Rural Metro of Central Florida

Sumter EMS

STANDARD OPERATING PROCEDURES

Original November 1, 1986

Revised March, 31 2005

Revised July 15, 2012

DO NOT REMOVE

13.2 CHAIN OF COMMAND COMMUNICATIONS CENTER: 61

Welcome…

Dear Employee Owner,

Congratulations on your decision to join the growing Rural/Metro team! Rural/Metro has been in business since 1948, and is a leading provider of mobile health care services, including emergency and non-emergency ambulance transportation, fire protection and other safety-related services to municipal, residential, commercial and industrial customers in more than 450 communities throughout the United States and Latin America.

Rural/Metro entered the Orlando market in July 1984, following an acquisition from Herndon Ambulance. This successful partnership is one example of the innovative contracts Rural/Metro is proud to serve throughout the nation.

Our industry is changing rapidly and Rural/Metro has a reputation for developing innovative solutions to meet the needs of our customers and communities. To ensure our continued success, it is important that all employees understand our common values and goals. Our philosophy stresses individual and team accountability, combined with a fierce belief in the power of the competitive spirit.

We believe in establishing integrated partnerships, as well as efficient customer services, with the understanding that community health is at the core of what we do. Long-term stability, innovation, and flexibility are at the heart of Rural/Metro's mission. Our position is one of trust, and we take that responsibility seriously in every community we serve.

Outstanding people and a belief in our core business values are the keys to our success. We are proud of our accomplishments and challenge you to share in our dedication to quality service for our customers. As an employee you have established an investment in the Company. This handbook is designed to familiarize you with the Central Florida operation and help you manage your investment. We encourage you to use this resource.

Our goal is to make Rural/Metro of Central Florida, the premier provider of pre-hospital health care in the country. Our best wishes to your future success with Rural/Metro Corporation!

Welcome!

Rural/Metro Ambulance – Central Florida Management Team

SECTION 1.0

1.0 PRE-EMPLOYMENT INFORMATION POLICY:

EMS personnel hired by Rural/Metro Ambulance will meet the following prerequisites for employment in Florida:

1.0.1 Be at least 18 years of age.

1.0.2 Be currently certified by the Florida Bureau of Emergency Medical Services as an EMT or Paramedic.

1.0.3 Have a current and valid Florida Class “E” Driver’s license.

1.0.4 Paramedics must have current ACLS and BCLS certifications.

1.0.5 Emergency Medical Technicians must have a current BCLS certification.

1.0.6 Submit information for a driving record check by Rural/Metro Corporation Risk Department in accordance with the Florida Division of Motor Vehicles.

1.0.7 All candidates considered for employment must successfully pass a drug and alcohol screen at the direction and expense of Rural/Metro Ambulance.

1.0.8 All candidates considered for employment must successfully complete the employee screening process.

1.0.9 All candidates considered must successfully complete the physical assessment.

1.0.10 Upon employment, the new employee will review with management, or their designee, all responsibilities of the employee’s position. To be presented at the New Employee Orientation Program.

1.0.11 All employees will be required to attend the New Employee Orientation Program. Employees will become familiar with the policies and procedures of Rural/Metro Ambulance and the individual area of operation to which he/she will be assigned.

1.1 ADMINISTRATION:

The Human Resources Department will be responsible for administering the employment process and the maintenance of all employee records.

1.2 RECRUITMENT:

1.2.1 When a vacancy occurs, the Department Manager will forward a request to the Human Resources Department.

1.2.2 The job opening will be posted for a minimum of seven (7) days on the appropriate bulletin boards.

1.2.3 The Human Resources Department will contact the Department Manager regarding the recruitment procedure for the job, including advertising.

1.2.4 When new or replacement job openings occur, Rural/Metro Ambulance will consider and give preference to qualified active employees within the system and based upon business needs at the time.

1.2.5 Jobs will not be listed with “agencies for fee” without the approval of the Division General Manager.

1.2.6 The use of out-of-town newspapers, professional journals, newsletters, radio, television, or any other unusual method of employment advertising will require approval of the Human Resources Manager and/or the Division General Manager.

1.2.7 The Human Resources Department will be responsible for drafting advertisements, securing costs, preparing Requests to Purchase and placement of an employment advertisement.

1.3 REFERENCES:

1.3.1 All verification on current and/or previous work experience will be handled through the Human Resources department.

1.3.2 References on applicants must be kept confidential. No indication will be given to the applicant of any information received from a former employer.

1.3.3 There is to be no information given out upon request of verification of employment. All requestors are o be referred to The Work Number accesses:

1.4 INTERVIEW:

1.4.1 The Human Resources Manager and/or Coordinator will be responsible for all pre-screening interviews.

1.4.2 Qualified candidates will then be scheduled for a second interview with the respective Department Manager or their designee.

1.4.3 To make the best selection, the Department Manager or designee should:

1) Interview the applicant to decide the potential in relation to the job requirements;
2) Ensure applicant understands duties and responsibilities of the job;
3) Meet with the Human Resources Manager;
4) Document each interview to reinforce the final hire decision.

1.4.4 Each time a position is filled the Department Manager will justify the decision based on the criteria outlined in section 1.1.1

1.4.5 The Department Manager will meet with the Human Resources Manager to discuss all candidates prior to a final decision.

1.4.6 The Employment Application for the prospective new employee will be retained by the Human Resources Department along with starting date, quoted rates of pay, and signature of Manager.

1.4.7 Human Resources Manager will extend the offer of employment to the prospective employee and will confirm the starting date, rate of pay and orientation schedule.

1.4.8 No employee is to begin work until notified by the Human Resources department.

1.4.9 The prospective employee will attend the New Employee Orientation Program.

1.4.10 Unsuccessful applicants interviewed by the Department Manager or designee will be notified by the Human Resources department that the position has been filled.

1.5 ORIENTATION:

1.5.1 The Human Resources department will coordinate the orientation process with the training department and the new employee.

1.5.2 The Scheduling department will allocate time for the employee to receive such orientation.

1.5.3 The employee's will receive copies of the RM SOP's, NEOP manual, job description and a copy of the appropriate Medical Protocols during their orientation. Employees will acknowledge receipt of these items by signature upon receipt.

1.5.4 Any changes to these documents will require the employee's to sign for the revisions once they are distributed.

1.6 IDENTIFICATION BADGES AND COMPANY PROPERTY:

1.6.1 The Human Resources department issues permanent I.D. Badges.

1.6.2 New I.D. Badges are issued without charge. When a replacement is needed due to loss, the employee will be responsible for the replacement. The replacement fee is $5.00 and will be waived if the I.D Badge is lost or damaged in the line of duty.

1.6.3 New I.D. Badges are issued to employees who change their name or department

1.6.4 All company issued keys, uniforms, pagers/radios and other company property must be returned at the time of termination.

1.6.5 All I.D. Badges will identify the employee by name and title.

1.6.6 At the time of termination, I.D. Badges are to be returned to the company by the time the final check is issued.

1.7 EMPLOYEE STATUS CHANGE:

1.7.1 Any change in the employment status of an employee, including leave of absence, position, salary, etc., is processed via a Human Resource Action Notice (HRAN) form completed in the Human Resources department.

1.7.2 Any change in the employee's name, martial status, number of dependents claimed, Social Security Number or address must be immediately reported via the Workday System by the employee.

1.7.3 Any changes in salary or title must be approved by the Department Manager and confirmed by the Human Resources Manager.

1.8 TRANSFERS:

1.8.1 Transfers from Rural/Metro facilities outside of Central FL:

1) Employees requesting transfers from R/M facilities outside of Central Florida will be asked to forward a letter of recommendation from their current Department Manager.
2) Interview with the Appropriate Central FL Operations Manager or designee and Human Resources Manager.
3) Human Resources department or the Appropriate Operations Manager will evaluate the personnel file. Attendance, Tardiness, Corrective Actions, Accommodations, and length of employment will be taken into consideration prior to a decision being made on a transfer.

1.8.2 Transfers from Rural/Metro facilities inside of Central FL:

1) Employees requesting transfer within Central FL should fill out the internal transfer request completed by their current Operations Manager or higher.
2) If the transfer request is for a lateral position then an interview is at the discretion of the receiving Operations Manager but must be consistent in nature.
3) Clinical Testing is at the discretion of the receiving Operations Manager and Medical Director.
4) If the transfer request involves a promotion, then all Coproate promotionl processes will be followed.

2.0 POLICY: UNIFORMS

2.1 DRESS AND GROOMING:

A dress code has been established to present a professional impression to our patients and the public and to develop pride in Rural/Metro Ambulance and its employees. All employees of Rural/Metro Ambulance are expected to present a professional appearance to patients, visitors, and the public. The acceptance and success of Rural/Metro Ambulance depend largely upon the image its employees present. It is for this reason that appearance guidelines apply from the time an employee arrives at work until the time that they leave. Visitors and customers do not know whether an employee is off duty or not. If an employee is seen not in compliance with the expectations on the property or in an ambulance at post, then we as an organization are seen as unprofessional.

2.1.1 Employee will present a professional appearance and maintain grooming practices, that will not detract from a professional appearance. Personnel that have questions about the appropriateness of specific items of clothing and accessories, or aspects of appearance should discuss them with their Crew Chief.

2.1.2 Employees shall conduct themselves in a professional manner at all times while in uniform.

2.1.3 Company issued uniforms are considered the property of Rural/Metro Corporation and should be returned to the operation upon leaving the company. Since uniforms are the property of Rural/Metro and as such for liability & legal reasons, they will not be worn at any event that is not sanctioned by Rural/Metro Corporation.

2.2 GUIDELINES:

2.2.1 Uniforms shall be neat, clean, and wrinkle free. Each uniform shall look professionally acceptable, not baggy, tight, or long. Faded, torn or worn uniform items are not acceptable and shall be repaired or replaced. Any member of the on duty Management Team shall determine the appropriateness of any individual uniform item.

2.2.2 Shirts are to be tucked in and must be buttoned up to, and include, the second button from the top. The outer shirtsleeves shall not be rolled. Communications and field employees shall wear the darkblue button-up shirt issued by Rural Metro. Pants shall be Navy blue of a dress nature or style, hemmed to a length no shorter than the top of the shoe.

2.2.3 A Rural/Metro Ambulance of Florida patch must be worn on the left sleeve of the uniform shirt. Field personnel must wear a Florida certified EMT or Florida certified Paramedic patch on the right sleeve. Appropriate certification patches are to be worn by Communications personnel. Patches are to be in good condition at all times. Torn, faded or worn patches must be replaced.

2.2.4 Appropriate undergarments must be worn. Appropriate undergarments for males include underwear and a plain, white or navy blue, full-length crew neck T-shirt. Appropriate undergarments for females include underwear, bra and a plain, white or navy blue, full-length crew neck T-shirt. These undergarments shall be worn underneath uniform shirts while on-duty. No long sleeve undergarments shall be worn under short sleeve shirts. The T-shirt sleeves shall not be longer than the uniform shirtsleeves.

2.2.5 I.D. Badges, Nameplates & Service Pins

1) An official Rural/Metro Corporation I.D. badge (when issued) must be worn at all times when on duty. No service pins of any kind are to be worn on the I.D. badge. The I.D. badge must be clipped to the right or left shirt pocket on the uniform shirt. The employee will pay for any replacement I.D. not subject to normal wear (IE. loss or intentional damage).

2) A company approved metal nameplate (if purchased by employee) must be silver in color. Employee's first initial and last names are to be included on their nameplate. The nameplate shall be worn on the right side of the Uniform shirt just above the top edge of the pocket. This is not a replacement for wearing a company issued ID badge.

3) Approved service awards (ribbons, pins, etc) may be worn on the uniform shirt only. A pin may be worn vertically above the nameplate.

2.2.6 Employees may wear stud type earrings with a diameter no larger than a standard pencil eraser and only two studs per earlobe. The earring should be worn on the lower portion of the earlobe as opposed to the outer portion of the ear. Circular ear expanders are not permitted. Any employee with such piercing must have a flesh color spacer/plug to be worn while on duty and the plug will not be larger than a standard pencil eraser. Uniformed employees will not be permitted to wear body jewelry on any visible portion of the body except as noted above.

2.2.7 Neck chains may be worn, but must be tucked inside a T-shirt while on duty.

2.2.8 Uniformed employees shall be permitted to wear one ring per hand (wedding set is considered one ring).

2.2.9 Uniformed employees shall be permitted to wear one watch.

2.2.10 No bracelets, other than medical alert, shall be worn.

2.2.11 Socks must be dark blue or black. White socks may be worn if prescribed by a physician or if worn with boots or shoes of boot height.

2.2.12 Shoes or boots must be black with black shoelaces. All black athletic shoes are acceptable. Colored shoestrings are not acceptable. Shoes must be in good repair and provide good footing to minimize slipping. Shoes that could pose a safety hazard must be replaced. Footwear must be polished to a shine.

2.2.13 Rural/Metro personnel shall only wear an approved Rural/Metro issued ball cap while on-duty. Ball caps shall not be faded, ripped, or torn. Caps are to be worn with the bill

forward.

2.2.14 All uniformed personnel are required to bring a complete spare uniform to work with them.

2.2.15 All uniformed personnel, when reporting for duty, must be in complete uniform or they will not be permitted to start their shift, i.e., wrinkle free, buttoned, tucked in, wearing appropriate name device, shaven (per policy), shirt sleeves not rolled, etc.

2.3 PERSONAL HYGIENE:

2.3.1 ALL personnel are required to maintain an acceptable level of personal hygiene and cleanliness. Any substandard levels will be handled individually.

2.3.2 Make-up that is not distracting or offensive will be permitted. Natural soft earth tones or pale neutral colors that complement the individual skin tone are strongly suggested. Frosted and or fluorescent tones are not permitted.

2.3.3 Long fingernails present safety and health hazards to both employees and patients. Fingernails may not impede job responsibilities in any way, and must be clean and manicured. Nail jewelry is not acceptable.

