable of and adhere to all EMS Agency policies and procedures with a special emphasis on field operations, clinical care, and preceptor/student oversight and responsibilities.
  4. complete all required patient care, BLS service provider, and EMT training program documentation before going off shift.
  5. actively participate in daily evaluations with their EMT preceptor.
- ii. In order to prevent conflicts of interest EMT interns are prohibited from making payments or offering gratuities to EMT preceptors (e.g. buying lunch).
  - iii. At the end of each Shift Evaluation, a copy of the PB:SE and EFI:SE shall be turned into administration for review.
  - iv. Interns and preceptors are encouraged to openly communicate with each other regarding problems that may occur during the internship phase of training.

f. Internship Documents

- i. EMT Intern Call Log (EICL) – This log is provided to the EMT intern to keep track of all calls responded to.
  1. The EICL shall be completed by the EMT intern, providing as much information as possible and obtaining a signature from the EMT preceptor to attest to the validity of that call.
  2. The EMT intern is responsible for the safety and security of this call log and to turn it in upon completion of his/her Field Internship.
- ii. EMT Field Intern: Shift Evaluation (EFI:SE) – This evaluation assesses the EMT intern's performance using cognitive, psychomotor, and affective domains.
  1. The EFI:SE form shall be completed by the EMT preceptor at the completion of the preceptors or EMT intern's shift,

whichever comes first.

2. Preceptors shall utilize the "Criteria Form" to complete the rating section of the EFI:SE.
  3. Comments shall be included in each evaluation category.
  4. The preceptor shall review the EFI:SE with the EMT intern on why the individual was graded the way he/she was, ways to improve and what to continuing doing.
- iii. Professional Behavior: Shift Evaluation (PB:SE) – This evaluation assess the EMT intern's behavior on the job and some affective domains.
1. The PB:SE form shall be completed by the EMT preceptor at the completion of the preceptors or EMT intern's shift, whichever comes first.
  2. Any "1" or "2" ratings shall be explained in the space provided at the end of the evaluation. Preceptor shall include a description of the behavior and corrective actions needed.
  3. The preceptor shall review the PB:SE with the EMT intern on why the individual was graded the way he/she was, ways to improve and what to continuing doing.
- g. Internship Completion
- i. At the completion of the Field Internship Program, all original field documentation, to include the PB:SE, EFI:SE, EPW and EICL, be submitted to the COO for final review. All documentation must be completed and collected by SMMS staff prior to completing the probationary period.

## **5. HISTORICAL NOTES**

- a. This policy was created to ensure newly hired and promoted EMT's have the basic knowledge, skills and abilities and desired behaviors to work for SMMS.

## **6. APPROVAL**

- a. Policy was approved on March 3, 2016 as attested to the digital signatures fixed below. Original on file.

A handwritten signature in black ink, appearing to read "W. J. B. B.", is centered on the page.

## **STANDARD OPERATING PROCEDURES**

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# **Rules and Regulations**

Subject: **Unit/Crew Readiness**

Code: **3-VII-01**

Created: **10/5/15**

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### **1. PURPOSE**

- a. The purpose of this policy is to ensure the proper response times to request for ambulance service and to ensure that personnel and vehicles remain in a state of constant readiness. This policy was promulgate to ensure the expedite response to request for services to fulfill our mission and provide quality patient care.

### **2. SCOPE**

- a. This policy applies to all on-duty field employees.

### **3. DEFINITIONS**

- a. Reaction Time - the total amount of time it takes to respond to a request for service, calculated from the time of dispatch to time of "en route".
- b. Processing Time - the total amount of time it takes to take information and dispatch the ambulance to respond to a request for service, calculated from the time the call is received from the requesting agency (i.e. hospital, NPD, etc.) to time the crew was dispatched.
- c. Response Time - the total amount of time it takes to respond to a request for service, calculated from time of dispatch to time on-scene.
- d. Operational readiness - means that personnel and vehicles are ready

and/or equipped to perform the needed mission or function.

- e. Normal Operations - means the time from 0800-2000 hours, which statistical is SMMS busiest times.
- f. Night Operations - means the time between 2000 - 0800 hours.

#### 4. POLICY

- a. For life and safety reasons, including compliance with contracts, crews shall maintain the following reactions and/or response times.
  - i. Reaction Times for 911 request
    - 1. <2 mins. during day operations (0800-2000 hours)
    - 2. <3 mins. during night operations (2000 to 0800 hours)
  - ii. Response Times for Inter-facility Transfer request
    - 1. <10 minutes for TCRHCC contract requirements
    - 2. <15 minutes for KHC contract requirements
    - 3. <5 minutes for 911s within the CON area.
  - iii. Documentation shall be provided when reaction and response times are beyond the standards listed.
- b. Ambulances and personnel at the quarters shall remain in a state of operational readiness at all times. This includes, but not limited to, coming to work with all uniform components, remaining with your partner at all times, oxygen levels and supplies within inventory limits, ambulances fueled up, and staff being dressed properly during normal operational times.
- c. All personnel shall remain in a uniform state of readiness during normal operational times (0800-2000 hours), unless otherwise permitted in this policy or 5-I-03 Uniform policy.
- d. Personnel may dress down to a semi-dress or un-dress state during physical fitness activity, nightly operational periods or when crews have been running all night and will be resting during the day, however this

does not dissolve the employee from violating the response standards listed in this policy due to extended times needed to get dressed. See 5-I-03 Uniforms, Section 3(e).

- e. Crew members assigned to a unit shall remain together at all times and shall make every effort to remain with their partner. In the event a crew member needs to address personal matters pertaining to family or other situations and needs to leave for any amount of time, approval must be obtained from the supervisor and dispatch notified.
- f. All field personnel shall be prepared for any manmade or natural disaster, this includes mandatory hold over up to 24 additional hours and being prepared with food, water and personal items (e.g. 72 hour pack).
- g. Field personnel may be required to remain on duty until an appropriate relief can be provided. While voluntary holdovers are preferred, the supervisor can assign mandatory holdover time if required to meet necessary staffing level.
  - i. The maximum period for holdovers shall be three (3) hours.
  - ii. Employees in mandatory or voluntary hold over shall be compensated at the double time rate.
- h. Reserved

## **5. HISTORICAL NOTE**

- a. This policy was created on 10/5/15 to place operational readiness requirements in policy. There may have long been directives or executive orders to these requirements which [may] have been lost or faded in time due to new leadership and new personnel. With these requirements now included in the SMMS policy and procedures manual, the future of this standard will remain.



## **STANDARD OPERATING PROCEDURES**

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# **Facility Maintenance**

Subject: **Station Duties**

Code: **4-I-01**

Revised: **1/30/14**

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### **1. PURPOSE**

- a. The purpose of this policy is to outline daily performance expectations of SMMS employees.

### **2. SCOPE**

- a. This policy applies to ambulance crews (EMR, EMT and Paramedics) at quarters.

### **3. POLICY**

- a. All employees are responsible for station operations and shall take appropriate actions to ensure that fuel, utilities, and station supplies are available and used conservatively.
- b. Prior to being relieved of duty, the crew shall assure that the station, equipment and ambulance are clean for the oncoming crew, to include, but not limited to:
  - i. Taking out the trash
  - ii. Sweeping and vacuuming quarters
  - iii. Cleaning up the bathrooms, kitchen, dayroom and bedrooms
  - iv. Having all laundry washed and dried
  - v. Providing a clean, stocked and fueled up ambulance

- vi. Provide a report to the on-coming crew
- c. On coming crew responsibilities:
  - i. Receive report from off going crew
  - ii. Perform daily inspection of their ambulance
  - iii. Complete assigned tasks and chores for the day
- d. The following maintenance tasks are to be performed as incident volume and weather permit.

Day	Task
Sunday	Complete thorough ambulance inspections and detail cleaning.
Monday	No activities.
Tuesday	Thorough kitchen cleaning.
Wednesday	Thorough bunkroom cleaning.
Thursday	Thorough dayroom and bathroom cleaning.
Friday	Thorough storage room cleaning and inventory assessment.
Saturday	Lawn and grounds maintenance.

A thorough cleaning means to dust or wipe from top to bottom, removing items from shelves and to move furniture to clean under, including washing of curtains and other fabrics.

- e. Crews, upon approval from the supervisor, may waive the tasks assigned according to the daily work schedule when special circumstances warrant. Any activity not completed in such a situation shall be rescheduled for the next tour of duty and shall be completed as soon as practical.
- f. Whenever the daily schedule permits, employees are encouraged to devote their free time to physical fitness activities, personal study and

training. However, employees may not engage in any activity that interferes with their ability to respond promptly to an incident.

#### 4. Reserved

## **STANDARD OPERATING PROCEDURES**

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### **Facility/Equipment Maintenance**

Subject: **Damaged or In-Field Failure of Medical Equipment**

Code: **4-II-02**

Revised: **August 7, 2014**

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#### **1. PURPOSE**

- a. The purpose of this policy is to identify the need for inspection and preventative maintenance of bio-medical equipment; who is responsible to ensure proper function of the equipment; and what to do in the event of bio-medical equipment failure/damage.

#### **2. SCOPE**

- a. This policy applies to all ambulance field personnel.

#### **3. DEFINITION**

- a. Malfunction/Failure - includes any abnormal performance of a medical device or piece of equipment commonly used to perform patient care including the assessment, treatment and/or transport of patients.

#### **4. POLICY**

- a. Inspection and preventative maintenance can lessen malfunction and failure of bio-medical devices and equipment; as such it will be the responsibility of the highest level medical provider assigned to the

ambulance to ensure that all EMS bio-medical equipment is functioning to an “In Service” response level.

- b. Operators/users of bio-medical equipment shall report all malfunctions, failures and deficiencies such as frayed cords, and broken or missing knobs immediately through the chain of command, utilizing SMMS’ *Vehicle/Equipment Repair Work Order* form.
- c. It should be noted and reminded that battery operated devices (e.g. Monitors, IV pumps, etc.) be plugged in at all times with the batteries periodically completely drained and then recharged.
  - i. Any battery felt to not adequately hold a charge or power a device shall be removed from service and tagged “Out of Service”.
- d. If equipment is found to be malfunctioning or not in service for any reason, the following procedure shall be followed:
  - i. Place and tag the equipment “Out of Service”.
  - ii. A *Vehicle/Equipment Repair Work Order* shall be submitted for any preventative maintenance and/or work needed on SMMS equipment and returned to administration.
  - iii. Utilize the chain of command to advise of the equipment malfunction and steps taken to trouble shoot the failure and/or return the equipment to an “In Service” status, and/or to get a replacement.
- e. In-Field Bio-Medical Failure/Damage - Anytime a bio-medical device (i.e., CPAP, AED, Cardiac Monitor, Airway Device, or other medical device) experiences a malfunction, failure, or momentary disturbance of functionality which may lead to or does cause patient compromise, the following procedure will be utilized:

- i. Immediately perform basic trouble shooting steps to exercise rapid repair or replacement of the failed equipment/malfunctioning device.
- ii. If the device malfunction cannot be immediately corrected through trouble shooting on scene, assess the need to request a replacement apparatus respond with the appropriate replacement device on it.
- iii. Any medical device or piece of equipment that malfunctions in the field shall be retained by the treating crew members to preserve the failed equipment for possible evaluation and/or testing by the manufacturer, our suppliers, or the Food and Drug Administration (FDA).
  - 1. If the device is contaminated it shall be red bagged and marked with patient name and incident number and be sent to the Chief Operations Officer as soon as possible.
- iv. Place and tag the equipment "Out of Service" and complete the *Vehicle/Equipment Repair Work Order* indicating there was an In-Field Failure/Damage in the "Description of Problem" section. Also include the incident call number, and the on-scene steps taken to trouble shoot the failure and/or return the equipment to an "In Service" status in the "Actions Taken" section.
- v. The Chief Operations Officer will compile necessary information and document the incident through the reporting system for medical device failures.
- f. At no time will it be authorized for an oncoming crew member to accept the responsibility for a failed, damaged, or missing medical device or piece of equipment from an off going crew member without the off going

crew member having completed the *Vehicle/Equipment Repair Work Order* and notification of his/her chain of command regarding the incident.