2.3.4 Many patients suffer from severe respiratory diseases that can be aggravated by strong perfumes and many patients are allergic to perfumes and other strong scents, therefore, uniformed personnel when on duty will not use perfumes and colognes.

2.3.5 Hair must be clean and styled so as to present a professional appearance. Hair must be worn so as not to pose a safety hazard to the employee or patients. Hairstyles, that extend below the bottom of the shirt collar, or that may fall into the wearer's face, or potentially interfere with patient care, must be securely pulled up or pinned back by an appropriate hair device. Hair length may not be so long as to interfere with patient care or be a safety hazard to the wearer even when securely pulled back. No brightly colored bows, ribbons, etc. may be worn. Devices used to secure hair must be of natural or neutral tones that compliment the uniform.

2.3.6 All employees must be clean-shaven. Neatly trimmed goatee type beards are permitted. Facial hair cannot interfere with the seal of the N95 mask.

2.3.7 Mustaches are permitted but must be neatly trimmed, so as not to interfere with the seal of the N95 mask.

2.3.8 All Rural/Metro employees will be fit tested at initial hire, and then annually thereafter.

2.4 OTHER UNIFORM ITEMS:

2.4.1 During cool or inclement weather, a Rural/Metro issued jacket may be worn over a uniform shirt.

2.4.2 Long sleeve undergarments will not be worn under short sleeve uniform shirt.

2.4.3 The wearing of “dickeys” or turtleneck shirts underneath a uniform shirt will not be permitted. However, the Management Team may make an exception for a specific time frame during extended cold weather. This decision will be made on a seasonal basis upon employee request. If “dickeys” or turtlenecks are allowed to be worn they must be white or navy blue and may not be worn under a short sleeve shirt unless a long sleeve outerwear garment is also worn at all times, i.e., sweater.

2.4.4 Uniform items contaminated by body waste that constitutes a blood borne pathogen hazard are to be placed in a red biohazard waste bag and will be cared for per the company policy on bio-hazardous waste disposal. The employee should notify their Crew Chief or the person responsible for ordering uniform items about the contaminated garment so that it can be replaced.

SECTION 3.0

3.0 POLICY: PUBLIC RELATIONS

Rural/Metro Ambulance participates in local pre-hospital service programs and community emergency planning. Interagency harmony will assure the public of the continuation of the high standards of patient care and transportation for which Rural/Metro Ambulance has become recognized across the country.

3.1 COURTESY:

Every employee of the Company shall project a positive and courteous image at all times, not only to maintain and improve relations with the general public, but also in the best interest of patient care and working relations with law enforcement agencies, other pre-hospital care providers and agencies, and urgent/non-urgent health care facilities.

3.2 HEALTH CARE FACILITY RELATIONS:

3.2.1 Positive health care facility relations are of paramount importance to Rural/Metro Ambulance.

3.2.2 When in any health care facility, Rural/Metro Ambulance personnel are expected to conduct themselves as Medical Service Professionals and to work cooperatively with the personnel of that facility.

3.2.3 Should a conflict arise in the health care facility, Rural/Metro Ambulance personnel must remain courteous and professional at all times. A report of the incident should be submitted to the on duty Rural/Metro Ambulance Crew Chief immediately.

3.2.4 Should the facility staff require help and ask Rural/Metro Ambulance personnel for assistance (i.e., CPR, special handling of a patient, etc.) render whatever assistance is requested unless there is pending ambulance traffic. Advise the communications center

that the EMS personnel are in-service and available for calls.

3.3 EMS, FIRE, AND LAW ENFORCEMENT AGENCY RELATIONS:

3.3.1 Rural/Metro Ambulance personnel will conduct themselves as a Medical Service Professionals and assist whenever necessary to ensure excellent patient care.

3.3.2 Should any conflict arise with a member of another agency a professional attitude will be maintained, placing the care of the patient foremost. A written report will be made to the Rural/Metro Ambulance Crew Chief as soon as possible regarding the incident. Local, regional, and state protocols have been established to deal with any problems that arise between pre-hospital care personnel and the performance of medical care.

3.4 PUBLIC/ GOVERMENTAL RELATIONS:

All information to the media, the general public or a patient's family shall be referred to the appropriate agency, receiving facility or the person authorized at Rural/Metro Ambulance to release such information. (Refer to Rural/Metro Ambulance Policy 3.4.6). It is imperative that HIPAA regulations are followed at all times.

3.4.1 All requests from any Media for information or interviews are to be directed to the Division General Manager or designee.

3.4.2 The Division General Manager must give prior approval for all information released to the media.

3.4.3 When encountering or working in conjunction with a governmental official (elected or emergency services personnel), Company personnel are expected to conduct themselves as Medical Services Professionals and to work cooperatively with the officials.

3.4.4 Company personnel will avoid conflict with customers (community, government, etc) at all times. Should a conflict arise Company personnel must remain courteous and professional. A Crew Chief/Manager must be notified immediately. A report of the incident will be submitted, in writing, to the crew chief/manager that was notified

3.4.5 It is neither professional nor appropriate to publicly criticize a customer (community, government, etc) governmental official or the service they render to the public. If Company personnel have a concern about any of these matters, they are to bring those concerns to the attention of the Operations Manager, or Division General Manager.

3.4.6 Patient Confidentiality must be maintained at all times. No Rural/Metro Ambulance employee will discuss or disclose information pertaining to a patient other than in appropriate situations (i.e., Base Station Tape and Chart review, etc.). At no time should the employees of Rural Metro ambulance give any patient information to any one not directly involved in the care of that patient, except by court order or otherwise directed by the management staff at Rural Metro.

3.5 SOLICITATIONS AND DONATIONS:

All inquiries will be routed to the Division General Manager. To receive consideration, all solicitation requests must be in writing. Each inquiry will be reviewed and discussed by the Contribution's Committee. No employee shall engage in solicitation while on duty, in uniform, or on company property unless prior written approval has been obtained from the Division General Manager.

Section 4.0

4.0 VEHICLES AND EQUIPMENT:

Rural/Metro Ambulance strives to present each employee with a safe working environment and expects each employee to actively seek to maintain and improve the Rural/Metro Ambulance safety record. It is recognized, however, that accidents may occur. To effectively manage the results of such incidents to protect both the employee and the company, employees are expected to utilize a strict reporting structure and timetable for all incidents.

4.1 PROPERTY LIABILITY, AUTO LOSSES:

4.1.1 Major Collision – For the purpose this policy, a major collision shall be one in which there is (1) more than $1,250.00 worth of damage to the Company's vehicle, (2) injury or death to another individual has occurred, or (3) felony charges have been placed against the employee, (4) when a Rural Metro vehicle strikes another vehicle. Major accidents will be verbally reported to Corporate immediately (24 hours per day) and followed by the appropriate incident reports, Crew Chief's reports, and investigations. These documents are to be submitted by the on-duty Crew Chief before the end of the shift in which the incident occurred, to the local Human Resources Department.

A) Persons to contact in order of availability:
   1. Crew Chief
   2. Assistant Operations Manager
   3. Operations Manager
   4. Assistant General Manager
   5. General Manager

B) During non-business hours these people may be reached by calling their company issued cell phones.

4.1.2 Minor Accidents – For the purpose of this policy, a minor MVA shall be one in which there is less than $1,250.00 worth of damage to the Company's vehicle.

4.1.3 MVA Investigation Sub-Committee – An MVA Sub-Committee, which will consist of the following personnel, will review all MVAs, determine preventability, and recommend a course of action per this policy.

A) Representative on Sub-Committee:
   1. Safety Committee Chair
   2. Fleet Operations Manager or representative
   3. Operations Manager
   4. Human Resources Representative
   5. Investigating Crew Chief – requested, but not required

The Sub-Committee will meet within three (3) business day after an incident, to review the facts and determine the preventability of the MVA. A meeting of the committee shall consist of at least three (3) members, one being the Safety Chair or an appointed Vice-Chair in the chair's absence, at least one Manager, and a representative from Fleet Operations. Such meeting may be conducted via conference call or other means to expedite finalization of the process.

If the committee determines that (a) the MVA was not preventable, (b) the employee was not at fault (c) the employee's drug screen was negative, and that (c) company driving policy was followed, the employee will be reinstated to full driving status and made hole for all lost wages and benefits.

If the committee determined that the MVA was preventable and/or that company driving policy was not followed, then the progressive disciplinary actions for preventable MVA's will take place.

5.1.4 Preventable MVA's (Minor)

For the purpose of this policy, a minor MVA shall be one in which there is less than $1,250.00 worth of damage to the Company's vehicle.

A) FIRST OCCURRENCE:
   1. Written warning.
   2. Suspension when deemed preventable by safety committee, without pay, for a period of twenty-four (24) scheduled work hours plus the day of the occurrence.
   3. Remediation of driving skills as determined by the Safety Chair or Vice-Chair. See "Remediation" under "Additional."
   4. Corporate Risk Management will maintain the MVA on record in accordance with the Rural/Metro Corporation's Employee Driving Record policy contained within the Safety Manual, section 3. The Corporate Risk Management Department has final say on any employee's driving status.

B) SECOND OCCURRENCE:
   1. Final written warning.
   2. Suspension when deemed preventable by safety committee, without pay, for a period of thirty-six (36) scheduled work hours plus the day of the occurrence.
   3. Remediation of driving skills as determined by the Safety Chair or Vice-Chair. See "Remediation" under "Additional."
   4. Corporate Risk Management will maintain the MVA on record in accordance with the Rural/Metro Corporation's Employee Driving Record policy contained within the Safety Manual, section 3. The

Corporate Risk Management Department has final say on any employee's driving status.

C) THIRD OCCURRENCE:
1. Termination

5.1.5 Preventable MVAs (Major)

For the purpose of this policy, a major MVA shall be one in which there is more than $1,250.00 worth of damage to the company's vehicle, injury or death to another individual has occurred, or felony charges have been placed against the employee.

A) FIRST MAJOR MVA OCCURRENCE:
1. Final written warning.
2. Automatic suspension, without pay, for a period of eighty (80) scheduled work hours plus the day of the occurrence.
3. Remediation of driving skills as determined by the Safety Chair or Vice-Chair. See "Remediation" under "Additional."
4. If the employee is already in the progressive disciplinary process as a result of a previous MVA, then the employee faces possible termination.
5. Corporate Risk Management will maintain the MVA on record in accordance with the Rural/Metro Corporation's Employee Driving Record policy contained within the Safety Manual, section 3. The Corporate Risk Management Department has final say on any employee's driving status.

B) SECOND OCCURRENCE:
1. Termination.

ADDITIONALLY:

Remediation - If it is determined that inadequate driving skills were a contributing factor to the accident, then the Safety Chair or Vice-Chair may order a suspension of driving status until the employee has completed a minimum of twenty-four (24) hours of remedial training with an assigned Driving Instructor and/or completion of a company provided Driving Class. The employee who is ordered to undergo remediation must receive satisfactory scores from the assigned Driving Instructor before reinstatement of driving privileges.

Management reserves the right to determine when, what progressive corrective action, including termination, is appropriate, and at what stage it should be implemented. This will be based upon factors such as, but not limited to, experience driving, severity, and factors of incident and other preventable accidents.

5.2 EMPLOYEE INJURY:

5.2.1 Major Injury – Any injury that requires admission to a hospital or other facility.

5.2.2 Minor Injury – Any lesser injury including emergency department treatment where the employee is treated and released rather than admitted.

5.2.3 Accident Report will be submitted within 24 hours of incident to Crew Chief and within 48 hours to Risk Management.

5.2.4 Crew Chief's investigation will be completed by the end of the shift that the incident occurred on.

Written accident reports will be submitted to:
Risk Management via scan and email.

5.3 INSPECTION:

5.3.1 All vehicles will be inspected daily, prior to going in service. The on-coming crew will be responsible for completing a daily vehicle inspection sheet and returning to the Supply Technician prior to going in service.

5.3.2 Any problems found with the vehicle will be documented in writing on the vehicle check-off sheet. Findings of a serious nature will justify taking the vehicle out of service until necessary repairs can be made. It will be at the discretion of on-duty Crew Chief. If a vehicle is placed out of service, an out of service form must be completed and returned in to the on-duty Crew Chief.

5.3.3 All vehicles will be cleaned inside and out at the end of each shift.

5.3.4 Start of Shift vehicle inspection forms must be completed at the beginning of shift. Emergency calls and posting assignments will not be delayed for a full unit check off. Critical equipment list includes Oxygen, controlled substances, airway kit and cardiac monitor. Once these items are checked the unit is subject to calls and posting assignments. In between calls and posting the crews top priority is to complete the remaining check-off.

5.3.5 Lost / Damaged Equipment forms must be completed as soon as it is noticed that equipment is lost / damaged.

5.4 FUEL:

5.4.1 The fuel tank(s) will be above the ¾ mark at the end of the shift. Only under special circumstances, such as unit out of service mechanical, will the vehicle's fuel supply be allowed to be reduced below ¾ capacity. If a crew is assigned a vehicle that is noted on inspection to be below ½ capacity, they are to notify the on-duty Crew Chief.

5.4.2 Rural/Metro Ambulance provided fuel cards will be used to purchase fuel for company vehicles only, unless authorization has been given by the Division General Manager or designee.

5.5 MAINTENANCE:

5.5.1 All minor maintenance will be performed, as needed, by the employees of Rural/Metro Ambulance (oil, water, transmission fluid, etc.). Employees are encouraged to note minor repairs needed on an IR.

5.5.2 Major mechanical repairs will be provided by Rural/Metro Ambulance Fleet Service or by an approved automotive repair service.

5.5.3 Routine mechanical inspections will be performed and recorded on all vehicles daily. Any problems found with the vehicle will be reported immediately to Crew Chief.