## **5. HISTORICAL NOTES**

- a. Policy originally approved on July 15, 2014.
- b. On August 7, 2014 this policy was revised to be in-line with the amended *Vehicle/Equipment Repair Work Order* form (Version 14.8.1 or higher).

# STANDARD OPERATING PROCEDURES

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## Uniform and Appearance

Subject: **Grooming Standards**

Code: **5-I-02**

Revised: **2/18/14**

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### 1. PURPOSE

- a. To establish guidelines concerning personal appearance standards, which will enable Sacred Mountain Medical Service employees to present a neat and professional appearance at all times.
- b. The Navajo and Hopi culture, especially that of the older generation, may find today's appearance of tattoos and body piercings socially unacceptable. This is the culture in which SMMS works in with our service dependent on obtaining patient trust and acceptance to render patient care.

### 2. SCOPE

- a. All employees of Sacred Mountain Medical Service (while on duty) shall abide by the standards contained within this policy.

### 3. POLICY

- a. Sacred Mountain Medical Service members shall maintain a high standard of dress and personal appearance.
- b. Members (while on duty) shall abide by these grooming and appearance standards. Failure to maintain these grooming and appearance standard



may result in being sent home or placed on suspension without pay until the employee complies with the requirements of this policy.

- c. Supervisors are responsible for the appearance of employees under their direct supervision.
- d. All employees are responsible to abide by the grooming standards and to maintain a neat and professional appearance while on duty or in uniform.
- e. Hair: Hair shall be maintained clean and neat in appearance. Excessive hair lengths shall be tied up or placed in a bun. Mohawks, spikes and excessive and bright hair coloring is prohibited (light streaks are acceptable).
- f. Sideburns: Sideburns shall be maintained at an appropriate length and/or configuration.
- g. Wigs or Hairpieces: The wearing of a wig or hairpiece while in uniform is allowed for the purpose of covering natural baldness or disfiguration.
- h. Facial Hair
  - i. Mustaches may be worn, but must be neat in appearance.
  - ii. Facial hair must in no way restrict the seal of the Hepa filter mask.
- i. Members shall keep themselves clean. Good health habits shall be observed.
- j. Individuals are expected to have showered and use deodorants prior to their shift. Individuals are also expected to bathe when necessary, be clean-shaven and well groomed.
- k. Fingernails must be clean and short enough (apx. 0.25 inches long) so as not to interfere with assigned job functions and spreading infection. According to the CDC, longer fingernails can harbor more dirt and bacteria than short nails, thus potentially contributing to the spread of infection.

- l. Employees wearing cosmetics shall ensure that the appearance is conservative and in good taste.
- m. Jewelry shall be used moderately and in good taste. All facial jewelry shall be small, tasteful and unobtrusive. Visible body piercing, such as nose rings, earlobe plugs/gauges, eyebrow, etc. are not acceptable on male or female staff and may not be worn at work.
- n. Rings, watches and bracelets, etc. should be used moderately as these products could harbor blood borne pathogens and may increase the risk of cross contamination.
- o. The nature, location, prominence, appearance, number and size of tattoos need to be considered in terms of the impression they give to the public, our patients and colleagues. Tattoos on the face or those visible above the collar and on the hands will not be permitted. Tattoos on the arm will be required to be covered with a long sleeve shirt or sleeve at all times. SMMS employees will be required to cover up tattoos that detract from the overriding principle of SMMS appearance and professional image.
- p. SMMS employees performing driving duties may wear sunglasses when conditions dictate. Sunglasses must be removed when speaking or dealing with patients, other medical care providers related to patient care or dealing personally with a member of the public, unless they are prescription lenses.

## **STANDARD OPERATING PROCEDURES**

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# **Uniform and Appearance**

Subject: **Uniforms**

Code: **5-I-03**

Revised: **March 1, 2016**

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### **1. PURPOSE**

- a. To facilitate the display of a neat and professional appearance by employees of Sacred Mountain Medical Service (SMMS) by establishing a policy and guideline for uniforms.
- b. To provide management, administration, and functional identification for SMMS personnel and the public.
- c. To establish the uniformity of dress for all employees of the organization.

### **2. SCOPE**

- a. In order to provide for a standardized appearance, all field employees are required to wear an approved uniform. Those uniforms, which are listed within this policy, shall be the only officially recognized uniforms of SMMS, unless specifically authorized.

### **3. POLICY**

- a. To maintain a uniform appearance, SMMS will make available approved uniforms and apparel necessary to employees to perform their essential job functions.
- b. Those uniforms, which are listed within this policy, shall be the only officially recognized uniform for SMMS. Any uniforms outside the scope of this policy are

prohibited from being worn without written approval from the Chief Operations Officer (COO).

c. New Hires

- i. All new hires, both part-time and full-time, are required to purchase their first set of uniforms, comprised of 2 pairs of pants, 2 shirts, one pair of boots (unless otherwise authorized to use existing uniforms), and sweater, which can be deducted over two (2) pay periods.
- ii. As part of the employee benefits package, all full-time employees after one year of full-time employment, shall be provided an annual uniform allowance.
  1. Remaining uniform allowance amounts do not rollover into the next year.
- iii. Part-time employees are responsible for all uniform cost, unless others specified in this policy.

d. Employee Responsibility

- i. Employees shall not remain in any state of undress or semi-undress, with the exception of boots, during the normal operational hours of 0800-2000, unless otherwise authorized.
- ii. The wearing of an approved uniform is a condition of employment.
- iii. Official duty uniforms shall not be worn off duty. Off duty misconduct while wearing official duty uniforms may be grounds for termination.
- iv. No part of the official duty uniform shall be worn with non-uniform garments.
- v. All uniforms shall be kept clean, neat and in a proper state of repair. Faded, frayed and worn-out items shall not be worn.
- vi. Employees are responsible for laundering, replacements, and maintenance of all uniform items. Worn, torn, or faded uniforms shall not be permitted to be worn.
- vii. Employees are responsible for reporting uniforms that have been soiled from body fluids that require disposal or damaged while in course of their work to obtain replacements.

- viii. Wearing of articles bearing other companies name or logos in the course of representing SMMS is strictly prohibited (e.g wearing a Cardinal's ball cap, Rural/Metro sweater, etc.).

e. Uniform Allowance

- i. Full-time employees shall receive an annual uniform allowance as established by the CEO to cover the following uniform apparel:
  - 1. Boots
  - 2. Pants
  - 3. Shirt
  - 4. Sweater
  - 5. Jacket
  - 6. Belt
  - 7. Cap and/or beanie
- ii. Part-time employees are permitted to receive two (2) T-shirts per year at no cost.
- iii. Uniform allowances are provided after one year of employment from the hire date established on the employees Personnel Action Form.
- iv. Employees have two options to receive uniforms:
  - 1. Purchase directly from SMMS through allowance deductions, or
  - 2. Purchase on own and submit original receipt(s) for reimbursement.
- v. Any uniforms purchased outside of SMMS by the employee shall ensure they are of the same brand, color and/or style as identified by SMMS, or receive approval for exceptions.

f. Uniform Standard

- i. Shirts. Black, silk screened T-shirt or embroidered polo style shirt.
  - 1. Embroidery or silk screen shall be located on left chest in color format approved by SMMS.
- ii. Pants. Black 5.11 EMS tactical pants.

1. Pants purchased outside of SMMS by employees shall ensure their pants are of the same brand, color and style. Any other brand/style shall receive approval from the COO.
- iii. Boots. Black full grain leather or full grain leather lowers and nylon mesh upper composition boot, with shank and polishable safety toe conforming to ASTM-F2413-05. Zipper and waterproofing are optional.
  1. Shoes will be kept clean and polished at all times while on duty.
  2. Oxford and athletic type black shoes are prohibited.
  3. Boots shall be a minimum size of a quarter boot to provide for ankle support.
- iv. Belt. Black leather belt or black tactical/rescue belt that is 1 ¾" to 2" in width with a simple buckle design.
  1. Rodeo type and designer buckles, studs and grommets on the belt are prohibited.
- v. Winter Jacket. 5.11 black EMS parka.
  1. Loaner jackets may be issued to employees during Winter months.
    - a. Employees are responsible for the care and upkeep of a loaner jackets .
    - b. Jackets shall be returned when temperatures allow.
    - c. Lost, damaged or stolen jackets shall be at the expense of the employee.
  2. Any other brand/style shall receive approval from the COO.
- vi. Fall/Spring Sweater. Black job shirt, or other SMMS black light weather jacket with embroidery.
  1. Any other brand/style shall receive approval from the COO.
- vii. Cap/Hat. Tactical embroidered or plain black ball cap or beanie without any designer logos or names visible. Any other ball caps or beanie used shall be approved by the COO.
  1. Ball caps shall be worn with the bill facing forward.
  2. Flat brim ball caps are prohibited.

3. Design rips, frays, studs and other accessories are prohibited on the hat.

viii. Extrication. To be reviewed on a later date.

- g. The COO, under approval from the CEO, shall have the authority to establish or change SMMS uniform standards and policies.
- h. All supervisors are responsible to insure that those whom they supervise comply with the uniform standards.

#### **4. HISTORICAL NOTE**

- a. Policy was updated on 9/25/2015 to reflect changes to shirt styles and other uniforms articles being provided by SMMS, and to mirror SMMS recruitment package in new hire uniform requirements.
- b. Policy was updated on March 1, 2016 to clear up language for part-time and full-time requirements, add uniform allowance, and general formatting change for easier reading/understanding.

#### **5. APPROVAL**

- a. Policy was approved on March 3, 2016 as attested to the digital signatures fixed below. Original on file.

A handwritten signature in black ink, appearing to read "W. J. [unclear]", is positioned below the text of item 5a.

## **STANDARD OPERATING PROCEDURES**

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### **Uniform & Appearance**

Subject: **Replacement of Medically Necessary Items**

Code: **5-I-04**

Revised: **4/30/2014**

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#### **1. PURPOSE**

- a. To establish Sacred Mountain Medical Service's policy and guidelines with regards to replacement of employee's medically necessary items damaged in work-related accidents.

#### **2. SCOPE**

- a. This policy applies to all employees of Sacred Mountain Medical Service.

#### **3. POLICY**

- a. Employees will be reimbursed for the reasonable cost of repair or replacement of medically necessary items as stated in this policy.
- b. For example, eye glasses would be replaced if they are broken by a patient after being kicked, but will not be replaced if they are broken while tying a shoe, even if that happens at work.
- c. Claims for the replacement of medically necessary items shall be processed through the Chief Operations Officer.
- d. Sacred Mountain Medical Service will not pay for replacement of personal items such as jewelry or watches worn by choice rather than for medical purposes.
- e. Items defined as medically necessary by Sacred Mountain Medical Service shall include:
  - i. Eye glasses.



- ii. Hearing aids.
  - iii. Dentures.
  - iv. Any other prosthetic device.
- f. Any claims for reimbursement of medically necessary items shall be submitted no later than 30 days when the incident and damage occurred.

#### **4. PROCEDURE**

- a. Employees requesting replacement of medically necessary items shall submit an intra-departmental memo to their immediate supervisor. Said memo shall include the following:
  - i. What needs replacing?
  - ii. Circumstances of accident including, how it happened, when it happened, and by whom, if applicable.
  - iii. The employee must repair or replace the damaged item.
  - iv. The employee must then submit the receipt for the repair or replacement along with the intra-departmental memo to the Chief Operations Officer in order to receive reimbursement.

## **STANDARD OPERATING PROCEDURES**

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# **Vehicle Operations**

Subject: **Driver Qualifications**

Code: **6-I-01**

Revised: **2/11/2014**

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### **1. PURPOSE**

- a. The purpose of this policy is to outline the responsibilities of the driver to maintain their driver's license, list the requirements of SMMS insurance in regards to insuring drivers, and to identify that a driver's license is a condition of employment.

### **2. SCOPE**

- a. This policy applies to all employees who will be driving and operating emergency vehicles owned and operated by SMMS.

### **3. POLICY**

- a. Drivers of SMMS shall be at least 21 years of age to drive administration, non-emergent and emergency vehicles (ambulance) as required by SMMS' insurance.
- b. In accordance with SMMS insurance, ineligible drivers include:
  - i. Any driver without a valid driver's license.
  - ii. 3 or more violations in 3 years.
  - iii. Any driver with the following violations regardless of the time period:
    1. Using a vehicle to elude an officer.

2. Homicide involving vehicle
  3. Hit and run
  4. Manslaughter with vehicle
  5. Felony with vehicle
  6. False report to police department
  7. Permitting an unlicensed driver to drive
- iv. 2 or more preventable accidents in 3 years.
  - v. Any driver convicted of any of the following within the last five (5) years.
    1. Any alcohol or drug related offense, including but not limited to driving while under the influence of alcohol or drugs.
- c. All employees of the department shall have a valid Class C, or higher, Arizona driver's license.
  - d. Drivers must keep their driver's license(s) with them at all times while driving.
  - e. All emergency vehicle drivers shall take an approved emergency vehicle driving program and shall have successfully completed at least ten (10) non-emergent runs, ten (10) emergent Code 3 runs and have received satisfactory rating in all of those runs by the evaluator.
  - f. Possessing a valid Arizona driver's license is a condition of employment.
  - g. Initial and periodic random drug and alcohol testing is mandatory. Testing will be conducted by a licensed medical facility designated by SMMS. Any positive results will be grounds for termination.
  - h. Driving under the influence of alcohol or any other illegal substances will be grounds for termination.
  - i. Any member charged with Driving Under the Influence (DUI), or other serious moving violations that threatens the revocation of a driver's license, shall be placed on Leave without Pay until such a time a verdict

has been reached. If any member is convicted of a DUI or serious driving offense, resulting in the revocation of their driver's license, that member will be terminated from the SMMS.

- j. All employees shall provide a copy of their current license to SMMS and shall furnish proof of their possession of a valid Arizona license anytime that they are requested by a supervisor to do so.
- k. All employees shall provide a copy of their Arizona Department of Motor Vehicles Driving Record on an annual basis and/or anytime that they are requested by the Chief Operations Officer to do so.
- l. All employees shall report any change in the status of their driver's license and any and all moving violations to their supervisor within 48 hours. The supervisor shall forward this information to Chief Operations Officer via the normal chain of command.
- m. Any member who has his/her license suspended shall notify his/her supervisor immediately and shall not be allowed to drive or operate a vehicle until the license and driving/operating privileges have been restored. Failure to possess a valid driver's license may be grounds for suspension, up to including termination.

## **STANDARD OPERATING PROCEDURES**

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# **Vehicle Operations**

Subject: **Vehicle Movement**

Code: **6-I-02**

Approved: **2/11/2014**

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### **1. PURPOSE**

- a. The purpose of this policy is to:
  - i. enhance the safety of civilian motorist and emergency personnel who may be involved in operating emergency vehicles.
  - ii. provide the means to reduce such factors to eliminate unnecessary injuries and fatal circumstances. We value our employees not only as employees but also as human beings crucial to the success of their families, the local community and SMMS.

### **2. SCOPE**

- a. This policy applies to all employees who will be driving and operating emergency vehicles owned and operated by SMMS.

### **3. DEFINITION**

- a. Good operating conditions refer to the care and maintenance necessary to keep the apparatus in a condition of readiness. This includes the maintaining an accurate inventory of assigned equipment carried on the ambulance and accurate preventative maintenance records and repair.
- b. For the purpose of this policy and all others set forth, Code-3 refers to the response of an ambulance with the light bar, strobes, wig-wags,

intersections, grill lights, etc. on or in combination with or without an audible warning devices (siren).

- c. For the purpose of this policy, Code 2 refers to the response of the ambulance to the scene or hospital without delay and without the use of any emergency lighting (strobes, light bar, wig-wags, intersections, grill lights, etc.) or audible warning devices (siren).

#### **4. GENERAL DRIVING POLICY**

- a. Employees are required to adhere to the following basic vehicle operation principles:
  - i. Always use seatbelts.
  - ii. Drive defensively. Always anticipate what other drivers on the road might do wrong and plan your mode of escape. Never move through traffic aggressively.
  - iii. Respect speed limits and traffic signs. Follow all traffic signals.
  - iv. Always lock the vehicle and apply the parking brake when getting out, even if it remains in sight.
  - v. During long trips, take breaks as necessary.
- b. All drivers and operators of SMMS vehicles shall drive in a deliberate and responsible manner and shall adhere to the principle of the basic speed law with due regard for the safety of all persons and property.
- c. Drivers should pay constant attention to atmospheric influences on visibility, vehicle stability and control, road conditions and hazards as well as traffic volume and congestion when determining vehicle speed.
- d. SMMS vehicles shall be operated only by employees who have:
  - i. been cleared to driver by the insurance company,
  - ii. received emergency vehicle driver training, and
  - iii. successfully completed their driving evaluation.
- e. Student drivers may drive so as long they are under the supervision of a

preceptor and have been cleared to drive by the insurance company and have received emergency vehicle driver training.

- f. Prior to entering the cab and starting the vehicle, the Driver shall make a “circle of safety” around the vehicle to verify all doors are secured and any physical obstructions are moved out the way.
- g. Any vehicles shall be checked off using the Ambulance Daily Check List prior to driving the vehicle.
- h. All vehicles shall be operated in compliance with all traffic laws, including sections pertaining to emergency vehicles in the Arizona Revised Statutes.
- i. Vehicle drivers shall be directly responsible for the safe and prudent operation of the vehicle under all conditions. When the driver is under the supervision of a driver facilitator, that facilitator shall also assume responsibility for the actions of the driver.
- j. Distracted Drivers - SMMS is committed to employee safety, and for this reason firmly prohibits all behavior that distracts employees while they are operating a company vehicle. General guidelines for behavior while driving are as follows.
  - i. Use of cellphones while driving is strictly prohibited – this includes all functions of the cellphone including, but not limited to, phone calls, text messaging/SMS, email, MMS, Internet use and camera use - and will result in an immediate suspension. Second offense will result in termination.
  - ii. Use of electronic devices—including laptops, PDAs, cameras and pagers—while driving is strictly prohibited unless specifically outlined below.
  - iii. Voicemail must handle all calls while driving, and calls may only be returned when stopped or pulled off the road.
  - iv. Passengers making or taking calls for the driver is permissible provided the interaction does not affect the driver’s performance.

- v. Regular callers must be informed that you will not be available while driving and should be notified of the best times to call based on your driving schedule.
  - vi. Employees who receive calls from co-workers who are driving are obligated to ask that the co-worker call back at a more appropriate time.
- k. In some cases, worrying about music selection or touching dials and buttons on the radio, MP3 player or other audio device may be just as dangerous as cellphone use. It takes eyes and concentration off the road, which is not permissible under SMMS policy. Sacred Mountain Medical Service does allow employee use of personal, portable audio devices. However, while the company does not want to eliminate the employee's ability to enjoy music while behind the wheel, they should pre-program their music prior to driving.
  - i. Employees may not, under any circumstances, use MP3 players or other handheld electronic audio devices with headphones—not only is it illegal in most states, it also impedes the driver's ability to properly hear warning signs, signals or sirens.
- l. Vehicle drivers shall not move SMMS Vehicles until all persons on the vehicle are seated and secured with seat belts in approved riding positions.
- m. All persons riding in the ambulance shall be seated and belted securely by seat belts in approved riding positions and at any time the vehicle is in motion.
- n. Attendants not actively performing necessary emergency medical care while the vehicle is in motion shall be secured to the vehicle by a seat belt, or by a safety harness designed for occupant restraint.
- o. On vehicles, including ambulances, where there is an insufficient number of seats available for the number of patients assigned to or expected to



ride on the ambulance, alternate means of transportation that provide seating position shall be used.

- i. If alternative transportation cannot be provided, Code 3 driving is strictly prohibited.
- p. All SMMS ambulances will be backed up with a "spotter". It is understandable that many emergency rooms require backing. This is the only exception to backing without a spotter. If the attendant is not busy with patient care, the attendant shall attempt to help the driver back the ambulance.
- q. SMMS ambulances shall not be driving through restaurant fast food "drive through windows".
- r. Any driver causing damage to an ambulance, as a result of driving through a "drive through window" or during backing without the aid of a spotter outside the ER environment, will be disciplined in accordance with policy, up to including termination depending on the nature of damage and/or injury.
- s. SMMS is not responsible for any traffic violations or parking tickets acquired by violation of city ordinance, state or federal laws regarding your driving habits and operation of your motor vehicle. Any ticket issued is the employee's responsibility, even if the ticket is issued while conducting business for SMMS.
- t. For your safety when refueling a SMMS vehicle, follow these guidelines:
  - i. Turn off the vehicle's engine while refueling.
  - ii. Never smoke, light matches or use lighters while refueling.
  - iii. Do not get into the vehicle during refueling, as this presents a flash fire hazard.
  - iv. Do not overfill or top off the vehicle's fuel tank. The fuel dispenser shuts off automatically when the tank is full.
  - v. Never force the hold-open latch on the gasoline pump with any

means other than the latch provided.

u. Reserved

## **5. EMERGENCY VEHICLE DRIVING POLICY**

- a. The use of warning lights, sirens and/or other traffic warning devices does not automatically give the right-of-way to the emergency unit. These devices simply request the right-of-way from other drivers based upon their awareness of the emergency units. When responding Code 3, the driver shall use installed warning devices as directed in this policy. This includes:
  - i. Activation of all installed warning lights.
  - ii. Continuous sounding of a siren, as may be reasonably necessary, in the “wail” or “yelp” mode. The “hi-lo” should not to be used.
  - iii. Audible warning devices shall be used in moderation when they are not required to provide warning (e.g. 3 a.m. traffic, residential neighborhoods or open road situations).
  - iv. Intermittent use of an air horn, may supplement, but not act in lieu of the siren.
  - v. Generally speaking, both warning lights and audible devices must be operated in order to meet the legal definition of an emergency vehicle.
- b. A driver may pass other responding emergency vehicles only when radio contact is made and the action is coordinated.
- c. During emergency response, ambulance operators shall bring the vehicle to a complete stop under any of the following circumstances:
  - i. When directed by a law enforcement officer.
  - ii. At red traffic signal or stop sign.
  - iii. Negative right of way intersections.
  - iv. Blind intersections.