5.5.4 Crew Chief shall then report all repair/correction to the Fleet Manager in the daily pass-down report provided by the Crew Chief.

5.5.5 Preventative maintenance will be performed on a regularly scheduled basis by Fleet Service or at a location designated by Fleet Service as demonstrated in Rural Metro's Preventative Maintenance Program Supplement A.

5.6 OPERATIONS/VEHICLES:

5.6.1 When driving any vehicle owned by Rural/Metro Ambulance, all state and local laws pertaining to the operation of that vehicle will be observed. The driver of a Rural/Metro Ambulance vehicle is not exempt from any citations issued for negligent operation of the vehicle or infraction of the law.

5.6.2 All policies and procedures for urgent and non-urgent driving will be followed as outlined in the Coaching the Emergency Vehicle Operation (CEVO) guide and the Emergency Vehicle Operator Handbook; including DOT, NHTSA, State of Florida Vehicle and Traffic laws and Rural/Metro Ambulance policies.

5.6.3 The on duty Crew Chief must be consulted in any situation when placing a unit out of service.

5.6.4 The doors are to remain locked when attendees are away from the unit at all times.

5.7 APPEARANCE:

5.7.1 All vehicles will be clean, sanitary, and stocked, inside and out, at all times. Bugs will be removed from the windshield, grill and mirrors. Mud, road oil, etc., will be cleaned from the vehicle body and doors. The floor will be wiped after every call before the gurney is replaced. The entire interior will be checked for blood, used supplies, etc., after every call and cleaned as needed.

5.7.2 There will be NO SMOKING (cigarette, cigar, and pipe) and NO TOBACCO USE (Copenhagen, Skoal, Red Man, etc.) in any vehicle at any time.

5.7.3 Food or drink of any kind in the vehicle will attract insects and may cause damage to the wiring due to spillage. The privilege of having such refreshments may be revoked if insect infestation, wiring or equipment damage occurs.

5.7.4 At the end of each shift, the crew will work cooperatively with the Supply Technician to insure the ambulance is cleaned, restocked, and ready for service

5.8 EQUIPMENT:

5.8.1 All Rural/Metro Ambulance personnel will be totally familiar with the use and maintenance of all of the equipment in the vehicle in which they are working.

5.8.2 All EMS equipment will be used in the manner for which it was intended. No equipment will be used in a negligent manner, which could result in loss, damage or injury.

5.8.2 Any time a medical device fails and a patient's care was affected, an immediate report must be filed with the Crew Chief. The Crew Chief will then file a full investigation with the Quality Assurance Manager. A determination will be made if the failure affected the patient and if the failure was operator error. In the event that a medical device fails and a patient is harmed a report must be filed with the Food and Drug Agency and the Manufacturer.

5.9 EQUIPMENT INSPECTION:

All equipment will be visually inspected at the beginning of the shift for obvious damages. Missing, damaged or inoperable equipment must be accounted for by the crew going off duty. Any equipment problems should be noted and either fixed or replaced immediately. All equipment will be inspected and cleaned after every use.

5.9.1 Durable goods will be secured in the supply warehouse. These items will be signed in and out from the warehouse.

5.9.2 Missing, damage, or inoperable equipment must be accounted for by the crew going off-duty via a "Lost / Damaged Equipment Form". Any equipment problems should be noted and either fixed or replaced immediately.

5.9.3 It is the responsibility of the EMS personnel on-duty to see that required equipment is present and operational.

5.9.4 All equipment will be cleaned according to appropriate infection control practices as defined in the Exposure Control Plan after every use.

5.10 EQUIPMENT MAINTENANCE/REPLACEMENT:

5.10.1 The employees of Rural/Metro Ambulance will maintain all EMS equipment. If major repairs are necessary, contact the on-duty Crew Chief immediately and explain the situation. Follow up with an Out of Service Form to the Crew Chief/Supply and Inventory.

5.10.2 All equipment that is sent for repair by an outside agency will be inspected, cleaned, and disinfected prior to being sent for servicing. All outside service shops will receive a letter notifying them of the potential blood borne pathogen hazard associated with EMS equipment. Any equipment that is sent for servicing will be marked with a

Biohazard label and tagged “Possible contamination.”

The off-going crew and supply technician will work cooperatively to insure that supplies are re-stocked at the end of each shift Items will be restocked via the supply usage form.

5.10.3 Any equipment that is considered to be durable equipment (i.e., multiple patient use) that is lost or damaged during the course of the shift must be accounted for via a “Lost / Damaged Form’.

5.10.4 The disposable bedding on the ambulance stretcher (sheets and pillowcase) will be discarded in the proper container after every patient use.

5.10.5 At the end of shift, the main O_2 cylinder should read no less than 600 psi. The main should be changed while on-duty if levels drop below 500 psi. The main oxygen cylinder shall be turned completely off at the tank valve between each patient contact.

5.10.6 At the end of shift, there should be at least two full portable O_2 cylinders and no less than 600 psi in each active portable O_2 cylinder with regulator attached. There should always be a minimum of two portable O_2 cylinders on each unit.

5.11 EQUIPMENT USAGE:

5.11.1 In the event that certain equipment (LP12, Pulse Ox, oxygen cylinders, IV Pump, Ventilator, etc.) has to be left with the patient, the on-duty crew chief should be notified immediately. At this time arrangements will be made for the retrieval of the equipment and equipment to be used in the interim.

5.12 CHANGE-OUT PROCEDURE FOR RESERVE UNITS:

5.12.1 Receive prior approval from the on-duty Crew Chief.

5.12.2 The crew will be routed to Station One by Communications.

5.12.3 When possible, the mechanic will advise you of time needed for repairs. If it will be 30 minutes or less the Crew Chief will advise you if an immediate change-out is necessary. If more than 30 minutes are needed for repairs, you will immediately secure reserve vehicle keys and proceed with the change-out.

5.12.4 Vehicle change-outs should not exceed 30 minutes.

5.12.5 The crew, during switch out procedure, must clean the out of service unit and work with the Supply Technician to insure that it is stocked and ready for the next crew.

5.12.6 No equipment or supplies should be changed between units. If missing equipment is noticed a “Lost / Damaged Equipment Form” should be completed and turned over to the Supply Technician for review. The Supply Technician will make appropriate arrangements for replacement equipment. No soft supplies are to be taken from one vehicle in order to stock another unit. Employees will maintain control of their equipment that was retrieved at the start of their shift.

5.12.7 When the reserve unit is returning to the compound the last crew that used that unit will be held responsible for the condition in which it is returned. The unit should be fueled before being returned to Station One and washed prior to the keys being returned.

5.13 DAILY VEHICLE CHECK LIST PROCEDURE:

5.13.1 Each crew will complete a Vehicle Check Sheet Prior to going in service.

5.13.2 Any deficiencies or abnormalities include, but not limited to:

1) Tire or wheel abnormalities (tread, bubbles, low pressure, cracks in wheels, missing or loose lug nuts).
2) Excessive fluids on the ground under the vehicle
3) Voltage irregularities
4) Low oil pressure after 5 minutes engine start
5) Greater than 4-inch steering wheel play
6) Brake light on
7) Repairs Needed

5.13.3 If, in the opinion of an operator, the vehicle is unsafe, the operator will notify a Crew Chief immediately. The on-duty Crew Chief will make determinations regarding out of service vehicles.

5.13.4 In order to maintain operational efficiency and ensure compliance with safety standards, employees are not to contact Fleet Services or specific Fleet Services personnel when the employee discovers a deficiency or abnormality. It is the responsibility of the employee to make immediate contact with a Crew Chief who will then determine a course of action relative to resolving the situation.
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5.13.5 Whenever the engine is off, the batteries of the vehicle will be turned off. All doors will be locked and ignition keys removed.

5.14 DAILY VEHICLE CHECK PROCEDURE:

5.14.1 Walk around exterior inspection:

1) Body and paint condition (any damage to the body or paint shall be reported to the fleet call-in line and Crew Chief prior to leaving the station)
2) Presence of fluids on ground under vehicle
3) Visual inspection of wheels and tires; tire condition, tread wear, low tire pressure, cuts and bubbles in tires, cracked wheels, loose or missing lug nuts

5.14.2 Starting the vehicle:

1) Parking brake engaged
2) Transmission in “PARK”
3) All electrical switches “OFF” (includes radios, A/C-heat, lights, siren, etc.)
4) Module switch “OFF”
5) Battery selector switch to “BOTH” or “ON”

6) Ignition switch to “ON”
7) Diesel powered vehicles: Wait for glow plug indicator to go out
8) Check voltage: Minimum 12 volts
9) Start engine. Stop if engine does not engage after 10 seconds. If engine does not start, turn ignition switch to “OFF” then repeat steps 4 to 7 above. If engine still does not start, repeat this procedure one more time. Report to Crew Chief if this attempt was not successful.
10) Check oil pressure; midpoint on scale
11) Engage auto throttle
12) Check voltage: Range 12 – 14 volts

5.14.3 Check Light, Environmental Systems:

1) Headlights “ON”
2) Emergency lights “ON”
3) Radios “ON”
4) Siren “ON”, standby or manual position
5) Verify auto throttle engaged
6) A/C or heater “ON”; fan on high
7) Check voltage: Range 12-14 volts with lights on
8) Check temperature of A/C or heater. NOTE: Engine must be at normal operating temperature for heater to operate properly.
9) Check A/C or heater in patient compartment
10) Check lights, suction, and vent in patient compartment

5.14.4 Stop Engine:

1) All electrical switches “OFF”
2) Auto throttle, disengage
3) Module switch “OFF”
4) Ignition switch “OFF”
5) Battery selector switch “OFF” (never turn off batteries while unit is running)

5.14.5 Power plant Inspection:

1) Raise and secure hood
2) Batteries: Visual check for corrosion and moisture. DO NOT remove caps.
3) Master cylinder. Visual check for external leaks. Check fluid through translucent reservoir only. DO NOT remove lid. DO NOT add any fluid.
4) Check upper fan belts for tension cracks or fraying.
5) Check coolant level by visual inspection of reservoir. DO NOT remove radiator cap.
6) Check windshield washer fluid level. Add only approved fluid. DO NOT add plain water or window cleaner.

5.14.6 Engine Oil / Transmission Fluid Levels:

1) Engine oil and transmission fluid levels MUST be checked at the start of shift daily. To check fluids remove dipstick and wipe clean with a clean shop rag. Reinsert into tube fully.
2) Remove dipstick again and check level.
3) Add appropriate fluids, one quart at a time as indicated. Use only specified approved fluids for the vehicle as indicated on the inside of the vehicle logbook.
4) Replace all caps and ensure dipsticks are securely

5.14.7 Secure Vehicle:

1) Close hood. Verify locked
2) Verify battery selector switch “OFF”
3) Remove keys from ignition
4) Lock vehicle as indicated

5.15 CLEANING FACILITIES:

Each ambulance is stocked with all necessary materials for proper disinfecting following each patient encounter. Such cleaning should be accomplished at the facility after each patient encounter. Contaminated materials should then be bagged and disposed of according to the Infection Control policies.

The outside of the ambulance is to be washed at the end of every shift. If washing ambulance within thirty minutes of running emergency, DO NOT wash the wheels at that time. It will cause the rotors to crack and warp.

SECTION 6.0

6.0 EMERGENCY VEHICLE OPERATIONS:

All Rural/Metro Ambulance personnel entrusted with company vehicles will successfully complete the National Safety Council, Coaching the Emergency Vehicle Operator program (CEVO); including maneuvering exercises, field evaluation, and have a thorough understanding of the Rural/Metro Ambulance Policies for Driving. The course meets and exceeds the requirements of F.S. 64E.

6.1 SAFETY COMMITTEE:

6.1.1 The Company will establish a Safety Committee

6.1.2 The Safety Coordinator will function as the Chair of the Committee. The Safety Coordinator will also represent the local operation on the Regional Safety Team. There will be representatives from each area of the operation on the Committee.

6.1.3 The Safety Committee will review, for safety, the following:

1) All work areas, including offices, and fleet area.
2) All procedures, including dispatch, operational, daily, etc.
3) Any other items that may affect the safety of the employee's and their work environment.
4) All vehicle accidents and industrial injuries.
5) All Safety Reports reviewed.

6.1.4 The Safety Committee will submit, in writing, all suggestions for improvement in safety to the Operations Manager or designee.

6.1.5 Federal, State, and Local law must temper any decisions concerning implementation of suggestions received from the Safety Committee, the amount and frequency of risk, and the corresponding cost of implementation.

6.2 SAFETY EQUIPMENT:

6.2.1 Employees are required to use any safety devices provided, i.e. seat belts, web restraints (if applicable), shoulder, waist, and leg straps on the stretcher. For pediatrics, the usage of child car seats, pediatric immobilizers or stretcher seat immobilizers. The only exception will be for the attendant during the performance of patient care.

6.2.2 Not permitted to modify or circumvent any safety devices issued or provided for use.

6.2.3 The Rural/Metro Ambulance personnel will assist into and out of the Ambulance vehicle all passengers. All passengers must wear seat belts.

6.2.4 There will be one safety vest per assigned person per ambulance. There will be an additional vest carried on the ambulance for any additional assigned person or observer.

6.2.5 An ANSI approved safety vest will be worn by personnel any time working in or near a roadway or parking lot.

6.3 EMERGENCY RESPONSE:

6.3.1 When officially dispatched on an emergency response, Rural/Metro Ambulance personnel will go immediately to their assigned vehicle and respond to the incident. The elapsed time between notifications of the call, until the time the vehicle is in route will be no longer than 60 seconds (one minute).

6.3.2 Do not state that you are in route to a call until both crewmembers are in the unit. Contact communications if you are going to have a delayed response greater than sixty (60) seconds.