- v. When the ambulance operator cannot account for all lanes of traffic in an intersection.
  - vi. When other intersection hazards are present.
  - vii. When encountering a stopped school bus with flashing warning lights and the "STOP" sign signal posted.
- d. In School Zones where students are in session, the posted speed limit will not be exceeded and the ambulance operator shall shut off all emergency lighting and siren devices until the School Zone has been passed.
- e. The emergency vehicle shall not pass a school bus that has stopped with red lights flashing to load or discharge passengers, unless the bus driver clearly signals that it is safe to pass.
- f. When clearly signaled by the bus driver that it is safe to pass a stopped school bus, the emergency vehicle shall proceed slowly and with extreme caution past the school bus; all members must be vigilant for children while approaching and passing the bus.
- g. The ambulance operator may disregard regulations concerning direction of travel, direction of turns and parking, only when and after a regard for the safety of others is exercised and complete control of the vehicle is maintained.
- h. Ambulance operators shall proceed through intersections only when the driver can account for all lanes of traffic in the intersection.
- i. When entering the opposing lane of traffic or in the turning lane of an intersection, speeds shall not be in excess of 15 mph.
- j. Speed limits may be exceeded by the ambulance operator only when he/she is in full control of the vehicle and does not endanger life or property. The posted speed limit on a highway may be exceeded up to 15 mph only. In town response posted speed limits may only be exceeded by 5 mph.
- k. All report for incidents threatening lives will be responded to with lights

and siren (Code-3). Non-emergency calls, such as interfacility transports, will be responded to Code 2.

- l. Escorts and the following of other emergency units Code-3 to closely is strictly prohibited.
- m. Ambulance operators must maintain a four second (300-500 feet) following distance.
- n. When overtaking traffic that is moving in the same direction, the emergency vehicle driver shall give other drivers an opportunity to yield the right-of-way before passing. If it is necessary to pass a vehicle that has not yielded the right-of-way, the emergency vehicle shall provide as wide a clearance as possible.
- o. The passenger partner in the ambulance is to provide an additional set of eyes and ears for the driver and should also be responsible for ensuring the driver operates the vehicle in a safe manner. In addition, the role of the passenger partner is to:
  - i. operate the radio, audio, and visual warning devices,
  - ii. check map books or computer aided responses to assist the driver in determining the safest and most direct route to the emergency scene, and
  - iii. assist the driver in intersection crossing and backing.
- p. The ability to safely control and maneuver the ambulance is only part of the driver's responsibility. Ambulance operators are responsible for keeping the ambulance in good operating condition as well.

## **6. HISTORICAL NOTE**

- a. Policy was approved on February 11, 2014.

## **STANDARD OPERATING PROCEDURES**

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# **Vehicle Operations**

Subject: **Accident Procedures**

Code: **6-I-04**

Revised: **2/11/2014**

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### **1. PURPOSE**

- a. The purpose of this policy is to provide the guidelines to be followed in case of an accident involving SMMS vehicles and what documentation should be made available in SMMS vehicles.

### **2. SCOPE**

- a. This policy applies to all employees who will be driving and operating SMMS vehicles.

### **3. GUIDELINES**

- a. All units will be supplied with a SMMS Motor Accident Claims Kit which shall be comprised of the following:
  - i. a pen,
  - ii. disposable camera,
  - iii. MVC reporting procedures, and
  - iv. accident report forms (Vehicle Accident Report and Witness Statements).
- b. SMMS will utilize SF-91 (Vehicle Accident Report) and SF-94 (Witness Statement) for the documenting of vehicle accident incidents.

- c. In case of an automobile accident in a SMMS-owned vehicle, locate the SMMS Motor Vehicle Accident Claims Kit (typically in vehicle glove compartment) and follow all instructions therein.
- d. In case of an automobile accident in an SMMS-owned vehicle
  - i. Stop immediately and turn on emergency flashers and/or Code 3 lighting.
  - ii. Take steps to prevent another accident at the scene.
  - iii. Call 911 for police, or ambulance if necessary.
  - iv. Help the injured if you can and are trained to.
  - v. In the event of death, actual or potential serious injury, or significant property damage (damage greater than \$2,000), the employee involved will immediately notify his or her supervisor.
  - vi. In reporting an accident, employee should state the facts to the best of her/her knowledge. **Conclusions as to fault or responsibility should not be stated.** The employee should report the accident only to authorized representatives of SMMS, the employee's insurance company, and police officers investigating the accident. The employee shall also file any report required by law.
  - vii. Get name and address of witness (preferably two witnesses). Ask witness to complete SF-94 Witness Statement form contained in vehicle glove compartment.
  - viii. State/provide your name, address, place of employment, name of your supervisor, and upon request show your driver's license and vehicle registration information.
  - ix. Complete SF-91, Motor Vehicle Accident Report at the scene.
  - x. If conditions prevent this, make notes of the following:
    - 1. Registration information for other vehicle(s) (owner's name, owner's address, tag number, VIN, and vehicle description);

2. Information on other drivers (name, address, operator's permit, and expiration date);
  3. Name and address of each person involved and extent of injury, in any;
  4. Name and address of company insuring other vehicle(s) and insurance policy number, and;
  5. General information such as location, time, measurements, weather, damage, etc.
- xi. Encourage police to provide a Police Report and, if available, submit a copy with SF-91.
  - xii. Take pictures of the accident scene and any damage to the vehicles involved. Submit along with SF-91.
  - xiii. If the vehicle is unsafe to operate, arrange for towing through dispatch.
  - xiv. Submit all reports and data to your supervisor within two (2) working days.
  - xv. If a SMMS employee is injured, workers compensation process needs to be initiated within 48 hours of incident. Supervisor will assist with this process. It is important for injured employee to receive prompt medical treatment. Make sure the employee gets medical evaluation.
  - xvi. Supervisor will submit copies of all reports and data to SMMS office as soon as possible but no later than 2 calendar days after the accident.
- e. Accident/collision reports should be filed for:
- i. All motor vehicle accidents involving SMMS owned vehicles and employee-owned or rented vehicles while being used on official business, regardless of the amount of damage.

- ii. All public/visitor accidents will be reported on a SF-91 when a SMMS-owned vehicle is involved, SMMS property is damaged, fatality occurs, medical treatment is required and/or a reasonable possibility of a tort claim is expected.
  - iii. Thefts and Vandalism should be reported to Law Enforcement Officials rather than reported on SF-91.
  - iv. Reporting Multiple Vehicle Accidents – when a privately owned vehicle damages SMMS property, two reports (SF-91) are required: one report for the SMMS property and one for the private operator.
- f. Reserved

#### **4. RESPONSIBILITY**

- a. Employees who use their personal vehicles for company business are required to carry adequate limits of liability, with a suggested minimum of \$100,000 for property damage and \$300,000 for bodily injury. A copy of the declaration page of your personal automobile insurance policy must be provided to SMMS annually at your renewal date.



## **STANDARD OPERATING PROCEDURES**

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# **Vehicle Operations**

Subject: **Vehicle Out of Service Criteria**

Code: **6-I-06**

Approved: **July 8, 2014**

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### **1. Purpose**

- a. The purpose of this policy is to ensure all ambulances and other SMMS vehicles are safe to operate by providing criteria on when vehicles shall be taken out of service.

### **2. Scope**

- a. This policy applies to all operational personnel inspecting and driving SMMS vehicles.

### **3. Definitions**

- a. Class 1 Leak - Seepage of fluid, as indicated by wetness or discoloration, not great enough to form drops.
- b. Class 2 Leak - Leakage of fluid great enough to form drops, but not enough to cause drops to fall from the item being inspected.
- c. Class 3 Leak - Leakage of fluid great enough to cause drops to fall from the item being inspected.

### **4. Procedure**

- a. Any SMMS vehicle found, during any inspection, to have any of the following deficiencies or defects will be taken out of service until repairs are made.
  - i. Engine System

1. Major coolant leak.
2. Engine unable to maintain proper temperature (i.e. overheating).
3. Major oil leak (Class 3).
4. Low engine oil pressure.
5. Contaminated coolant or oil.
6. Fuel leak.

ii. Transmission

1. Shift linkages are defective.
2. Automatic transmission overheats in any range.
3. Transmission has major leak (Class 3).
4. Transmission will not go into gears or park.
5. Transmission fluid contaminated with coolant.

iii. Electrical System

1. Alternator not maintaining voltage (not charging).
2. Battery gassing excessively.
3. Headlights out.
4. More than three (3) emergency lights out.

iv. Braking System

1. Major leaks (Class 3) on braking systems.
2. Vehicle pulls when brakes applied.
3. Parking brake will not hold the unit on slope or idle.
4. Shoes, drums, pads worn beyond manufacturer's minimum specifications.
5. Shoes or pads with oil contamination.

v. Crew Cab Area

1. Broken cab mounts.
2. Cut or broken seat belts.
3. Cracked or broken windshield obstructions.
4. Inoperable windshield wipers.

vi. Chassis, Axles, Steering & Suspension Systems, Drive Line, Wheels and Tires.

1. Tire cut to cords.
2. Tire with tread depth less than 4/32 on steer axle.
3. Tire with tread depth less than 2/32 on drive axles.
4. Cracked or broken springs.
5. Cracked or broken spring components.
6. Cracked rims.
7. Loose steering system components.
8. Missing lug nuts.
9. Major leaks (Class 3) on power steering systems.

vii. Patient Compartment

1. Cut or broken seat belts.
2. Loose (unable to tighten) or broken stretcher brackets.
3. Broken stretcher components (if stretcher cannot be exchanged)
4. Heating or cooling system non-operational.

viii. Reserved

- b. Any vehicle taken out of service shall be immediately labeled "OUT OF SERVICE" on the door and steering wheel, with notification made to the supervisor, until the Chief Operations Officer is made aware of an out of service vehicle.
- c. A *Vehicle/Equipment Repair Work Order* shall be submitted for any preventative maintenance and/or work needed on SMMS vehicles or equipment and returned to administration.

**5. Historical Note**

- a. This policy was created on July 8, 2014 and approved November 9, 2015.

## **STANDARD OPERATING PROCEDURES**

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# **Vehicle Operations**

Subject: **Ambulance Cleaning**

Code: **6-II-01**

Revised: **January 14, 2016**

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### **1. PURPOSE**

- a. The purpose of this policy is to insure that ambulance that are being used for patient transport are properly cleaned after every transport in a standardize manner, and to provide for the most sterile environment for SMMS personnel and the patients we serve.

### **2. SCOPE**

- a. This policy applies to ambulance crews (EMR, EMT and Paramedics).

### **3. GUIDELINES**

- a. Studies have shown that ambulance often test positive for *Staphylococcus aureus*, a bacteria that causes serious infections and is resistant to certain types of antibiotics with the super bug, Methicillin-resistant *Staphylococcus aureus* (MRSA), having also been found in some of the ambulances tested. Therefore, meticulous cleaning of ambulances is necessary to prevent the spread of these harmful pathogens in the pre-hospital environment.

- b. The cleaning and disinfecting procedures are required and essential to ensure employee safety, as well as that of the patients who are treated and transported daily.
- c. Cleaning and disinfection is a two-step process.
  - i. Cleaning is defined as the physical removal of foreign and organic materials such as mud, blood, emesis, and disease causing microorganisms or germs from a surface or object. Cleaning is accomplished by using water, detergents, and a scrubbing action. The key to cleaning is the use of friction to remove debris and reduce presence of germs.
  - ii. Disinfection is the process used to kill and prevent the growth of germs on objects and surfaces. Disinfection is accomplished through the use of chemical products regulated by the U.S. Environmental Protection Agency (EPA).
    - 1. Disinfectants should only be used after items have been thoroughly cleaned.
- d. The patient compartment area and equipment shall be cleaned and disinfected after every patient transport in accordance with SMMS Exposure Control Plan and these guidelines.
- e. Proper PPE shall be worn to include at a minimum gloves. Shoe booties, eye protection and gowns are optional, but should be used when cleaning up liquid body fluids.
- f. Steps in cleaning the patient gurney include:
  - i. Removing the gurney.
  - ii. Cleaning off all visible debris and soil contaminants.
  - iii. Inspecting all surfaces to ensure that no visible signs of debris, soil or contaminants are present. If such signs still exist, then repeat the cleaning process.

- iv. Applying the disinfecting agent liberally to the gurney mattress, the gurney frame, including wheels, and allow to remain on the surface for the full contact time. Reapply as necessary and wipe down with towels.
  - v. Any towels used to wipe down the compartment for cleaning and disinfecting must be placed in a red or properly marked biohazard bag or container if blood-soaked; otherwise, they may be treated as normal trash per the SMMS Exposure Control Plan.
- g. Steps in cleaning the patient compartment area include:
- i. Cleaning off all visible debris and soil contaminants, with the exception of the floor as this is done last.
  - ii. Applying the disinfecting agent liberally to the interior of the transport compartment of the vehicle and allow it to remain on the surface for the full contact time. Reapply as necessary and wipe down with towels.
    - 1. Frequently touched surfaces in the patient-care compartments (medical equipment, walls, ceilings and work surfaces, handles, radios, keyboards, and cell phones) that become directly contaminated with respiratory secretions and other body fluids during patient care, or indirectly by touching the surfaces with gloved hands, should be first cleaned and then disinfected using an EPA-approved disinfectant in accordance with the manufacturer's instructions.
    - 2. Ensure that the disinfectant is applied to the surface for the full contact time, or kill time, as specified by the manufacturer.
  - iii. Sweeping the floor of any visible debris and cleaning any contaminants. Disinfecting agent is then sprayed liberally on the

floors and allowed to remain on the surface for the full contact time, and wiped down with towels.

- iv. Any towels used to wipe down the compartment for cleaning and disinfecting must be placed in a red or properly marked biohazard bag or container if blood-soaked; otherwise, they may be treated as normal trash per the SMMS Exposure Control Plan.

#### h. Special Equipment Cleaning Instructions

- i. Patient restraint straps (spine board, gurney); remove immediately when contaminated with blood or body fluids or body substances/secretions and place in a red or appropriately marked biohazard bag.

- 1. Straps are washed upon return to the station in an appropriate detergent according to manufactures instruction and recommendations.

- 2. Air or machine dry as recommended

- ii. Equipment bags made of Cordura nylon; remove from service immediately when contaminated with blood, body fluids, or body substances/secretions and place in a red or appropriately marked biohazard bag

- 1. The bag will be washed upon return to the station in an appropriate detergent according to manufactures instruction and recommendations.

- 2. Air or machine dry as recommended

- iii. Reserved

#### i. Non-Patient Care Areas (Vehicle Cab)

- i. Non-patient-care areas of the vehicle, such as the driver's compartment, may become indirectly contaminated. Personnel should be particularly vigilant to avoid contaminating environmental surfaces not directly related to patient care (e.g.,

steering wheels, light switches, gear shifts, etc.). If the surfaces in the driver's compartment become contaminated, clean and disinfect according to the vehicle manufacturer's recommendations.

j. Reserved

#### **4. HISTORICAL NOTE**

a. Policy was created on January 14, 2016.



## **STANDARD OPERATING PROCEDURES**

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# **Operations**

Subject: **Patient Restraints**

Code: **7-I-02**

Approved: **August 5, 2014**

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### **1. PURPOSE**

- a. The purpose of this policy is to provide for the use of patient restraints in the field or during transport for patients who are violent, potentially violent, or who may otherwise harm themselves or others.

### **2. SCOPE**

- a. This policy applies to all SMMS field personnel (EMT and Paramedics).

### **3. DEFINITIONS**

- a. ALS –advanced life support. This is advanced level care that may require the use of advance medication intervention and/or invasive skills, such as cardiac monitoring, transcutaneous pacing, tracheal intubation, needle decompression, and intraosseous infusion. These skills are performed by the paramedic only.
- b. Medical Restraint – also known as a chemical restraint, means the use of a medication(s) to limit mobility or temporarily immobilize a patient for medically necessary reasons, such as to gain control of the patient’s airway.
- c. Physical Restraint –means the use of a commercially made wrist, ankle or body device that is used to limit mobility or temporarily immobilize a

patient who presents with a behavior crisis and/or poses an imminent threat to themselves or others.

#### 4. POLICY

- a. When restraints are necessary, such activity will be undertaken in a manner that protects the patient's health and safely preserves his or her dignity, rights, and well being. The safety of the patient, community, and responding personnel are of paramount concern when following this policy.
- b. The use of any restraint is a last resort after alternative interventions have been considered or attempted.
- c. Physical restraints are to be used only when necessary in situations where the patient is potentially violent and/or exhibiting behavior that is dangerous to self or others. Only reasonable force sufficient to restrain the patient should be used.
- d. Pre-hospital personnel must consider that aggressive or violent behavior may be a symptom of medical conditions such as head trauma, alcohol intoxication, medication or illicit drug problem metabolic disorders, stress, or psychiatric disorder. Appropriate treatment protocols shall be followed for suspected or identifiable medical conditions, such as low/high blood glucose, hypoxia, shock, etc. As such, any patient in restraints should be transported as ALS if possible, due to the possibility of an underlying medical condition that can cause the aggressive or violent behavior.
- e. The method of restraint used shall allow for adequate monitoring of vital signs and shall not restrict the ability to protect the patient's airway or compromise neurological or vascular status. ABC's need to be monitored continually.
- f. The following procedures should guide pre-hospital personnel in the

application of restraints and the monitoring of a restrained patient:

- i. If the patient is overly aggressive when pre-hospital personnel arrive on scene, they shall withdraw to a safe location and request law enforcement assistance.
  - ii. Pre-hospital personnel shall not knowingly approach or attempt to remove a violent or emotionally disturbed patient from the scene without law enforcement present.
  - iii. In a known violent situation, pre-hospital personnel should stand by until the scene is secured by law enforcement.
  - iv. At all times, when present, members of law enforcement are responsible for, and in control of, an emergency medical response involving a patient exhibiting violent behavior, i.e., emotionally disturbed, drug related, etc.
  - v. Adequate precautions shall be taken to protect pre-hospital personnel and the patient during the restraint process by making certain that adequate personnel are available before attempting to restrain the patient. A minimum of five personnel is recommended to restrain a patient correctly, one responder controlling the patients head, one on each arm, one responder controlling the legs and the one applying the restraints.
- g. Restraint equipment, applied by pre-hospital personnel, must be either padded leather restraints or soft restraints. Both methods must allow for quick release. The following forms of restraint shall NOT be used by pre-hospital personnel:
- i. Hard plastic ties or any restraint device requiring a key to remove.
  - ii. Sandwiching patients between backboards, scoop-stretchers, or flat, as a restraint.
  - iii. Restraining a patient's hands and feet behind the patient, i.e. hog-tying.

- iv. Methods or other materials applied in a manner that could cause respiratory, vascular, or neurological compromise, including prone restraints.
- h. Restraint equipment applied by law enforcement (handcuffs, plastic ties, or hobble restraints) must provide sufficient slack in the restraint device to allow the patient to straighten the abdomen and chest and to take full tidal volume breaths.
- i. Restraint devices (e.g. handcuffs) applied by law enforcement or correctional personnel require the officer's continued presence to ensure patient and pre-hospital personnel safety. The officer should, if possible, accompany the patient in the ambulance. If the officer cannot accompany the patient, the Paramedic/EMT shall have the key in their possession. A method to alert the officer of any problems that may develop during transport should be discussed prior to leaving the scene.
- j. Patients shall not be transported in a prone position unless required by a concomitant medical condition, e.g., impaled object preventing supine transport. Pre-hospital personnel must ensure that the patient's position does not compromise the patient's respiratory/circulatory systems and, does not preclude performing necessary medical interventions to protect the patient's airway should vomiting occur.
- k. Restrained extremities should be evaluated for pulse quality, capillary refill, color, nerve, and motor function every 10 minutes. It is recognized that the evaluation of nerve and motor status requires patient cooperation, and thus may be difficult or impossible to monitor.
- l. Restrained patients shall be transported to the most accessible emergency department.
- m. Documentation on the Patient Care shall include:
  - i. The reasons restraints were needed and type of restraint.
  - ii. Position of the patient during transportation.

- iii. Which provider or law enforcement agency applied the restraint(s).
- iv. Information and data regarding the monitoring of circulation to the restrained extremities.
- v. Information and data regarding the monitoring of respiratory status while restrained; and
- vi. Total time in restraints.

## **STANDARD OPERATING PROCEDURES**

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# **Operations**

Subject: **Returning to Service**

Code: **7-I-03**

Approved: **July 8, 2014**

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### **1. PURPOSE**

- a. The purpose of this policy is to ensure that ambulances are returned back to service, or returned back to their service area as quickly as possible, following a 911 call or an inter-facility transport.

### **2. SCOPE**

- a. This policy applies to all ambulance field personnel and dispatchers.