6.3.3 At no time will either crewmember utilize cellular phones during emergency response.

6.3.4 Driver will refrain from checking pager, GPS, MDT or any other distractions while driving.

6.3.5 When responding to a call and you come up on a still alarm, advise Communications of still alarm and request a second ambulance dispatched to the initial call you were responding to. This is to occur prior to leaving the vehicle to assess the scene. Assess the scene in a timely manner. If no injuries advise the Communications Center immediately.

6.4 NON-EMERGENCY RESPONSE:

6.4.1 When responding to a location at the request of the dispatch center for a non-emergency request or transporting a patient with a non-life threatening illness or injury to a health care facility or doing a routine general transfer (GT), (no red lights or siren are used), the employee will obey all traffic signs and laws. The crew will go directly on the call immediately. The time lapsed between dispatched and the unit being en-route should be no longer than 90 seconds.

6.4.2 At no time will a cellular phone be utilized while on a non-emergency response, except to receive directions.

6.5 EMERGENCY/NON-EMERGENCY RESPONSE GUIDELINES:

6.5.1 It is the responsibility of the attendant to guide the driver to the scene using the area mapping system. The employee should obtain sufficient information from communications before responding to give the driver a good idea of where the incident occurred. The attendant should give clear, definitive directions to the driver as to the exact incident location, using the area mapping system.

6.5.2 When the Unit is assigned to a posting location, the Unit must be En route to post within 3 min and go directly to and remain within a one-half mile perimeter of this location. Any deviations must be cleared through the Crew Cief and then relayed to the dispatch center.

6.5.3 The attendant will operate the communication and siren system in route to the incident. Doing this will leave the driver free to drive with as little distraction as possible. The driver should concentrate on changing the siren sound with the horn, and maintain two hands on the steering wheel. While responding to the scene, the attendant should watch for approaching traffic from the right at all intersections. It is the driver's ultimate responsibility to assure that there is a clear, safe route through traffic. The attendant will not do paperwork while responding to emergency calls.

6.5.4 The employee should exercise caution (Due Regard) when driving the Ambulance, but caution is especially important when responding in the emergency mode. Statistics have proven that less than 5% of all Ambulance responses turn out to be true emergencies (immediate life-threatening situations). When responding to an emergency the driver may exceed the posted speed limit by 10 MPH on City, County or State roads. ONLY IF weather, traffic, and road conditions permit the increased speed. An exception will be any school zone with a posted speed limit or stopped school bus with flashing signals, which will always be obeyed.

6.5.5 When driving emergency do not go through a tollbooth or gate at a speed greater than 25 mph and turn siren off approximately 25 yards prior to entering the lane. This will decrease the chance of accident or injury to the toll attendant, the toll gate attendant, or the Ambulance vehicle. When a patient is on board, reduce your speed by 5-10 mph when taking curves or corners. This reduction in speed will give the patient a more comfortable ride and aid in patient care.

1. Never overtake or pass another emergency vehicle responding at any given time.

2. Proper distance should be maintained at all times as conditions warrant.

6.5.6 The driver must maintain their hands on the steering wheel when the vehicle is in motion.

6.5.7 When driving Emergency or Non-emergency do not go through the designated E-PASS ONLY LANE at a speed greater than 25 mph. This is not applicable to designated high-speed lanes.

6.5.8 Vehicle traffic facing a steady yellow signal is warned that the green signal is being ended or that a red signal will appear immediately.

6.5.9 For safety purposes and increased visibility, headlights are to be on whenever the vehicle is in motion.

6.5.10 On emergency scenes at night, when emergency lights are needed, turn off the headlights and leave on the parking lights, this will make the unit more visible and not

blind oncoming traffic. Remember to turn the headlights back on when leaving the scene.

6.5.11 At no time shall the driver use a cellular phone, pager, GPS, MDT or any other distraction while operating the ambulance.

6.5.12 Intersections:

1) Most serious Ambulance and other emergency vehicle accidents happen in an intersection. Remember the lights and sirens are merely asking permission for the right of way. It is essential that the driver approach all intersections with caution. It is important to realize that many drivers may be daydreaming or talking with the air conditioning on and the radio or stereo blaring; emergency vehicles are the last thing they are expecting.

2) When approaching any intersection and confronted by a red light or stop sign, the driver will come to a complete stop and make eye contact with all drivers before proceeding. If the traffic light is green, slow and check the intersection before going through. The driver will never go through a stop sign or traffic control signal until ensuring that it is safe to do so. It is not a right you are asking permission to precede.

3) It is the policy of Rural/Metro Ambulance not to use law enforcement agency vehicles to block off intersections or to escort Ambulance to and from the scene of an emergency incident except for airport facilities.

4) When using the siren, the wail will generally be used, with the yelp signal being used at all intersections, railroad crossings, curves, etc. the “Hi-Low” setting on the siren is not to be used.

5) While in emergency mode, and the normal flow of traffic is stopped, it is acceptable while using EXTREME CAUTION AND DUE REGARD to drive against oncoming traffic or against the normal flow of traffic. While performing an evasive maneuver as such you should not exceed ten (10) MPH.

6) If you observe that the normal flow of traffic is stopped and there is nowhere for the traffic to move, (i.e. a cement median, road construction, or an intersection), advise communications immediately that you are DELAYED BY TRAFFIC. When necessary shut down your siren and emergency lights as not to force traffic into an intersection on a red light. When the traffic clears or the light turns green, turn your lights and siren back on, advise communications you have CLEARED THE TRAFFIC, and continue in emergency mode.

7) When responding in emergency mode and you can see the traffic ahead is not moving and there is no way around, try and stay back about 100 feet. If possible and it is safe to do so shut down your siren. Shutting down will decrease the chance of panicking the motorists. Always remember to drive defensively and scan at least two blocks ahead.

8) While using EXTREME CAUTION AND DUE REGARD it is acceptable to use the median, right lane, and left turn lane when passing.

6.5.13 Backing of Emergency Vehicles:

The backing of an Ambulance is a dual responsibility.

1) Most accidents involving an Ambulance occur while the driver is backing the vehicle. Ambulances do not have the same field of visibility to the rear as passenger cars. The driver cannot turn around and look through the rear window as in a car. The driver must become very proficient in backing, utilizing the two side mirrors and the rear view mirror. Except when backing to the door of a health care facility with a patient on board, there must be a company employee guiding the driver when backing.

2) Any employee driving a Rural/Metro Ambulance will always have a company employee assisting them when backing. The window should be down so the driver may hear any direction given by the person backing them up. The side mirrors must be used to watch the person backing the vehicle. The person backing the vehicle must be at the left rear of the unit about eight (8) to ten (10) feet behind. Do not forget that the driver is also responsible for the front as well as the sides of the unit. The person backing the vehicle must have their hands free to give the approved Rural/Metro hand signals. If you do not see your backer, STOP!

3) The only exception to the utilization of a company employee to provide backing assistance is when a patient is on board. Only in this or other extreme circumstances should you utilize fire department, police, or security personnel.

4) When there is no one available to assist in backing, check surroundings, by doing a complete walk around the vehicle. Put emergency lights and back-up signal on; use all of the mirrors on the unit, and back up with EXTREME CAUTION!

5) When backing, emergency lights must be used to let motorists know that the unit is backing up and make sure back up signal is engaged.

6) When possible, always back into a parking space. This will make it easier to respond to a call and decrease any delay.

7) When backing a unit use approved Rural/Metro Ambulance hand signals (refer to 1995 National Standard Curriculum, US DOT NHTSA manual).

6.5.14 Braking:

1) START STOPPING SOONER – As soon as you see the brake lights or any other potentially hazardous situation, remove your foot from the accelerator and cover the brake pedal in anticipation of stopping; the deceleration will help the brakes and the physical forces that govern the Ambulance work more effectively. Following this procedure also decreases the chance of brake fade, which occurs when the brakes are constantly being used.

2) Braking distance is the space a vehicle travels from the time the driver applies the brakes to the time the vehicle comes to a complete stop.

3) Whenever stopping in traffic look for the rear tires of the vehicle ahead. Bring the Ambulance smoothly to a stop one full Ambulance length from the vehicle in the front. Not only will this reduce the wear on the brakes, shocks, and other equipment, the space will allow for immediate, unhindered response in the event of an emergency dispatch. This will also leave a safety space between the Ambulance and the vehicle behind it. If the vehicle behind should move toward the Ambulance there is space to move forward.

6.5.15 Turning at Intersections and U-Turns:

SIGNAL YOUR INTENTION – Make it easy for all drivers to adjust their driving to yours. Use brake lights and directional signals to communicate. Be aware of other traffic from all directions when turning at an intersection or making a u-turn. Directional signals will be used when making any turns or lane changes, even when responding emergency. The emergency vehicle driver should use extreme caution and the attendant should always be alert.

6.5.16 Passing Other Vehicles:

1) Never pass a vehicle on the right unless it is impossible to pass on the left, and then use EXTREME CAUTION. Use approximately 10 seconds to make a lane change in both emergency and non-emergency modes. This will decrease the chance of a side collision.

2) When passing vehicles, use extreme caution. The driver must be sure that the drivers of the vehicles being passed realize that the Ambulance is approaching. These drivers may not hear the siren or see the lights, or a driver may be in the process of making a left turn, which then creates a very serious potential for an accident to occur. Another situation to watch for is when approaching a line of vehicles (2 or more). Some of the drivers may be aware that the Ambulance is approaching, but there may be one or more drivers who will not understand why other vehicles in front of them are pulling off to the right or slowing down. Do not pass a line of vehicles until making sure that the drivers are ALL aware of the approaching Ambulance and have yielded the right of way.

3) Florida State Law and Rural/Metro require the use of lights and sirens when in emergency status. It does not permit the use of a spotlight to move traffic. The use of a spotlight blinds on-coming traffic. The spotlight may be used to check buildings for addresses when responding to calls, as long as it does not effect on-coming traffic.

6.5.17 Excessive Speed:

1) The majority of documented emergency vehicle accidents occur because vehicles are traveling too fast. The driver must drive defensively and have the vehicle under control at all times, driving at speeds safe for conditions. Never let the vehicle or your emotions are in control. Remember

Ambulances are heavy and take much longer to stop than ordinary vehicles. An Ambulance will also corner differently than a passenger-type vehicle.

2) If in doubt – slow down. It is much safer to maintain a constant speed, in which traffic is clearing a pathway than to be continually speeding up and slowing down. The result will be to outrun the effect of the siren and emergency lights. This is also extremely hard on the vehicle and gives the crew and patient a very uncomfortable and dangerous ride.

6.5.18 Sirencide:

Be aware of this phenomenon. Due to the noise of the siren, the Ambulance driver may be lulled into a false sense of security, believing that everyone hears the sirens and sees the lights and therefore will yield the right of way for the Ambulance. At the same time there is a tendency to increase the speed of the Ambulance.

6.5.19 Vehicle Following Distance:

Always maintain a safe distance. Never follow another vehicle too closely – use the five-second rule to maintain the proper distance between the Ambulance and the vehicle in front of it. Sufficient time and distance will be needed if the Ambulance must be stopped suddenly. During poor visibility double the following distance to ten seconds.

6.5.20 Ambulance Vehicle Routing:

1) While responding stay on the main roads as much as possible. The risk of becoming lost by cutting through a residential area or not being familiar with area road conditions could cause an unnecessary delay. Check with the Control Center daily for information on road construction, detours, road closures, etc. Avoid schools, playgrounds and other densely populated areas whenever possible.

2) When responding to a call and the crew is having difficulty locating the scene, immediately notify communications for further directions. Be prepared to reference your current location.

3) The Ambulance vehicle is designed for travel on constructed road (concrete and asphalt). There are some areas where dirt roads are well defined by grading and may be clay or shell. If it is necessary for the Ambulance to be driven off the road, avoid those situations that may cause the vehicle to become stuck, damaged, or disabled.

6.5.21 Irrational Behavior:

1) Look for the unexpected. The sight of flashing red lights and the sound of a siren will tend to cause people to panic, they may speed up, slow down, pull to left, stop short in front of the Ambulance, etc. The Ambulance driver must remain calm and alert; the safety and well being of many people rests with the judgment and the reactions of the Ambulance driver.

2) It is not appropriate to use the PA during any phase of a response. If the incident appears to be an intentional act on the part of the other driver, a written incident report should be given to the Rural/Metro Ambulance Crew Chief as soon as possible with as much information as possible. Never try to settle these matters on the street by confronting the offending motorist.

3) Watch for family or friends of the patient being transported following the Ambulance. They may be in an emotional state and want to keep up with the Ambulance even if the Ambulance is traveling emergency with lights and siren. These drivers are a very real hazard. To avoid this situation, before leaving the incident scene advise the family/friends that it would be dangerous for them to try to keep up with the Ambulance. Assure them that everything that can be done for the patient is being done by very skilled and qualified personnel in the Ambulance. If the situation develops after the Ambulance has left the scene, either stop and advise the driver of the vehicle or have the Control Center/dispatcher contact the appropriate law enforcement agency for assistance. Never attempt to out run vehicles following the Ambulance.

4) Rural/Metro may permit a family member to ride in the unit when the patient is being transported. This is a large part of patient care not only for the patient being treated, but also for the family member (i.e. communicating with the patient, the child that is frightened, or the elderly person that has difficulty explaining their history.) The family member will ride in the front of the unit and will wear their seatbelt at all times. If the person designated to ride is extremely upset or hysterical it may be better for an alternative mode of transportation (i.e. law enforcement) be found to transport the family to the hospital. The first priority of the crew is the safe transport of the patient and themselves. The parent or guardian of a stable pediatric patient may ride in the back of the ambulance with a seatbelt.

6.5.22 Climate/Road Conditions:

1) A very important factor in emergency vehicle driving is the weather. It will have a direct effect on the performance of the vehicle.

2) POOR VISIBILITY can be the result of any one or a combination of many weather conditions – rain, ice, the wind blowing dust/smoke, or fog. The driver of an emergency vehicle must be aware of these conditions in his/her particular area, and know how to operate the vehicle under these conditions.