### **3. POLICY**

- a. Upon the transfer of patient care at a receiving facility following a 911 call response, the primary care provider (PCP) shall strive to clear or be available at the receiving facility within 30 minutes.
- b. Upon the transfer of patient care at a receiving facility following an inter-facility transport, the PCP shall strive to clear the receiving facility within 20 minutes.
- c. Circumstance may prohibit the PCP from clearing the receiving facility within the required time, such as a medical/trauma code, no beds available, or the ambulance needs to be decontaminated due to patient bodily fluids. The PCP shall inform dispatch of the delay that will take place and provide an estimated time of when the unit will be back in

service at the receiving facility.

- d. On back-to-back inter-facility transports, or a transport greater than 140 miles (e.g. Kayenta to Flagstaff), inter-facility crews may be allotted, pending dispatcher approval, up to 45 minutes total to sit down and eat at a restaurant establishment upon transferring of care at the receiving facility.
  - i. Dispatchers shall determine the total time to sit and eat based on a number of factors, such as local unit status, pending transports, distance of the transfer and the number of inter-facility transports performed by that unit.
- e. The patient compartment of the ambulance shall be cleaned and decontaminated before advising dispatch that the unit is back in service.
- f. Any supplies used shall be immediately restocked in accordance with current supply check list upon return to quarters.
- g. A unit shall be taken out of service when critical supplies are depleted such as oxygen, backboards, etc., in which spares are not immediately available in ambulance compartments or bags, until restocked.
- h. Crews must remain in contact with the dispatcher as to any departures and arrivals while in SMMS vehicles. Not notifying dispatch of any arrivals or departures is unacceptable and will result in disciplinary action.

#### **4. Historical Notes**

- a. This policy was created on July 8, 2014 to address excessive times spent at receiving hospitals or the arrival community, reviewed and approved on November 9, 2015.

## **STANDARD OPERATING PROCEDURES**

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# **Operations**

Subject: **ePCR – General Guidelines**

Code: **7-II-02**

Approved: **August 26, 2014**

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### **1. PURPOSE**

- a. The purpose of this policy is to provide general guidelines for the use of the electronic patient care reporting (ePCR) software used by SMMS.

### **2. SCOPE**

- a. This policy applies to all SMMS employees who will have access to an ePCR through the State Bridge and/or Field Bridge program by Image Trend.

### **3. DEFINITIONS**

- a. Field Bridge – This refers to the Image Trend ePCR software installed on the field computers for medical providers to use to document patient care encounters.
- b. State Bridge – This refers to the State of Arizona’s server that stores Field Bridge ePCR reports that office and field staff can access from office computers for the purpose of billing and performing quality assurance.
- c. Posting, Posted, Post – This refers to the action of importing the ePCR from Field Bridge to State Bridge by clicking on the “Post” button upon completion of the ePCR.
- d. Drop Sheet – This refers to the draft report, usually 1-2 pages only,



provided to the hospital for documentation of patient information and care given, including the transfer of care to the receiving facility.

- e. Comprehensive ePCR- This refers to the multiple-page Pre-Hospital Care Report (Large Font) that is printed when the ePCR is completed.

#### 4. GUIDELINES

- a. Each employee or other approved individuals (e.g. SMMS pre-hospital care coordinator, etc.) needing to access the Field Bridge and/or State Bridge will be provided with a logon and password with the appropriate permissions to their job title (e.g. QA, EMT, administrator, billing, etc.). Each employee shall be required to keep their password secure and request for a change if they feel that their password has been compromised.
- b. Field Bridge shall not be installed on any personal computer as patient personal information is stored on the computer.
- c. An ePCR will be completed following an incident response, regardless of its severity and shall be *posted* to State Bridge within 12 hours of the completion of the call or prior to getting off shift, whichever comes first.
- d. A receiving facility for inter-facility transports, with the exception of airport runs, should have the ePCR completed with a *comprehensive ePCR* provided to the accepting RN or MD.
  - i. Note: With transport times often times greater than 1 hour, it is believed that the ePCR should be completed thoroughly, and upon transfer of care at the receiving facility the ePCR can be checked for completeness with the *comprehensive ePCR* printed and provided to the receiving facility.
- e. On 911 or airport inter-facility transfers, because of the time element and care being provided, the *drop sheet* maybe utilized and the ePCR completed at quarters.

- b. No documentation shall take precedents over patient care. Depending on the call, it may be necessary to complete the ePCR after the transport when care is transferred.
- c. All ePCR will be signed and dated.
- d. Do not editorialize or air differences on the ePCR. If problems arise regarding EMS operations, patient relationships, bystanders or other agencies, use a supplemental incident report to document these problems.
- e. General steps to ePCR Field and State Bridge use.
  - i. Complete your ePCR in Field Bridge.
  - ii. Provide a *drop sheet* (for 911 or airport runs) or the *comprehensive ePCR* (inter-facility) to the accepting facility.
    - 1. For 911 and inter-facility, be sure to include a copy of the ECG strip(s) with the *drop sheet* or *comprehensive ePCR*.
  - iii. In quarters, post your ePCR to State Bridge.
  - iv. In State Bridge, add any attachments, such as the original ECG strips.
    - 1. For calls in which you provided a *drop sheet*, review your ePCR thoroughly in State Bridge and upon confirmation that the report is complete click the “Mark Run as Completed” button. Click “OK” to accept the terms.
    - 2. For calls in which you provided a *comprehensive ePCR* to the receiving facility, click the “Mark Run as Completed” button.
      - a. Note: By printing the *comprehensive ePCR*, no changes can be made in Field or State Bridge without an addendum. If changes or additions need to be made to a report, an addendum will need to be added which can be found in the “Actions” tab.

- f. By clicking the “Mark Run as Completed” button, you are reporting to dispatch that the call is complete and can be printed for billing purposes.
  - i. Note: Your ePCR in State Bridge will automatically lock after 24 hours.
- g. If a report needs to be unlocked for any reason, contact the Chief Operations Officer or Office Manager.

## **5. HISTORICAL NOTES**

- a. Policy was created on August 26, 2014.

## **Operations**

Subject: **Emergency Obstetrical and Post Delivery Transports**

Code: **8-II-02**

Revised: **9/1/11, 9/13, May 6, 2015**

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### **1. PURPOSE**

- a. This policy is to establish guidelines for SMMS Advanced Life Support providers regarding intra-facility transport of low risk obstetrical and post delivery patients.

### **2. POLICY**

- a. Sacred Mountain Medical Service will only transport non-high risk obstetrical patients and post delivery patients with newborn after base station physician approval. All transports will be in compliance with EMTALA and all other local, state, and federal regulations that may apply.

### **3. DEFINITIONS: (Not an absolute or complete list)**

- a. LOW RISK:
  - i. Active labor with contractions > 5 minutes apart and < 4 cm cervical dilation
  - ii. Ruptured membranes – no cervical dilation – no contracting
  - iii. Fetal demise
  - iv. Placenta Previa- without bleeding- no contractions – term mother (37 weeks)
  - v. < 23 week gestation

- vi. Mild to moderate pre-eclampsia (Definition: BP 140/90 but <160/110 with proteinuria, NO symptoms such as headache/vision change/RUQ pain and no significant lab abnormalities)
  - vii. Post-partum mothers with a firm palpable uterus and less than 5 births total.
- b. HIGH RISK: - patients contra-indicated for ground transport. If the Kayenta or Tuba City physician or certified nurse midwife chooses to ride with the patient to the transferring destination, he or she will assume total medical care. These patients may be flown to a receiving facility by specialist maternal transport.
- i. Gestational age of < 37 weeks in active labor
  - ii. Active labor with contractions < 5 minutes apart and/or > 4 cm cervical dilation
  - iii. Non-reassuring fetal status: i.e. meconium staining and/or abnormal fetal heart rate tracing and/or maternal infection
  - iv. Multiple fetus
  - v. Eclampsia\* or severe pre-eclampsia
  - vi. Receiving tocolytic drugs
  - vii. Out of control diabetes or ketoacidosis
  - viii. Placental abruption
  - ix. Placenta previa with bleeding
  - x. Abnormal fetal lie
  - xi. Preterm premature rupture of membranes (PPROM)
  - xii. Known or suspected fetal syndromes and/or anomalies
- \*Eclampsia: any pregnant mother who has seized.
- c. SENDING FACILITY ASSESSMENT
- i. In addition to a physical exam, the sending facility will complete a pelvic exam on all patients a maximum of 15 minutes before transfer to SMMS. Transfer information to SMMS personnel will include results of the exam including effacement, cervical dilation

and time of exam or in postpartum patients the firmness of the uterine tone.

- ii. All post partum patients and infants will be observed at the sending facility for a minimum of 1 hour post delivery, with glucose checks of the infant before transportation. Continuous IV infusion of a Pitocin solution is required.

#### 4. PROCEDURE

- a. All OB transports from sending facilities require direct communication and approval from Summit Regional Healthcare (SRH) *prior* to transport.
- b. The ED physician will contact the SRH emergency department attending physician on the SRH recorded telemetry phone line prior to dispatch of Sacred Mountain Medical Service to discuss the patient's status. **If the ED physician or the certified nurse midwife is transporting with the patient, no physician to physician needs to be done.**
- c. After both physicians have agreed upon the patient's disposition, the paramedic will initiate a patch with a SRH attending physician to discuss the patient's assessment and further treatment.
- d. SMMS will only transport non-high risk OB patients per above criteria and SRH attending physician approval.
- e. Sacred Mountain will use their discretion to determine whether the transport will require an additional ALS or BLS provider.
- f. During transport of the post partum mother and infant, the child may be restrained in an approved infant car seat supplied by SMMS to allow for adequate care of both mother and baby.
- g. SMMS documentation will include but not be limited to the following:
  - i. Criteria that the patient has met the non-high risk definition as stated in this document
  - ii. Name of attending physician accepting patient
  - iii. LMP on all pregnant patients
  - iv. Estimated date of confinement

- v. Results of pelvic exam done 15 minutes prior to departure including:
- vi. Time of exam
- vii. Effacement
- viii. Cervical dilation
- ix. Name of physician or nurse midwife accompanying SMMS and patient, when appropriate.

#### **5. QUALITY IMPROVEMENT:**

- a. After the transport is completed, the patient encounter will be faxed to the base station coordinator for QI review before going off shift.  
Clint Peck, RN  
Pre-hospital Manager  
Summit Regional Healthcare  
Fax (928) 537-6764
- b. 100% of Kayenta or Tuba City OB transports will go through the QI process weekly by the SRH paramedic coordinator with a quarterly summary compiled and sent to SMMS.

#### **6. TRAINING REQUIREMENTS**

- a. All ALS personnel functioning as an employee of SMMS, and under the Medical Direction of SRH, will be required to attend an approved OB assessment and transport class, and have current certifications in Pediatric Advanced Life Support (PALS) and Neonatal Resuscitation (NRP) *prior* to transporting patients.

#### **7. HISTORICAL NOTE**

- a. Policy was updated to reflect change of Medical Control from MIHS to SRH that occurred on May 6, 2015 and update any AAC rules listed in this policy.

## **Operations**

Subject: **Critical Patient Intrafacility Transports**

Code: **8-II-03**

Revised: **03-25-09 (Replaces 2004 ICU-ICU Inter-facility transport policy)**

Reviewed: **6/11, 9/12, 7/13, 5/2015**

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### **1. PURPOSE**

- a. To establish guidelines for SMMS Advanced Life Support providers regarding intra-facility transport of critical care patients.

### **2. POLICY**

- a. All intra-facility critical care patients require direct communication (pre-patch) to the Base Hospital physician prior to transport. The transport must have the approval of both the base hospital physician and the ALS provider. Consideration will be given to the patient's medical condition and acuity, care required during transport, and the providers scope of practice and comfort level.

### **3. DEFINITIONS**

- a. "Critical care patient" means a patient that requires advanced support for hemodynamic instability (hypertension, hypotension), airway or respiratory compromise (such as ventilator support), multi-system trauma, potentially lethal cardiac dysrhythmias and effects of organ failure. This includes any ICU to ICU transfer or ICU patient boarded in the ED requiring transport to an ICU.
- b. "Pre-Patch" refers to a detailed report given to the base station physician of which SMMS recognizes as its Medical Control (Summit Regional Healthcare) prior to packaging the patient for transport.



#### **4. PROCEDURE**

- a. ALS providers will pre-patch with a Summit Regional Healthcare (SRH) physician for transport approval on all critical care patients prior to packaging. Information given to the physician will include, but not be limited to:
  - i. Patient diagnosis
  - ii. Reason for transfer.
  - iii. Accepting facility and ETA.
  - iv. Current condition and progression of illness.
  - v. Medication and monitoring needs and requirements.
  - vi. Past Medical History and Current Medications
  - vii. Vitals, assessment and pertinent lab analysis.
  - viii. Support personnel (i.e. ER or ICU personnel accompanying patient).
  - ix. Mutual agreement regarding transport will be reached between the SMMS ALS provider and the base station physician.
  - x. Medications given or monitored during transport will be on the Arizona Department of Health Services approved drug list or intravenous infusion monitoring list (Table 5.2 and 5.4 of R9-25-502) See appendix.
- b. All treatment and monitoring practices shall be conducted in accordance with the providers' level of training, and only when authorized by medical control, either through off-line protocols or direct communication.
- c. Once approval for transport has been given by Medical Control, standard protocols for hospital communication (i.e. patching or courtesy notification) shall be adhered to if additional communication is needed.

#### **5. TRAINING**

- a. Pursuant to Arizona Administrative Code R9-25-502, appropriate levels of EMT personnel shall be educated in an approved curriculum (covering both IV pumps and the specific drugs named in the Tables 5.1, 5.2 and 5.4) before monitoring patients on the listed medications during inter-facility transports.

## Advanced Life Support Guidelines

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### Operations

Subject: **Monitor Transport Agents During Inter-facility Transports**

Code: **8-II-04**

Created: **July 10, 2017**

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1. **PURPOSE**

- a. To establish guidelines for SMMS paramedic providers transporting IV medications listed in Table 5.4 during inter-facility transports and to identify medications authorized for monitoring.

2. **DEFINITIONS**

- a. Table 5.4 – is a list of authorized medications paramedics are allowed to administer and/or monitor during inter-facility transports, titled: *Eligibility for Authorization to Administer and Monitor Transport Agents During Interfacility Transports, by EMCT Classification; Administration Requirements* under Table 5.4 of 9 A.A.C. 25, Article 5.

3. **POLICY**

- a. As required by SOP 8-II-03 *Critical Patient Intra-facility Transports*, all inter-facility critical care patients require direct communication (pre-patch) to the Base Hospital physician prior to transport. The transport must have the approval of both the base hospital physician and the ALS provider. Consideration will be given to the patient's medical condition and acuity, care required during transport, and the providers scope of practice and comfort level.
- b. With the exception of those medications carried in State and Medical Direction approved drug boxes, patients on the stated drugs and devices may only be transported **if the respective drugs have been initiated at the transferring**

**hospital by the transferring physician/care provider.** None of these may be initiated en route.

- c. At the discretion of medical control, the drug rates/doses may be altered or discontinued depending on the patient's clinical condition.
- d. Where indicated, paramedics may titrate a drug up or down once depending on parameters delineated in the specific protocol or on-line medical direction.
- e. Transport of patients on critical care medications, as listed in this policy, shall to be the nearest capable facility. Extended transport distances in which a capable and closer facility is diverted/by-passed are not permitted. For example: A patient on a critical care medication shall not be grounded to facilities (e.g. Banner UMC) further than the closes capable facility (e.g. Flagstaff or Page) if the patient is being referred from Tuba City. Consideration should be made to fly, have a nurse accompany, or arrange for alternative transportation with these extended distances.
- f. If at any time a provider feels a protocol is beyond their skill level or comfort level, **DO NOT PROCEED WITH THE TRANSPORT**, instead, contact medical control and/or your supervisor to discuss your concern.
- g. Medications authorized for intravenous monitoring during inter-facility transfers for trained and authorized paramedics, as authorized by Table 5.4, that are classified as critical care medications are as follows:
  - i. Blood
  - ii. Colloids
  - iii. Dopamine
  - iv. Epinephrine
  - v. Levophed
  - vi. Nitroglycerin
  - vii. Heparin
  - viii. Procainamide
  - ix. Amiodarone
  - x. Lidocaine
- h. Medications authorized for intravenous monitoring during inter-facility transfers for trained and authorized paramedics, as authorized by Table 5.4, that are NOT classified as critical care medications are as follows:

- i. Insulin (acute DKA cases only)
  - ii. H2 Blockers
  - iii. Potassium
  - iv. Vitamins
  - v. Antibiotics (ensure not anti-viral)
  - vi. Morphine/Fentanyl (pain management only), includes PCA pumps.
  - vii. Magnesium sulfate
  - viii. Diltiazam
  - ix. Total parenteral nutrition (TPN)
- i. Medications not approved for interfacility transports at this time include:
  - i. Glycoprotein IIb/IIIa Inhibitors
  - ii. Fosphenytoin or Phenytoin
  - iii. Phenobarbital
  - iv. Propofol
  - v. Midazolam – often associated with sedated and intubated patients.
  - vi. Fentanyl/Morphine – if associated with sedated and intubated patients.
- j. Paramedics shall have completed their probationary period with Summit prior to being authorized to monitor intravenous medications authorized in this policy.
- k. Paramedics desiring to monitor medications listed as critical care medications as identified in section 3(g)(i-x) shall be:
  - i. a paramedic for at least 2 years, and
  - ii. under Summit medical direction for at least 6 months, or
  - iii. successfully completed a critical care paramedic course.
- l. Paramedics shall receive training in the medication topic and proof of competence submitted to Summit, through the agencies supervisor or training director, prior to authorization to monitor approved medications.
- m. Paramedics are to remain proficient in the understanding of the mechanism of action, indications and field use, contraindications, adverse reactions and dosing of the medication. Annual training is required to include:
  - i. Medication refresher training, and
  - ii. At least 16 hours of a critical care CE's.
- n. All transfers requiring critical care medication monitoring shall be reported to Clint Peck, pre-hospital manager, for review.



#### 4. GUIDELINES

- a. The following precautions should be kept in mind by transferring providers:
  - i. All medications have potential to cause allergic reactions.
  - ii. Some medications cause local irritation around the IV site. Several may even cause tissue necrosis if there is infiltration. If there is infiltration of any line, the IV should be immediately discontinued.
  - iii. Many of the listed drugs are incompatible with other medications. Therefore, additional medication should be given through a separate IV line, or, if one is not established, the infusion should be stopped and the line flushed before administering a second medication.
  - iv. Most medications require infusion pumps and/or cardiac monitoring.
  - v. Medical control should be contacted if there is any change in patient condition or if any medication needs to be emergently discontinued during transport.
  - vi. If the need arises for emergency medications to be given, infusions may need to be discontinued; contact medical control for guidance.
  - vii. The medical control physician may determine that the number or types of drugs/ devices may require the presence of additional personnel (such as a second paramedic, nurse or physician).
- b. Reserved

#### 5. APPROVAL

- a. Policy was approved on \_\_\_\_ by Danny Barney, CEO, as attested to the digital signature fixed below. Original on file.
- b. Policy was approved on 8/22/17 by Dr. Jason Johnson as attested to the digital signature fixed below. Original on file.



**Table 5.4** Eligibility for Authorization to Administer and Monitor Transport Agents During Interfacility Transports, by EMCT Classification; Administration Requirements.

AGENT	MINIMUM SUPPLY	EMT	AEMT	EMT-I(99)	Paramedic
Amiodarone IP	None	-	-	-	TA
Antibiotics	None	-	-	TA	TA
Blood	None	-	-	-	TA
Calcium Chloride	None	-	-	-	TA
Colloids	None	-	-	TA	TA
Corticosteroids IP	None	-	-	TA	TA
Dilazem IP	None	-	-	-	TA
Diuretics	None	-	-	TA	TA
Dopamine HCl IP	None	-	-	-	TA
Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	TA	TA
Epinephrine IP	None	-	-	TA	TA
Fentanyl IP	None	-	-	TA	TA
Phenytoin Na IP or Phenytoin Na IP	None	-	-	-	TA
Glucagon	None	-	-	TA	TA
Glycoprotein IIb/IIIa inhibitors	None	-	-	-	TA
H2 Blockers	None	-	-	TA	TA
Heparin Na IP	None	-	-	-	TA
Insulin IP	None	-	-	-	TA
Levophed IP	None	-	-	-	TA
Lidocaine IP	None	-	-	TA	TA
Magnesium Sulfate IP	None	-	-	-	TA
Midazolam IP	None	-	-	TA	TA
Morphine IP	None	-	-	TA	TA
Nitroglycerin IV Solution IP	None	-	-	-	TA
Phenobarbital Na IP	None	-	-	-	TA
Potassium Salts IP	None	-	-	-	TA
Procainamide HCl IP	None	-	-	-	TA
Propofol IP	None	-	-	-	TA
Racemic Epinephrine SVN	None	-	-	-	TA
Total Parenteral Nutrition, with or without lipids IP	None	-	-	-	TA
Vitamins	None	-	-	TA	TA

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## **Blood Products Transfusion**

### **Uses:**

Blood administration may be required for:

- Significant hypovolemia as the result of acute blood loss
- Symptomatic anemia
- Decreasing hemoglobin level
- Decreasing hematocrit value
- To increase oxygen-carrying ability
- Decrease clotting factors
- Presurgical care in select cases

The blood product may be in the form of:

- Whole Blood (450 – 500 ml/unit),
- Packed Red Blood Cells (250 ml/unit)

### **Special Considerations:**

DO NOT MIX BLOOD WITH 5% DEXTROSE IN WATER (CAUSES HEMOLYSIS).