3) Monitor the vehicle gauges constantly. On the scene, the engine should be left running, however the air conditioner, any unnecessary accessories, the siren switch and any emergency lights that are not vital to make the Ambulance and the EMS personnel visible to other traffic should be turned off.

4) ROAD SURFACES will show the direct effect of the weather. Mud, potholes, slick pavement from rain or ice, etc. are some of the surface hazards that may be encountered. Again, be familiar with the particular

response area and the adverse road conditions common in that area. Know how to operate the vehicle safely in any of these situations.

6.5.23 Ambulance Positioning On Scene:

1) Prior to picking up a patient, attempt to position the unit in the direction intended to use the exit the scene. Doing this will make it easier to transport and decrease the change of needing assistance for backing out of the area. Attempt to park the Ambulance as close to the scene as safely as possible. This will put the patient closer to the Ambulance and allow for easier access of additional equipment of required. However, do not park in a position that puts the patient close to the exhaust system. When parking the Ambulance at any scene exercise good judgment.

2) At an accident scene, law enforcement personnel will usually arrive before the Ambulance and direct the Ambulance driver to park in a specific location. If the Ambulance is the first unit at an accident scene, try to park just beyond the accident in the same lane as the accident, in order to allow traffic to safely bypass the accident scene. Assess the accident scene for fuel leaks, downed wires, trapped victims, number of victims, etc., and advise the control Center dispatcher to contact the appropriate agencies and request the necessary personnel, equipment and vehicles. Do not attempt to direct traffic. This is the responsibility of the law enforcement agency. The responsibility of EMS personnel is good patient care.

6.5.24 En-Route to the Hospital:

1) At no time will emergency lights and siren be used when transporting a patient to a health care facility unless the patient's condition warrants an emergency response.

2) Generally, it is the decision of the patient attendant as to how the Ambulance vehicle will transport the patient to the receiving facility (i.e., emergency, non-emergency). The patient's attendant will inform the driver prior to leaving the scene as to his/her transport preference. A transport may be upgraded or downgraded by the patient attendant at any time during the transport.

3) For a smoother ride for both patient and attendant, in non-emergency and city driving, accelerate the unit at one mile per hour per second.

6.6 HELICOPTER AND FIXED WING AIR RESCUE:

6.6.1 The following guidelines should be followed when working around any helicopter.

1) Ambulances should be parked safely away from the aircraft. Approach the aircraft from the front and only after being directed to do so by a flight crewmember.

2) Remember to close the doors and windows while helicopter rotors are moving.

SECTION 7.0

7.0 POLICY: COMMUNICATIONS

The conduct of all persons using an EMS radio must be professional at all times. Radio operators must follow all reporting and operating procedures as outlined in this manual. All messages must be as brief as possible. There should be no inappropriate, profane, or personal remarks at any time. Rural/Metro Ambulance and the Federal Communications Commissions monitor all radios.

7.1 PROCEDURE: RADIO ETIQUETTE

7.1.1 Keep the microphone at least 3 inches away from your mouth speaking across the face of the microphone. Depress the microphone and pause 1 second before and after transmitting to prevent “clipping” the message.

7.1.2 Personnel will not chew gum or candy or eat while transmitting.

7.1.3 Always identify full unit designation and give location by post or nearest intersection every time contacted.

7.1.4 Always be specific about time, using 24-hour (military) time.

7.1.5 Humor – Any attempt at humor via the radio will not be tolerated. The purpose of the communication system is to provide a link between the Control Center and field units or the delivery of patient care and the safety of our crews. Professionalism is required at all times.

7.1.6 Brevity – Be concise. Use simple words that are easily understood.

7.1.7 Be impersonal – Do not use works such as “I,” “you,” “us,” or a person’s name.

7.1.8 Think before speaking on the radio system. Avoid words that can be misunderstood or are unclear as to the meaning.

7.1.9 Do not guess or assume anything when receiving information. Double check all doubtful words, names, locations, etc.

7.1.10 If you do not clearly understand the message, do not hesitate to ask for a repeat. Under no circumstances should you acknowledge a message of which you are not absolutely certain.

7.1.11 Remember that at any time your radio traffic could be played on the evening news.

7.1.12 Slang and casual conversation is not acceptable.

7.1.13 Codes and signals are not acceptable practice per ICS.

7.2 CHOICE OF WORDS:

Undesirable	Preferred
Phone In	Land Line
Yes	Affirmative
No	Negative
Can't	Unable
Do you want	Advise if
Want	Request
If you would	Request
Get	Obtain
Head to	Be in route to
Code forty at	Available
Signal 20	Mental Health Patient
Signal 7	No vitals, no code
10-4	Copy

7.3 GLOSSARY OF TERMS:

Responding	Emergency response using lights and sirens
En Route	Non emergency response, with the normal flow of traffic.
COMMITTED	When a unit is assigned to a call/patient.
AVAILABLE	A fully manned and equipped unit that is available to the Control Center for dispatch.
IN SERVICE	A unit that is in motion and available by mobile radio.
OUT OF SERVICE	A unit that is not available for response due to mechanical or personnel reasons.
DELAYED RESPONSE	A unit that is available but cannot immediately respond (expected dispatch availability of 1-2 minutes).
REDUCED RESPONSE	A call originating as an emergency response that, following the receipt of further information, is no longer regarded as an emergency and is appropriately downgraded.
RESPONDING	The term used by units to advise that they are in route to arrival at the dispatched location.
ON THE SCENE	The term used by units to advise the arrival at the dispatched location.
RECEPTION CLEAR	Transmission is easily understood without interference (do not use "loud and clear").

RECEPTION POOR with static	Transmission is unreadable. Transmission is unreadable due to static.
REPEAT	Radio operator requests last transmission to be repeated.
DISREGARD	Cancel the last transmission or portion of transmission after the word disregard.
STANDBY	Crew or dispatch asking another to hold traffic..
SPECIAL DETAIL	When an on-duty crew has an engagement or appointment that has been pre-approved by Administration.
COPY	Term used by a unit to confirm that information or update was received.
UNIT CALLING	Request by Communications Center to unknown radio transmission to re-identify ID# and repeat transmission.
EMERGENCY TRAFFIC	Notification from the Communications Center or field unit ONLY that indicates an unexpected emergency or life-threatening situation has been encountered. All other radio traffic must cease so that Communications Center can obtain any necessary information from that unit. Only after the Communications Center has notified units to resume normal radio traffic may other units utilize that channel.
DISPATCH TRAFFIC	A notification from the Communications Center that temporarily restricts radio traffic to ONLY emergency call assignments. After the unit acknowledges receipt of a call, the Communiations Center will resume normal traffic.

7.4 RADIO FORMATS:

7.4.1 It is essential that in-service units notify the Control Center of their location. When the Control Center initially contacts a unit via the radio, that unit is to acknowledge each time by unit ID and location. The radio operator will repeat the information for verification. If a unit is already responding on a call, it should give location and ETA to the scene of that assignment. This will save the controller valuable seconds in evaluating the unit's proximity to calls or determining ETA for another agency.

7.4.2 Any responding unit concerned with the dispatch of the call can contact the field Crew Chief after handling the call. THERE WILL BE NO CONFRONTATIONS OF THE RADIO OR TELEPHONE.

7.4.3 Call assignments will be brief and concise. Unit ID, level of response, nature of incident, and location will be given once and the priority will be given twice after the unit page. That information will be repeated after the unit acknowledges response, along with additional units responding, etc. The unit will acknowledge receipt of assignment by "Clear on the call."

7.4.4 Once the unit has both personnel on board and is ready to start moving the crew is to call "En Route" to the call.

7.4.5 Units must be “en route” to emergency calls within 60 sec of the dispatch at all times.
7.4.6 When arriving at the property dispatched to, the crew MUST indicate “on scene
7.4.7 Whenever a unit has an MDT available status changes must be marked by the crew via MDT as accurately as possible. Status changes are often tracked for contractual compliance and accuracy is imperative.

7.4.8 If a unit has a dangerous situation on board, the unit should contact Communications and state that they have emergency traffic. A request for appropriate agency (PD or FD), brief reason why and confirmation of location will expedite response.
7.4.9 When going en route to a facility with a patient on board, the cre must indicate emergency or non-emergency transport, with an BLS or ALS patient. The crew must also notate additional patients or riders such a fire fighters, LEO and family members.
7.4.10

7.5 EQUIPMENT MAINTENANCE:

7.5.1 Daily maintenance of communications equipment includes assuring batteries are charged, connections are checked, and consoles are wiped free of dirt and dust, and are not exposed to moisture.

7.5.2 FOR ALL EQUIPMENT THAT DOES NOT FUNCTION, fill out an Equipment Out of Service Form and contact a Crew Chief for direction PRIOR to sending the unit for repair.

7.5.3 Assure that all Equipment Out of Service forms and invoices from vendors are routed to the Communications Center via normal paperwork collection procedures.

7.6 HOSPITAL COMMUNICATIONS:

7.6.1 Rural/Metro Ambulance personnel will be proficient in the communication of patient information to the receiving facility. Specific protocol guidelines as per the assigned Medical Control Base Station in your area and/or the EMS regional guidelines will be followed.

7.6.2 On all inter-facility transports, Rural/Metro Ambulance personnel will communicate with the physician and/or nurse in charge for the purpose of receiving information regarding the patient’s general condition, illness or injury, history, special considerations, etc., prior to transporting the patient to another facility.

SECTION 8.0

8.1 PATIENT RELATIONS:

8.1.1 Rural/Metro Ambulance patients are those individuals who are awaiting or receiving medical care by Rural/Metro Ambulance, Florida certified Emergency Medical Services professional.

8.1.2 The personal dignity of the patient will be maintained at all times, under any circumstances, when in the care of Rural/Metro ambulance.

8.1.3 When initially encountering a patient, Rural/Metro Ambulance personnel will identify themselves by name, certification and tell the patient that they work for Rural/Metro Ambulance. Treating personnel should ask the patient his/her name, and then use it throughout the call with the appropriate title of respect (Mr., Mrs., Ms., etc.).

8.2 REPORTING OBLIGATIONS:

8.2.1 Patient Information

Rural/Metro Ambulance personnel will give a complete patient report containing all pertinent information to the receiving R.N. or physician upon arrival at the receiving facility.

8.2.2 Child/Elderly Abuse

1) Any time EMS personnel respond to an incident involving a child of any age / elderly person, if there is any question in the minds of the EMS personnel that child abuse may have occurred, it must be reported immediately to the physician on duty at the emergency department. This must be followed by a report in writing to the Rural/Metro Ambulance Crew Chief and the Florida Department of Children and Families.

2) The following is the child/elderly abuse hotline 1-800-962-2873.

8.2.3 Crime Scene

1) Any response to an incident involving injuries sustained during the performance of a criminal act or where the patient has suffered any other specific injuries such as gunshot or knife wounds or poisonings, it must be reported immediately to the physician in the emergency department, followed by a report in writing to the appropriate law enforcement agency and the Rural/Metro Ambulance Crew Chief if requested.

2) This notification should not deter the EMS personnel from providing the patient necessary emergency medical care, if such is indicated. The EMS personnel must be careful not to disturb the scene. Document the position of the patient. If anything is moved it should also be noted. This information and any other findings will be of great value to the investigation team.

8.2.4 Administration

1) Investigations are usually initiated by law enforcement agencies following motor vehicle accidents, acts of violence, unexplained deaths, etc. All inquiries for information should be directed to Rural/Metro Ambulance, 4728 Old Winter Garden Road, Orlando, FL 32811. Rural/Metro Ambulance will work with the law enforcement agency to provide the information requested to facilitate the investigation, provided the request is handled through proper channels.

2) Rural/Metro will ensure that an accurate and complete run report is prepared for each instance in which:

A) A patient was assessed
B) Medical care was rendered
C) A patient was transported
D) A patient was pronounced dead at the scene
E) A patient was transferred to another licensed service
F) A patient was transferred from one medical facility to another
G) When the person or persons for whom EMS was dispatched refused treatment, transport or both

3) Rural/Metro Ambulance will document patient care (all calls where a unit arrives on the scene whether or not a transport) Chapter 64-E, F.A.C., 2.013

4) The Ambulance Run Ticket is a confidential document and may not be copied or discussed without the written consent of the patient or the legal representative of the patient. Rural Metro Ambulance is a covered entity under Federal HIPPA Guidelines.

8.3 INFECTION CONTROL PROGRAM AND POLICY STATEMENT:

To provide a comprehensive infection control system, which maximizes protection against communicable diseases for all employees and for the public that, they serve. The Company will annually train all employee's who perform tasks that may place them in contact with blood, bodily fluids, or tissue.

This policy applies to all EMS employees, both full and part time. Employee's that choose to be non-compliant with these policies will be subject to disciplinary action, up to and including termination.

Rural/Metro Ambulance recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of

emergency response, including in-station operations. The health and welfare of each employee is a joint concern of the employee and Rural/Metro Ambulance and its management. While each employee is ultimately responsible for his or her own health, the company recognizes a responsibility to provide as safe a workplace as possible. The goal of this program is to provide employees with the best available protection from occupationally acquired communicable diseases.

It is the policy of Rural/Metro Ambulance:

8.3.1 To provide emergency medical services to the public without regard to known or suspected diagnoses of communicable disease in any patient.

8.3.2 To regard all patient contacts as potentially infectious. Universal Precautions will be observed at all times and will be expanded to include all body fluids and other potentially infectious material (body substance isolation).

8.3.3 To provide all employees with the necessary training, immunizations, and personal protective equipment (PPE) needed for protection from communicable disease. After employment, EMS personnel will be offered the following immunizations. Hepatitis B and/or titre for Hepatitis B vacccination. PPD testing will occur every six months.

8.3.4 To recognize the need for work restrictions based on infection control concerns.

8.3.5 To prohibit discrimination of any member for health reasons, including infection and/or serum conversion with HIV or HBV virus.