DO NOT MIX WITH LACTATED RINGERS (CAUSES CLOTTING)

DO NOT MIX WITH MEDICATIONS (MAY REACT)

HAVE A SECOND VENOUS ACCESS AVAILABLE

### **Adverse Effects:**

Anaphylaxis

Hemolytic reaction

DIC

Transfusion reaction

Infection

Providers should watch for the follow signs of complications:

- Body temperature of 2°F (1°C) or more above the baseline temperature
- Hives, itching, or skin symptoms
- Swelling, soreness, or hematoma at the venous site
- Flank pain
- Tachycardia
- Respiratory distress (wheezing and dyspnea)
- Hypotension
- Bleeding from widely varied sites or previously clotted wounds
- Blood in urine
- Anaphylaxis
- Nausea and vomiting

**Procedure:** The procedure for administering blood or blood products are:

1. The product must already be infusing, ideally at least 15 minutes prior to departure.
2. Check the patient for the following:
  - a. right patient,
  - b. right date (and expiration date),



- c. right blood product (cross and matched), and
  - d. right route (Ensure suitable venous access with 18 – gauge or larger).
- 3. BLOOD PRODUCTS MUST BE ADMINISTERED VIA AN IV PUMP with filtered administration set.
- 4. Assess baseline vital signs and temperature
- 5. Assess the patient for the possibility of a transfusion reaction, and consider prophylactic administration of ibuprofen or acetaminophen and diphenhydramine
- 6. Maintain the temperature of the blood product
- 7. Reassess patient every 10-15 minutes for adverse reactions

**Policy:**

Refer to SOP 8-II-04 *Monitor Transport Agents During Inter-facility Transports.*



## **Heparin Drip**

### **Uses:**

Prevents blood clotting, especially in the following situations:

Acute MI,  
Pulmonary Embolus,  
Deep Vein Thrombosis

### **Adverse Effects:**

Hemorrhage from various sites including needle sticks, GI tract, CNS bleeds

### **Dosing:**

Bolus: 15-18mg/kg

Infusion: 800-1600 mg/hour

Infusion rates may be outside this range and should not require adjustment during transport

### **Special Considerations:**

Use of infusion pump required.

D/C immediately for onset of major bleeding or acute mental status change

Contact MC for any bleeding such as IV sites or gums

### **Policy:**

Refer to SOP 8-II-04 *Monitor Transport Agents During Inter-facility Transports.*

DB

## **Nitroglycerine Drip**

### **Uses:**

Acute Coronary Syndrome, CHF, Hypertension Decreases preload, and to a lesser extent, afterload

### **Adverse Effects:**

Excessive hypotension which can provoke angina, headache, restlessness, palpitations, tachycardia or dizziness

### **Dosing:**

Continuous infusion titrated to maintain therapeutic effect while avoiding hypotension. Usual range 10-2000 mcg/min. May be higher in treatment of pulmonary edema.

### **Special Considerations:**

Use Infusion pump

Monitor heart rhythm

Check BP and HR frequently (every 5 minutes); may decrease to every 10 minutes if at the same rate for >1 hour

Do not mix other medications in the same line

Hypotension can be alleviated by decreasing the rate of infusion

D/C infusion if BBP systolic is <80mm Hg and contact MC

Contact MC for worsening or persisting adverse signs/symptoms or for persisting BP < 90 mmHg

Paramedics may perform one titration of 10 mcg for escalating chest pain without contacting MC

### **Policy:**

Refer to SOP 8-II-04 *Monitor Transport Agents During Inter-facility Transports.*



## **Potassium Chloride**

### **Uses:**

Replacement therapy for hypokalemia.

### **Adverse Effects:**

Cardiac dysrhythmias (prolonged PR interval; wide QRS complex; depressed ST segment; tall, peaked T-waves; heart block; cardiac arrest)

Subcutaneous extravasations of solution can cause tissue necrosis.

### **Dosage:**

Usual range is up to 20 mEq / hr., continuous infusion.

May be mixed with various IV solutions in various sized bags including "piggy back" solutions.

Rate should not require adjustment enroute.

### **Special Considerations:**

Monitor heart rhythm

Often causes burning during infusion; contact MC if this is problematic.

Contact MC for changes in EKG configuration and/or dysrhythmias.

### **Policy:**

Refer to SOP 8-II-04 *Monitor Transport Agents During Inter-facility Transports.*

## INSULIN

### Uses:

Type 1 (insulin-dependent) diabetes mellitus; type 2 (non-insulin-dependent) diabetes mellitus unresponsive to diet and oral hypoglycemic, patients in DKA.

### Contraindications:

Hypersensitivity to drug or its components  
Hypoglycemia

### Adverse Reactions:

Metabolic: hypokalemia, sodium retention, hypoglycemia, rebound hyperglycemia (Somogyi effect).

Skin: urticaria, rash, pruritus

Other: edema; lipodystrophy; lipohypertrophy; erythema, stinging, or warmth at injection site; allergic reactions including anaphylaxis.

### Incompatibilities/Drug Interactions:

- Acetazolamide, albuterol, antiretrovirals, asparaginase, calcitonin, corticosteroids, cyclophosphamide, danazol, dextrothyroxine, diazoxide, diltiazem, diuretics, dobutamine, epinephrine, estrogens, hormonal contraceptives, isoniazid, morphine, niacin, phenothiazines, phenytoin, somatropin, terbutaline, thyroid hormones: *decreased hypoglycemic effect*
- Anabolic steroids, angiotensin-converting enzyme inhibitors, calcium, chloroquine, clofibrate, clonidine, disopyramide, fluoxetine, guanethidine, mebendazole, MAO inhibitors, octreotide, oral hypoglycemics, phenylbutazone, propoxyphene, pyridoxine, salicylates, sulfapyrazole, sulfonamides, tetracyclines: *increased hypoglycemic effect*
- Beta-adrenergic blockers (nonselective): *masking of some hypoglycemia symptoms, delayed recovery from hypoglycemia*
- Lithium carbonate: *decreased or increased hypoglycemic effect*
- Pentamidine: *increased hypoglycemic effect, possibly followed by hyperglycemia*

### Dosage:

Adults and children: Continuous infusion of 0.1 unit/kg/hour until glucose level drops to 250 mg/dl or lower.

### Special Consideration:

Use Infusion pump

In patients with DKA care should be taken to not reduce blood glucose below 200-250 mg/dL in first 4-6 hours as rebound hypoglycemia may occur. Target decrease in blood glucose level should be ~75 mg/dl/hr.

FSBG should be obtained every 30-60 minutes.

For IV infusion, mix regular insulin only with normal or half-normal saline solution, as prescribed, to yield a concentration of 1 unit/ml.

### Policy:

Refer to SOP 8-II-04 Monitor Transport Agents During Inter-facility Transports.

## **Antibiotics**

### **Uses:**

To treat pre-existing infections or as a prophylactic measure in patients that are high risk of developing an infection or sepsis.

### **Most Commonly used:**

- Acyclovir,
- Azithromycin (Zithromax),
- Cefazolin (Ancef)
- Ceftriaxone (Rocephin)
- Gentamicin
- Levofloxacin (Levaquin)
- Metronidazole (Flagyl)
- Piperacillin/Tazobactam (Zosyn)
- Vancomycin
- Ampicillin/Sulbactam (Unasyn)

### **Adverse Effects:**

Allergic signs and symptoms, including anaphylaxis

### **Dosage:**

Vary depending on the antibiotic

Generally given as a "piggyback" solution

Rate should not require adjustment en route, IV pump highly recommended.

### **Special Consideration:**

D/C infusions if there are any allergic signs or symptoms, then contact medical control.

### **Policy:**

Refer to SOP 8-II-04 *Monitor Transport Agents During Inter-facility Transports.*

## **H2 BLOCKER**

### **Uses:**

Decrease secretion of gastric acid or chronic reflux  
Patients with UGI Bleed  
Prevention of upper GI bleeding

### **Adverse Effects:** (all rare)

Occasional CNS symptoms-more so in the elderly  
Heart block  
Jaundice  
GI upset  
Anaphylaxis, angioedema

### **Dosing:**

#### Ranitidine (Zantac)

Bolus: 50 mg over 20 -30 minutes  
Infusion: 150 mg over 24 hours

#### Cimetidine

Infusion: 50 mg/hour

#### Famotidine

Infusion: 20mg in 50 mL normal saline IV every 12 hours infuse over 15-30 minutes

### **Special Considerations:**

May be used for antihistamine effects.

Protonix is a proton pump inhibitor and currently not authorized for transport by providers.

### **Policy:**

Refer to SOP 8-II-04 *Monitor Transport Agents During Inter-facility Transports.*

## **STANDARD OPERATING PROCEDURES**

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### **Administrative**

Subject:       **Payroll Advances**  
Code:         **10-I-04**  
Approved:     **September 10, 2014**

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#### **1. PURPOSE**

- a. The purpose of this policy is to provide guidance to administrative staff on the use and limitations of payroll advances.

#### **2. SCOPE**

- a. This policy applies to the administrative staff who will authorize and/or process payroll advances.

#### **3. POLICY**

- a. It is with trust and a desire to help our employees avoid the high interest rates of payday loans that payroll advances are being made available.
- b. Payroll advances are a privilege that can be denied and can be taken away at any time and should be utilized for emergency(ies) only. Emergencies by definition are sudden, urgent and unexpected occurrences.
- c. Each employee is limited to two (2) payroll advances per calendar year. Additional request requires CEO approval and will be handled on a case by case basis.
- d. Any request for payroll advances shall be in writing, clearly stating the reason for the advance, when the advance is needed and the date of request. Each request shall be signed by the employee.

- e. Payroll advances are limited to \$400.00 per request with Chief Operations Officer approval. Any request greater than \$400.00 will need CEO approval with a promissory repayment note signed.
- f. Payroll advances are just that, an advance taken from the next payroll check. As such, the advanced amount will be taken out in the upcoming payroll cycle. Therefore, it is important to consider the amount of hours the employee already has or will be obtaining to avoid a negative balance.
- g. Advances will not be deducted over more than one payroll period (e.g. \$400 advance given, \$200 taken out for two pay periods). For advances greater than \$400.00, CEO approval is required for deductions to be taken out over more than one pay period.
- h. Should an advance be taken and the employee is terminated or resigns, the full amount will be taken from the final check.
- i. Should an advance be taken and the employee is terminated or resigns with a negative balance (employee owes) the employee shall be provided 30 calendar days to repay the advance. After 30 days, the advance will be submitted for collections.
- j. All payroll advances are subject to funding availability and the determination if the request constitutes an emergency.

#### **4. HISTORICAL NOTES**

- a. Policy was originally created on September 10, 2014.

#### **5. APPROVAL**

- a. Policy was approved on November 6, 2014 as attested to the digital signatures fixed below. Original on file.

A handwritten signature in black ink, appearing to read "W. J. [unclear]", is written over a horizontal line.



## **6. QUALITY ASSURANCE**

- a. The Auditing Officer and/or the Pre-hospital manager shall review all ALS encounters of Critical Care Transports for protocol adherence, employee performance, and skill evaluations.
- b. After the transport is completed, the patient encounter will be faxed to the base station coordinator for QI review before going off shift.

Clint Peck, RN

Pre-hospital Manager

Summit Regional Healthcare

Fax (928) 537-6764

- c. 100% of Critical Care transports will go through the QI process weekly by the MMC paramedic coordinator with a quarterly summary compiled and sent to SMMS.

## **7. HISTORICAL NOTE**

- a. Policy was updated to reflect change of Medical Control from MIHS to SRH that occurred on May 6, 2015 and update AAC rules listed in this policy.