8.3.6 To regard all medical information as strictly confidential. No employee's health information will be released without signed written consent of the employee.

8.4 EXPOSURE CONTROL PLAN:

In compliance with part 190 of the Code of Federal Regulations (OSHA), Subpart Z, section 1910.1030 (BLOODBORNE PATHOGENS), Rural/Metro Ambulance has developed an Exposure Control Plan. The following section of the Policies and Procedures Manual has been developed to implement the standards set forth in the Plan.

EXPOSURE TO COMMUNICABLE DISEASE

8.4.1 In the control of communicable disease, the role of the EMS professional is to protect himself, other personnel, patients, and the emergency vehicle from contamination. Scrupulous hand washing, both before and after caring for any patient, using appropriate Personal Protective Equipment (PPE) when providing patient care, and routinely cleaning the ambulance and all equipment after each patient transport is important in eliminating the sources and reservoirs of infection. Single-use patient care items, including disposable sheets, pillows, and pillow covers are also important in preventing the spread of infectious agents and will be used whenever possible. NON-DISPOSABLE BEDDING IS NOT RECOMMENDED FOR USE IN THE AMBULANCES.

8.4.2 If a Rural/Metro Ambulance employee suspects he/she has been exposed to a communicable disease via an infected patient's airborne moisture droplets or direct

contact with open lesions, or if a patient's blood or body fluids come in contact with the employee's open cuts or mucous membranes (including hangnails, conjunctiva, etc.) via needle stick or spattering/splattering, he/she will immediately report the suspected exposure to the Shift Crew Chief and will initiate an incident report.

8.4.3 The Crew Chief will contact the Designated Compliance Officer, who will arrange for testing/ appropriate treatment to be provided at no cost to the employee.

8.4.4 The Designated Compliance Officer will assure that the employee is notified and that the employee avails him/herself of the prophylaxis as recommended. The Designated Compliance officer will document on the incident report that all steps in the notification and follow-up process have been completed. Once the process has been completed, the incident report will be submitted to Human Resources for review and notification to our Workers Comp carrier.

8.4.5 The employee will be kept informed as to the status of patient follow-up, when appropriate, and the results of any testing as it becomes known to the Designated Compliance Officer. The exception being that, by law, any treatment and testing provided to an employee for job related exposure to the HIV organism will remain a confidential matter between the patient and the company physician.

8.5 INFECTION CONTROL/BODY SUBSTANCE ISOLATION GUIDELINES:

8.5.1 It will be the policy of Rural/Metro Ambulance that Universal Precaution and Body Substance Isolation (BSI) procedures will be observed at all times while providing patient care, cleaning the interior of the ambulance, cleaning equipment, or working in any environment where there is a risk of exposure to blood or body fluids. See Exposure Control Plan for complete list of body substances that are to be treated as though contaminated.

Universal Precautions and BSI include:

1) The treating of all body fluids as if infectious.
2) Use of masks, goggles, gloves, gowns, booties, and head coverings as indicated by the nature of scene and patient condition.
3) Careful attention to personal hygiene to include scrupulous hand washing both before and after providing patient care.
4) Appropriate cleaning of the ambulance and all durable medical equipment after each patient transport.
5) Adherence to all written policies and procedures relating to control of exposure to communicate diseases.

8.5.2 RESPIRATORY PRECAUTIONS:

The risk of health care workers acquiring respiratory borne diseases from their patients has greatly increased in recent years. Pre-hospital caregivers are particularly at risk. Often little or no information is available upon initial patient contact. Furthermore, patients are often found in small, poorly ventilated areas. Once in route to the hospital, these patients remain confined in the back of an ambulance right next to the caregiver.

1) High-risk patients are defined as anyone presenting with:

   A) Productive or persistent cough, night sweats, anorexia, unexplained weight loss or hemoptysis.
   B) Known HIV infection with cough and fever even if recent TB exams and PPDs have been negative.
   C) Cough with fever
   D) Pulmonary or systemic signs or symptoms that were attributed to other etiologies but have not responded to treatment.

NOTE: A high index of suspicion is warranted for any patient prescribed the following drugs:

- Isoniazid (INH)
- Streptomycin
- Rifampin
- Ethambutol
- Pyazinamide (PZA)

2) Respiratory precautions are defined as the following:

   A) The donning of gloves and masks whenever in the proximity of an at risk patient or in an enclosed area where such a patient has been. Masks must of the type approved by NIOSH. Disposal of all masks and gloves will be according to established biohazard waste procedures;
   B) When transporting high-risk patients, the onboard exhaust fan will remain on at all times;
   C) Whenever possible, high-risk patients present in a confined area will be moved to a better ventilated area without delay.

3) A Particulate Filter Respirator with Fluid Shield is intended to be used to minimize contamination caused by exposure to blood and body fluids and of the Medical Service Professional and/or patient caused by exhaled and other airborne microorganisms and other particulate matter.

   <u>APPLICATION</u>

   A) Separate mask to open fully.
   B) Gently pre-bend nosepiece to conform mask to face.
   C) Hold mask upside down to expose the two headbands.
   D) Separate the headbands with index finger.
   E) Cup the mask under chin.
   F) Bring the headbands over the head.
   G) Place the first headband at neck. Pull the remaining headband up and place at crown.
   H) Form nosepiece tightly across bridge of nose and face. Adjust mask to achieve facial seal.

8.5.2 Employees will be permitted to eat and drink in the cab of the ambulance provided they have worn personal protection equipment (PPE) during patient care and the PPE is removed and they have washed up prior to entering the cab. There must not be a patient on board when the crew is eating or drinking, the cab must be separated from the patient compartment by a partition, and the partition must be kept closed.

1) The following steps are to be utilized when cleaning the ambulance after each patient transport:

A) Rubber/latex gloves will be worn throughout the cleaning process.
B) Prepare the vehicle for cleaning by removing all soiled bedding and other medical wastes generated on that transport and place in a properly labeled, red bio-hazardous waste disposal bag.
C) In the event that reusable equipment (i.e. KED, STRAPS) cannot be cleaned at this time, place in properly labeled clear waste bags. DO NOT PLACE IN A RED BIOHAZARD BAG.
D) Check the patient compartment for any needles or sharps, which may be left and carefully placed in a red, puncture resistant, properly labeled, sharps container.
E) Check patient compartment and stretcher for areas soiled with blood or other body substances and remove with paper towels or disposable cleaning cloths with a germicidal, tuberculocidal and viruide detergent. Cloth towels or hospital linen will not be used for cleaning purposes.
F) Using the germicidal cleaner, wipe surfaces well to remove any remaining residue of blood or body substances. All visible blood and other secretions must be removed from cracks and crevices to insure penetration of disinfectant. Soiled backboards will be cleaned in the same manner before storing in the patient compartment.
G) Starting at the bulkhead and working your way to the back of the unit, clean all surfaces with which the patient or your gloved hands came in contact (such as the stretcher, the stethoscope, the cardiac monitor, and the radio mike or headphones) and all surfaces which may have become contaminated with blood or body fluids. Clean with soap and water or the approved cleaner/disinfectant, wipe well and let air dry.
H) Wipe the fabric covering of the blood pressure cuff with disinfectant and allow to air dry before storing. Do not spray cleaner directly on cuff or gauges. In the event the cuff becomes soiled with blood or body fluids, remove bladder from cuff, clean with soap and water, and replace outer covering. Place soiled cover in clear waste bag, label as “soiled equipment” tagged with unit # and crew. Contact Crew Chief for replacement.
I) When cleaning is completed, place all paper towels, cloths, and gloves used for cleaning in a red, properly labeled Bio-hazardous waste bag and dispose of all bags according to established procedures.
J) Finally, thoroughly wash your hands with soap and water or alcohol based hand cleanser and wipe dry with disposable towel. If uniform has become contaminated with blood or body fluids, do

not re-enter the cleaned patient compartment until uniform has been changed.

K) In the event an employee has a contaminated uniform and needs to return to station to change, the cab of the truck will be decontaminated upon arrival at station and prior to changing of the uniform. Starting in the center of the cab, work your way out the door using guidelines as for cleaning the patient compartment. Do not reenter the cab until the contaminated uniform(s) has been changed.

2) Patient restraint straps used on the spine board or stretcher that become saturated with blood or other body fluids will be removed immediately and placed in a waste bag. Place a label on the outside of the bag identifying the contents as “soiled equipment’ and type of equipment, unit # and crew. Deliver to Station One for cleaning.

3) Contaminated equipment is not to be cleaned or stored in any bathing, eating, or sleeping areas of an ambulance station. Durable medical equipment such as straps, blood pressure cuff coverings, Mast, etc., which are contaminated with blood or body fluids and are to be returned to Station One for cleaning will be placed in the designated bio-hazardous waste pick-up area of the station only.

4) Any medical waste generated while cleaning an ambulance at the station (including red bags in which contaminated durable equipment was transported) must be placed in a properly labeled, red bio-hazardous waste bag, sealed and disposed of on the next trip to a receiving facility. DO NOT DISPOSE OF MEDICAL WASTES IN STANDARD HOUSEHOLD OR COMMERCIAL WASTE CONTAINERS/DUMPSTERS.

8.5.3 Waste disposal receptacles must be made available for disposal of contaminated articles in route to treatment facilities. Receptacles will be lined with properly labeled, red bio-hazardous waste disposal bags. Bags will be sealed prior to disposal at the treatment facility.

8.5.4 All bins, pails, cans, and similar receptacles intended for reuse, which are used for storing medical wastes and which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials will be inspected for visual determination of contamination after each patient transport and decontaminated immediately upon delivery of the patient to the receiving facility if necessary. All such containers will be decontaminated once each shift regardless of whether there is valid evidence of contamination with potentially infectious materials.

8.5.5 Hazard Communication Program and Material Safety Data Sheets (MSDS) in compliance with OSHA 1910.1200, Section E, all employee’s will have access to the “Hazard Communication Program” and MSDS book at all times. These books will be made available to all employees and the MSDS book is located in the Fleet Ops area and the Supply area. The MSDS forms can be faxed to a crew in need at any time.

All containers of hazardous chemicals will be properly labeled and/or tagged with the identity of the hazardous chemical(s) appropriate hazard warnings, name, and address of manufacturer. These containers must be properly labeled before use.

8.6 PERSONAL HYGIENE:

8.6.1 Personal hygiene is essential in the health care profession and is especially important when dealing with a patient who has a contagious or communicable disease.

8.6.2 Scrupulous hand washing should be observed both before and after using personal protective equipment. See Exposure Control Plan for complete guidelines on hand washing.

8.6.3 Washable clothing will be worn by the ambulance personnel.

1) A clean change of clothes (a complete uniform) will be kept by each individual at the station.

2) If a transported patient is suspected of having a communicable disease which can be transmitted via blood or body fluids and the employee's clothing becomes contaminated with those body fluids, the uniform will be changed immediately upon completion of delivery of the patient to the receiving facility. That employee will be permitted to return to station, shower and change clothes.

3) General work clothes, such as uniform trousers, shirts, shoes, jumpsuits, etc. worn by an employee during the course of his/her duties that becomes contaminated with blood or other body fluids will be bagged and sealed in a plain plastic bag for later home laundering.

4) Uniforms should be washed separately from other family laundry. Wash in hottest water available for longest wash cycle of machine using detergent of choice. A mild solution of chlorine bleach (1:100 dilution) may be added to wash water prior to placing clothes in machine. Line or machine-dry.

5) Boots and leather goods may be brush-scrubbed with soap and hot water to remove contaminates.

6) General work clothes that an employee wears during the course of their duties that becomes GROSSLY contaminated will be laundered at company expense. The employee must contact the Crew Chief on duty whenever a gross contamination occurs for determination of appropriate laundering procedure.

8.7 PERSONAL PROTECTIVE EQUIPMENT:

8.7.1 Personal Protective Equipment (PPE) will be provided at no cost to the employee: PPE will be available in all emergency calls.

1) Disposable gloves
2) Disposable gowns
3) Disposable caps
4) Disposable booties
5) Eye shields
6) Disposable masks
7) Filter mask-NIOSH Approved

PPE will be removed and properly disposed of prior to leaving the work scene. The employee's uniform (shirt, trousers, jacket, shoes, etc.) is not considered to be personal protective equipment.

8.7.2 It will be the policy of Rural/Metro Ambulance that Universal Precautions and BSI will be observed with any patient contact. An exception report will be completed whenever Universal Precautions are not observed documenting the extraordinary circumstances that existed which justified setting aside of policy. All such occurrences will be reviewed by the Quality Improvement Manager for prudence and appropriateness, and possible action. (See Exposure Control Plan for examples of extraordinary circumstances.)

8.7.3 Masks with face shields are to be worn by EMS personnel when suctioning or performing invasive procedures.

8.7.4 Masks are not routinely worn by patients with infectious diseases unless they are coughing and unable to control their secretions.

8.7.5 Goggles and mask or mask with face shield are indicated if there is any opportunity for the patient's blood or body fluids to be sprayed into the EMS personnel's eyes (i.e. patient coughing or spitting up or any use of artificial airways).

8.7.6 Blood samples, avulsed, amputated, or expelled tissue (including human placentas) teeth, etc. recovered and transported to a hospital in a company vehicle will be placed in an appropriately labeled container that is leak proof and puncture resistant and can be sealed to prevent spillage.

1) Red biohazardous waste bags will be used for above items.

2) Use double bag method if there is a likelihood of spillage or leaking of material or fluids.

3) Blood tubes will be placed in re-sealable plastic bags such as Ziploc storage bags.

8.8 CARDIOPULMONARY RESUSCITATION:

8.8.1 Single-use bag-valve masks, pocket masks, laryngoscope blades, endotracheal tubes, LMA, and/or Combi-tubes are to be used for respiratory management of the cardiac arrest patient.

8.8.2 Suction equipment, Magill forceps, and other non-disposable items will be thoroughly cleaned after use, with soap and water, then disinfected with an appropriate disinfectant solution.

8.9 BIOHAZARD WASTE DISPOSAL:

8.9.1 All contaminated disposal materials and bedding must be considered “infectious” and placed in impervious red plastic bags clearly marked with the bio-hazardous waste symbol and sealed prior to disposal. DO NOT OVERFILL. Grossly contaminated or wet, dripping waste must be double bagged. See Exposure Control Plan for complete compliance standards.

8.9.2 Dispose of filled, sealed bags in appropriate containers in the dirty utility room of receiving facility. Do not dispose of bags in regular waste containers at receiving facility.

8.9.3 When transporting patients to their homes, any medical wastes generated during that transport will be bagged and sealed in properly labeled, red bio-hazardous waste bags to be disposed of on the next trip to a receiving facility. Bagged medical wastes will not be left at a patient’s home.

8.9.4 Sharps containers will be puncture resistant, leak proof on sides and bottom, and labeled or color-coded red as a biological waste.

8.9.5 Needles will not be bent, sheared, or over capped, except by using the one-handed scoop technique as taught.

1) The one-handed scoop (Zorro) method may be used when administering incremental doses of a medication to the same patient. Over capping is not permitted in any other situation.

8.9.6 Needles, syringes, razors, scalpels, broken glass (including drug ampules), and other sharp objects must be disposed of in a leak-proof, rigid wall, puncture-resistant container that is clearly marked with the bio-hazardous waste symbol. Self-sheathing needles must also be treated as sharps and disposed of in the same manner.

8.9.7 Sharps containers should be kept in all patient care areas and should be kept in an upright position throughout use. A portable container will be carried into any scene where it is anticipated that invasive procedures may be provided. Sharps containers will be closed prior to move from area of use to prevent accidental spillage of contents during movement.

8.9.8 Broken glass will be picked up by mechanical means (such as a dustpan and a broom) not directly with the hands. The equipment used for clean-up will be appropriately decontaminated or discarded after use and the broken glass placed in a sharps container.

8.9.9 Filled sharps boxes will be taped closed. Date, unit number, and initial of individuals who sealed the box must be placed on the label. DO NOT OVERFILL.

8.9.10 Filled sharps boxes will not be left at a receiving facility, but are to be taken back to Station One and left at the designated bio-hazardous waste drop off area.

8.9.11 Sharps box collection containers will be picked up monthly from a designated location at Station One by a Bureau of Emergency Medical Services approved medical waste disposal company.

8.10 VACCINATION/EXPOSURE REPORTING AND FOLLOW-UP:

8.10.1 The Hepatitis B vaccination will be made available, at no charge, to all employees who work in the areas in which there is a risk of exposure to blood borne pathogen. See Exposure Control Plan for complete policy guidelines.

8.10.2 Exposure reporting and follow-up will be made whenever an employee has been exposed to blood or body fluids during the course of his/her duties. The exposure determination will have been made without taking into consideration the use of personal protective clothing or equipment. Employees are to complete an Exposure Incident Report Form whenever a possible exposure to blood or body fluids occurs. See Exposure Control Plan for complete guidelines to the process.

8.10.3 Hazard Communication Program and Material Safety Data Sheets (MSDS)
In compliance with OSHA 1910.200, Section E, all employee's will have access to the "Hazard Communications Program" and MSDS books at all times.
All containers of hazardous chemicals will be properly labeled and/or tagged with the identity of the hazardous chemical(s), appropriate hazard warnings, name and address of manufacturer. These containers must be properly labeled prior to use.

8.11 PATIENT LIFTING AND MOVING TECHNIQUE:

8.11.1 All patients will be lifted either by a two-person lift or by stair-chair lift whenever possible. Patients who choose to walk, and are capable of doing so without risk of injury, may walk to the stretcher, but will be lifted or assisted off the stretcher onto the receiving facility's bed, stretcher, wheelchair, etc.

8.11.2 All patients suspected of spinal injuries will be properly secured to the appropriate spinal immobilization devices per protocols.

8.11.3 All patients will be secured to the stretcher using all three sets of restraining straps, and the shoulder straps, which are attached to the stretcher prior to any movement of the stretcher.

8.11.4 All patients will be appropriately covered with clean sheets and blankets as the environment dictates. Clean disposable bedding will be used for each patient.

8.11.5 No patient will be moved while on the stretcher without both crewmembers (and their designees, excluding students) physically holding onto the stretcher. To avoid tipping over, when the patient is not in transit the stretcher should be lowered to the low position.

8.11.6 Upon entering elevators, all patients will be rolled in head first, and rolled out feet first to be able to view the doorway while confined.

8.11.7 When lifting, lowering, or moving any patient, advised the patient of your intentions.

8.11.8 To avoid injury to Rural/Metro Ambulance personnel and/or the patient, refrain from taking the ambulance stretcher, loaded or unloaded, up or down any stairway without the proper amount of personnel to ensure the patent can be moved safely. This refers to such places as, but not limited to, apartment complexes, office buildings, and homes with basements or second floors. If the patient must be moved and the appropriate number of personnel are not present to safely move the patient, an alternate method such as a stair chair should be considered.

SECTION 9.0

9.0 POLICY: DRUG BOX ACCOUNTABILITIES:

Rural/Metro Ambulance Advanced Life Support (ALS) personnel will be responsible and accountable for the Drug Box, and the medications contained within, and will follow the medical Protocols and Standards of Care in conjunction with its use.

9.1 DRUG BOX:

9.1.1 Rural/Metro Ambulance personnel will follow all laws, rules, regulations and standards as per Florida Bureau of Emergency Medical Services. Paramedics may "render such medications: only under the direction of a physician. Company policy clarifies physician direction as occurring per Orange County Protocols, direct communication (person to person, two –way radio or telephone conversation) or indirect communication (conveyed by an intermediary). Use and/or maintenance of a Drug Box by Paramedics without this level of physician direction is prohibited.

9.1.2 <u>DAILY</u>

1) Drug boxes will be maintained in the controlled warehouse. The on-coming Paramedic is responsible for checking the drug box.

2) The paramedic will receive a drug box that will be locked and numbered. The paramedic will insure that all controlled substances are present and that a log book is inside.

3) The on-coming Paramedic will conduct a count of Controlled Substances and enter the count on the Controlled Substances Disposition Log. Another provider of the same or higher level certification will verity the

count and co-sign.

4) An EMT may co-sign the count only if all three of the following conditions apply:

5) The EMT is on-duty and assigned to that unit.

6) EMT signature is verifying count at the beginning or end of shift.

7) No other paramedic, Crew Chief, or Manager is available.

8) The paramedic will verify that the seal number on the drug box matches the number that was last entered in the log. These numbers should be the same. If there is discrepancy in the numbers or the seal/lock is missing, the on duty Crew Chief is to be notified immediately. The Morphine, Versed, Ativan, and Haldol are kept in the sealed box (controlled substance box) within the drug box. At the end of every shift, whether or not the box has been accessed, the seal number from the controlled substance box will need to be recorded in the logbook and co-signatures obtained.

9) The drug box will remain locked at all times when not in use. The paramedic will carry the keys to the lock. When the drug box is carried on the ambulance, it will be locked with the steel cable that is provided. When the crew is not inside the ambulance or on an emergency call, all doors of the ambulance will remain locked.

10) At no time may a drug boy or IV fluids remain on an out of service ambulance. These items must be checked into the warehouse anytime an ambulance goes out of service.

11) 24 hour units must take appropriate actions to ensure that medications are not exposed to extreme temperatures. If no other recourse is available them they must be brought into the station and secured.

9.1.3 MONTHLY

1) Every 1st of the month the on-duty paramedic will do an inventory of the drug box. Communications will send an all page to the crews on the 1st in the morning, afternoon and evening reminding them to do a drug box inventory. Supply personnel will include an inventory sheet in the daily paperwork on the 1st.

2) The amount and expiration dates for ALL medications in the box that will expire the following month will be recorded on the inventory sheet. The presence of the pediatric tape (i.e. Broselow) will also be indicated on the inventory sheet. *(For example: January 1st, all medications expiring in February will be recorded, February 1st, all medications expiring in March will be recorded)*

3) The completed inventory sheet will include the names of the crew, unit number, and the signature of the employee completing the inventory. The sheet will be compiled and turned in before the employee's shift end.

4) The EMT on the unit may assist with the inventory, but it is the responsibility of the paramedic to do the inventory.

5) Any missing medication will need to be reported to the on-duty Crew Chief. An Incident Statement Form will be completed and turned into the on-duty Crew Chief.

6) The supply technicians will be responsible for issuing drugs at the beginning of each month and receiving expired medications.

9.2 RECORD KEEPING:

9.2.1 Each time a medication is administered, the dosage, route of administration, and the name of the paramedic who administered the medication will be recorded on the Run Report.

9.2.2 At the end of each paramedic's shift, the paramedic will be responsible for insuring that the Drug Box is re-supplied and ready for the next crew. The paramedic will also indicate on the supply request what medications are needed in the unit.

9.3 CONTROLLED SUBSTANCES HANDLING AND RECORDKEEPING

9.3.1 Authorized Rural/Metro employee(s) listed in the policy that can take possession of controlled substance or keys when the primary provider is not able include:

- On-duty Crew Chief
- Scheduling and Supply Manager
- Quality Assurance Manager
- Division General Manager

9.3.2 Signature Requirements:

The Paramedic responsible for the drug box which the log is being completed will sign under the column title RMA signature. Any person verifying count, waste, receipt or removal of inventory will sign under the column title "Co-signature". Co-signatures for waste / destruction require a practitioner certified to the same or higher level. The co-signature is acknowledging that the physical count is as written on the log sheet and / or that he/she witnessed the provider waste the contents of the substance.

9.4 DRUG BOX KEYS

9.4.1 Each set of key is unique to the assigned drug box. Supply will maintain one back-up set.

9.4.2 Lost, missing, or stolen keys will be reported immediately to the on-duty Crew Chief.

9.4.3 The on-duty Crew Chief will notify the Manager On-Duty.

9.4.4 The crew will complete incident reports.

9.4.5 The on-duty Crew Chief will conduct an investigation and forward their preliminary findings to the Risk Management Committee.

9.4.6 Risk Management Committee will review all incidents involving lost, missing, or stolen keys and implement appropriate corrective action or training.

9.5 CONTROLLED SUBSTANCE DISCREPANCIES

9.5.1 Discrepancies regarding counts of controlled substances will subject employees to administrative leave during investigation as deemed appropriate by management.

9.5.2 Discrepancies that are not able to be reconciled using the Count Discrepancy Process warrant immediate notification of the Manager on-duty.

9.5.3 If count errors are found at shift change, the on-coming provider is to notify the on-duty Crew Chief immediately.

9.5.4 In the event of a log sheet count discrepancy, the following steps are required:

9.5.4.1 Change count function and recount the controlled substance.
9.5.4.2 Verify the accuracy of the addition and subtraction in the log sheet.
9.5.4.3 If available, have another provider verify the log.
9.5.4.4 If the discrepancy is reconciled, the log sheet is documented appropriately and initialed by both providers.
9.5.4.5 The provider with the discrepancy must complete an Incident Report and start a new log sheet.
9.5.4.6 The log sheet with the corrected discrepancy is attached to the Incident Report and turned in as usual.
9.5.4.7 When the discrepancy has been documented and all information available has been gathered, the original log sheet and Unusual Occurrence Report is given the Scheduling and Supply Manager.

9.5.5 Irreconcilable Count Discrepancies

9.5.5.1 The last provider to access the controlled substances will be contacted immediately.
9.5.5.2 The on-duty provider cannot leave until released by a manager.
9.5.5.3 See ***Attachment II*** for the controlled substance discrepancy process.
9.5.5.4 The Scheduling and Supply Manager, with assistance from the Crew Chief Oversight person, will review all documentation and help reconcile the log sheet.

9.5.6 All controlled substance discrepancies will be investigated by the Risk Management Committee.

SECTION 10.0

10.0 POLICY: CERTIFICATION/CEU (CONTINUING EDUCATION):

Whenever possible Rural/Metro Ambulance employees may enhance their EMS certification for their own as well as Rural/Metro Ambulance's benefit and will receive support from the company.

10.1 CERTIFICATION:

All field personnel are required to meet the standards of the State of Florida Department of Health, Bureau of Emergency Medical Services, and Continuing education per FS.64E2.008 & FS.64E2.009 for EMTs and Paramedics. All clinicians must comply with local Medical Directors CME mandate.

10.3 RECERTIFICATION:

Employees who fail to maintain proper certification will be immediately suspended and disciplinary action may be taken up to and including termination.

SECTION 11.0

11.0 *P*OLICY: RECORD KEEPING

The emergency services profession carries with it the obligation to document those tasks and medical encounters, which are required in the normal routine of rendering emergency services to the public.

As a health care professional and an employee of Rural/Metro Ambulance, it is employee's responsibility to completely, accurately and legibly record those activities mandated by Federal, State or local laws, rules and regulations and by local or corporate management.

11.1 PATIENT CARE RECORDS POLICY:

The company provides annual mandatory training in all of the most recent documentation requirements. Employees will be required to sign off on such training and comply with the requirements.

11.2 NON-TRANSPORT/PATIENT REFUSAL DOCUMENTATION:

11.2.1 Rural/Metro Ambulance personnel will be responsible for documentation of all relevant information for each dispatch that results in a cancellation and/or a non-transport of a patient(s).

11.2.2 If a patient is encountered, a complete description of the initial, primary and secondary patient assessment and the reason for non-transport must be included in the documentation.

11.2.3 ALL NON-TRANSPORTS and PATIENT REFUSALS will be documented on a Run Report or state aggregate form as appropriate.

11.3 PAYROLL INFORMATION:

11.3.1 Payroll forms including Special Duty Rosters are to be completed by a designated person and submitted in a timely fashion to the Payroll Department.

11.3.2 It is the responsibility of every employee to clock in using the electronic time clock for the hours worked during his or her shift.

11.4 MAINTENANCE AND REPAIRS:

11.4.1 All invoices, work orders, etc. for maintenance/repairs will be submitted to the Fleet Manager or assigned designee.

11.5 CQI & EDUCATION POLICY:

The purpose of the policy is to ensure and enhance continuous improvement in the standard of care given through the process of review of protocol, data, and educational changes. To outline steps to be taken in the event of documentation errors, protocol violation, improper skills procedure or standard of care violation outlined by the DOH, Medical Director or by Rural/Metro Corporation policy. Violations may result in remediation, progressive disciplinary action or termination.

All CQI discrepancies will be classified into three general classes based on the type or violation. This classification is not final until the counseling session with the employee.

Employees will receive remediation on every PCR that has an error.

11.5.1 All CQI discrepancies will be classified into three general classes based on the type of violation. This classification is not final until the Crew Chief talks with the employee.

11.5.2 CLASS I:

1) Class I discrepancies are any minor discrepancy that can be corrected by the author or, in the case of billing and demographic information, the Crew Chief or the QCC. These errors are generally documentation type errors which include but are not limited to missing or incorrect billing info, patient demographic info, chief complaints, patient care info, incident and treatment times, and missing additional paper work required to be attached with the PCR.
2) Disciplinary Guidelines for Class I errors is measured on a previously rolling 6 month period as follows:

- 5th PCR with Class 1 discrepancy - Verbal Warning
- 10th PCR with Class 1 discrepancy - Written Warning
- 13th PCR with Class 1 discrepancy - Final Written Warning
- 15th PCR with Class 1 discrepancy - Possible Termination

11.5.3 CLASS II:

1) Class II discrepancies are generally non-life threatening treatment errors, which include but are not limited to minor protocol violations.
2) 2) Disciplinary Guidelines for Class II errors is measured on a (previously) rolling 6 – month period as follows:

- 1st Class II Discrepancy - Counseling
- 2nd Class II Discrepancy - Remediation Plan
- 3rd Class II Discrepancy - Verbal Warning
- 4th Class II Discrepancy - Written Warning
- 5th Class II Discrepancy - Final Written Warning
- 6th Class II Discrepancy - Possible termination

11.5.4 CLASS III:

1) Class III discrepancies are any discrepancy that requires intervention of the Operations Management and the Medical Director. These will generally be patient care errors that potentially have or had a serious impact on patient care.
2) The QCC (Quality Crew Chief) will investigate all Class III discrepancies immediately. During the investigation the employee involved may be placed on administrative leave while the investigation is conducted. If classification stands at Class III RMA Medical Director, QCC, and Operations Management will review the incident with the employee.

3) Disciplinary Guidelines for Class III errors is measured on a (previously) rolling 12 month period as follows:

1st Class III – Remediation Plan and Final Written Warning or Termination dependant on severity
2nd Class III – Possible Termination

11.6 SHIFT CHANGE FORM:

11.6.1 All supplies and equipment used during a shift will be recorded on the DAILY SUPPLY USAGE FORM. At the end of a shift form will be given to the supply designee and the assigned crew shall restock and reseal the cabinets of the unit.

11.6.2 Any equipment left with a patient at a health care facility and not retrieved before shift change will be documented on the DAILY VEHICLE CHECK OFF FORM and the Crew Chief notified.

11.7 PATIENT VALUABLES RECORD:

11.7.1 Rural/Metro Ambulance personnel will be responsible for the documentation of all patient valuables on the Ambulance Patient Care Report when transporting the patient.

1) Whenever possible documentation of valuables taken with the patient will be made prior to departure and should be conducted in the presence of a third party (i.e. floor nurse, patient's family, etc.)

2) Description of valuables will be generic when appropriate (i.e. yellow metal band, as opposed to gold ring, etc.)

11.7.2 Upon arrival at the receiving facility, Rural/Metro Ambulance personnel will require a representative of the receiving facility to sign for receipt of the patient's valuables.

11.8 PERSONNEL SCHEDULE REPLACEMENT:

11.8.1 Rural/Metro Ambulance personnel that request time off other than vacation, sickness or bereavement are required to do a time trade. Time trades are to be done within the same pay week and the employee requesting time off is responsible for finding his/her own replacement for the assigned duty shift(s). After getting the appropriate signatures the request must then be submitted to the Scheduling Coordinator for final approval.

11.8.2 Rural/Metro Ambulance personnel will complete a time off request in Net Scheduler two weeks prior to being replaced for any reason other than sick leave, jury duty, bereavement leave or disciplinary suspension.

11.8.3 At any time when contracted response times are not being met, the Office of the General Manager will authorize appropriate changes to this system.

11.09 RELEASE AND INDEMNITY AGREEMENT:

11.9.1 Policy:

Ride along time on any Rural/Metro Medical Services vehicle is to be used for the purpose of familiarizing the observer with the duties, responsibilities, and services of the ambulance service. The following procedure will be followed by all employees and observing passengers.

11.9.2 Statement:

The following are an approved list of observers: Members of the County EMS System, Media, government administrative personal, VCC EMS students, elected officials, and other guests with related business concerns may be approved by the GM. All observers are expected to follow the procedures listed below.

11.9.3 Procedure:

1) Any observer must receive approval from the Operations Manager or designee. This request should be submitted for approval not less than 48 hours in advance of the proposed ride along date, if possible.
2) All observers in the above capacity will wear the following: dark pants, white shirt, dark boots or shoes. *Jeans, T-shirts, tennis shoes, or any clothing with inappropriate marking is prohibited.*
3) All will have the additional responsibility of completing the "waiver of liability and indemnification form" and “HIPPA Confidentiality Statement” which may be obtained from the Support Services Supervisor or Operations Managers office.
4) The observer must obey orders of the ambulance crew to ensure their safety and the safety of others while responding or on the scene of an incident. It is expected that the observer will conduct themselves in a mature, professional manner at all times.
5) Dispatch must be notified at all times when a ride along is accompanying a crew on any ambulance.
6) Riders are permitted to observe only (no rendering of patient care) unless they have an approved student waiver on file with the Training Department.
7) Observers may be witness to situations of a private and confidential nature. Observers will not be allowed to view any patient personal information unless they are an approved student and it is required for patient care purposes.
8) Observers may be requested to assist the crew by holding or carrying certain items (clip boards, small pieces of equipment, etc.) during patient care and transport procedures. Our EMS providers value your assistance.
9) Prospective observers will be denied ambulance observations for failure to reasonably adhere to the above listed procedures.

11.10 INCIDENT STATEMENT FORM:

11.10.1 Any occurrence in the field, whether relating to another service provider, hospital, bystander, family member or RM employee , must be documented on an INCIDENT STATEMENT FORM. Said report will be submitted to the on-duty Crew Chief for review by the end of shift after the occurrence.

11.10.2 The Crew Chief will review the report and initiate necessary action. The Crew Chief will forward the report along with a description of any action take to the appropriate department head, CQI Supervisor ,Operations Manager or designee within 24 hours. The Assistant Operations Manager will then follow up with the originator of the incident statement, whether it be another service provider,hospital, bystander, family member or RM employee for closure of the incident.

SECTION 12.0

12.0 POLICY: DAILY SHIFT CHANGE ROUTINE

This policy provides for smooth and efficient shift change activities at Station 1 and the safety and cleanliness of ambulances and equipment.

12.1 DUTIES AND RESPONSIBILITIES:

All Rural/Metro EMS employees shall be responsible for understanding and following these policies.

12.2 SHIFT CHANGE: START OF SHIFT:

12.2.1 After clocking in for an assigned shift you will present yourself to the Supply Technician on duty for a vehicle assignment and equipment issue. Vehicles and equipment will be assigned by the Crew Chief or Supply Tech based on Operational schedule/need.. It is the employees' responsibility to ensure that they arrive in a timely manner so as to prevent going into service late.

12.2.2 Upon receipt of issued equipment both EMS personnel assigned to a unit will sign the equipment issue form attesting that they have taken possession of the equipment listed. All equipment must be accounted for and EMS personnel are responsible for any missing or damaged equipment while said equipment is in their care.

12.2.3 The assigned vehicle shall be inspected at the beginning and end of each shift for proper supplies, cleanliness, safety items and mechanical items as described on the DAILY VEHICLE CHECK OFF form. Deficiencies in any area must be reported immediately to the Supply Tech for either immediate correction or issuance of a different vehicle. The crew shall also notify the on-duty Crew Chief of any problems that will keep the crew from going in-service on time.

12.2.4 Rural/Metro EMS personnel shall ensure the safety, health and welfare of the public we serve as well as our fellow employees. Our vehicles and equipment are a direct reflection of our pride and commitment to quality. It is required that all EMS personnel maintain clean and disinfected vehicles at all times. Each ambulance shall be washed and disinfected at the very least at the end of the shift. (This is an OSHA requirement.) This shall be documented on the EQUIPMENT ISSUE FORM on the designated signature line at the end of each shift.

12.3 END OF SHIFT PROCEEDURE:

12.3.1 At the end of each shift all Rural/Metro EMS personnel shall:

1. Return all issued equipment to the Supply Department.
2. Request from Supply any replacement disposable supplies used during the shift, restock their vehicle, and reseal any cabinet that the seal has been broken after inventorying the cabinet and replacing any missing supplies.
3. Seal numbers shall be recorded on the Supply Check List
4. Ensure that the vehicle is clean, interior, and exterior.
5. Ensure the main oxygen cylinder is turned off at the tank.
6. Lock all of the doors and exterior cabinets.
7. Report any problems encountered with either the vehicle or any equipment to the Crew Chief.
8. Sign the EQUIPMENT ISSUE FORM and turn in all paperwork.

12.3.2 After work has been completed and the crew has been released, you should clock out. If you have worked past your schedule off time, you should note the reason and/or run number for the delay in the comments section of net scheduler timekeeper.

12.4 24 hour unit shift change and/or face to face shift changes

12.4.1 At shift change time, both crew members from the oncoming and off going must be present for pass down whenever possible.

12.4.2 The off-going crew must be awake and all crew change duties completed within 15 min prior to shift change time unless call volume and/or posting did not allow.

12.4.3 If the off-going crew was on late calls or posting making hem late for shift change then the 2 crew must work together to ready the truck for the new crew.

12.4.4 If the on-coming crew comes into a truck or station that is not clean and ready, the on - coming crew has the right to “refuse” the truck or station, requiring the off-going crew to remain until the truck and/or station deficiencies have been repaired.

12.4.4.1 At any point that a truck or station is refused then the on-duty crew chief is to be contacted and made aware. Every effort will be made to keep the off going crew from the system status plan while the situation is rectified.

12.4.4.2 More than 1 occurrences of a refusal of truck and/or station will require a meeting between the crews and crew chiefs affected by the situation and an investigation will be conducted to determine the need for corrective action.

12.4.5 Once the on-coming crew accepts the truck and/or station, it is now their responsibility and will be accountable for any deficiencies or lack of cleanliness.

12.5 **Station Duties and Rules –** The excellent working relationships and cohesiveness between RMA and the FDs is imperative to our success in our markets. ALL personnel will make every effort to foster these relationships.

12.5.1 Personnel assigned to a RMA or fire station facility will be assigned station duties and these MUST be completed as early in the shift as call volume and system status allows, following EMS unit check-off and cleaning.

12.5.2 At minimum all personnel must clean up after themselves immediately. For example, no dishes should be left in a sink or counter top. All kitchen and bathroom areas are to remain clean at all times for health and safety purposes.

12.5.3 Personnel assigned to a fire station are to follow ALL Fire Department station policies and station duty routines.

12.5.4 If personnel have questions or concerns as to what the fire department duties or policies are then they should communicate with the on-duty Crew Chief.

12.5.5 Crews posting at fire stations, even though they may not be stationed there, are also accountable to abiding by station policies.

12.6 Hold overs

12.6.1 Whenever possible RMA Leadership should plan as far in advanced for coverage of open shifts. When a call out occurs notification is to be immediately made to the personnel now lacking relief so that they may plan appropriately.

12.6.2 Due to the critical nature of our business, if system levels are low, then the on duty crew chief may decide to hold on duty units from going for end of shift. In the same should crew changes drastically effect the system status plan at low levels then a crew change may be delayed.

12.6.3 No crew is to be given a post or a call more than 2 hours after their scheduled end of shift unless the crew volunteers to stay longer.

SECTION 13.0

The chain of command is a basic blue print to the operations any one of technician level may report to for the purposes of issue resolution to any Crew Chief, or Manager. All issues should be initially addressed within the employee's area of operation.(IE. EMT-P should address an issue involving another agency to the Crew Chief, prior to the Assistant Manager of field operations.

13.1 CHAIN OF COMAND FIELD OPERATIONS:

13.1.1 Field EMT-B and EMT-P report to the on duty Crew Chief for problem resolutions and any issues that may arise.

13.1.2 Crew Chiefs report to the Assistant Operations Manager as well as the Operations manager.

13.1.3 The Assistant Operations Manager, reports to the Operations Manager.

13.2 CHAIN OF COMMAND COMMUNICATIONS CENTER:

13.2.1 The Transport Coordinator and dispatchers report to the Communications Manager.

13.2.2 The Communications Manager reports to the DGM.

13.3 CHAIN OF COMMAND SUPPORT SERVICES:

13.3.1 The supply technicians report to the Supply / Purchasing Manager.

13.3.2 The Supply / Purchasing Manager reports to the Operations Manager.

13.4 CHAIN OF COMMAND FLEET SERVICES:

13.4.1 The fleet mechanics report to the Fleet Manager

13.4.2 The Fleet Manager reports to the DGM

**Additional supplemental operational procedural policies available upon request.