



North Channel

Emergency Medical Service

Standard Operating Guidelines



NORTH CHANNEL

EMERGENCY MEDICAL SERVICES

STANDARD OPERATING GUIDELINES

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MISSION & VALUES STATEMENTS

The mission of North Channel Emergency Medical Services is to provide outstanding emergency medical services and patient transportation services. We provide these services in a professional manner while maintaining the dignity of those we serve. Our staff continuously strives to learn, improve and grow in enhancing the delivery of emergency medical services to those we serve.

North Channel Emergency Medical Services adheres to the following values:

Commitment to Service

We treat persons with illness and injury in our community with care and compassion, utilizing effective principles and practices of patient care, and we strive for excellence through ongoing evaluation and improvement.

Respect

We recognize the dignity of others and communicate with others in a respectful manner.

Integrity

We serve with honesty, loyalty and dedication.

Accountability

We are responsible for our actions, both positive and negative.

Teamwork

We practice teamwork through communication and cooperation to achieve common goals.

Fair Treatment

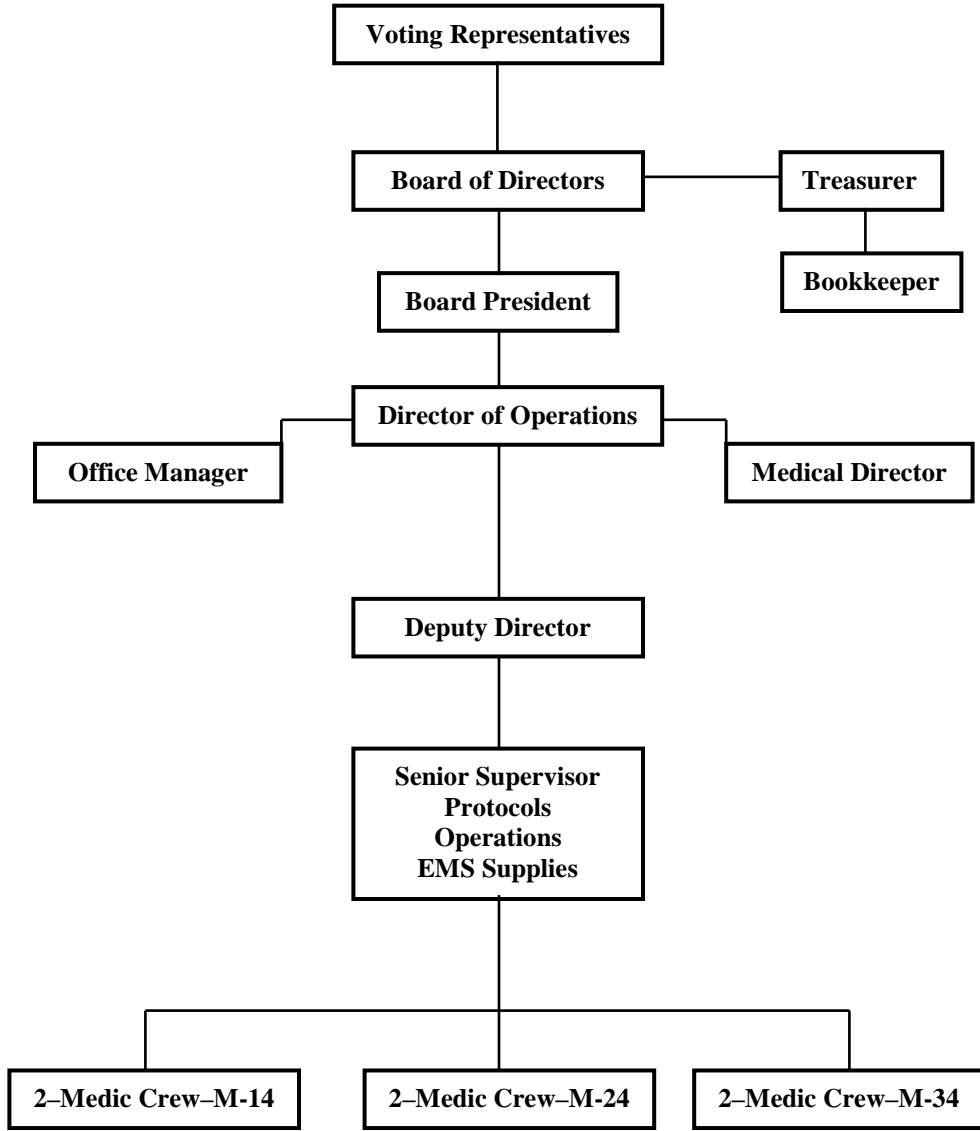
We do not discriminate against patients or personnel on the basis of race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other legally protected characteristic.

As a member, you will be going through a period of adjustment at NCEMS. You may have questions about NCEMS, such as your day-to-day duties and what you can expect from us and what we can expect from you. This SOG has been prepared as a guide to answer many of your questions. Each of the Guidelines is important in providing the structure, rules, and guidance related to your involvement with NCEMS. Please read it carefully and keep it handy to use as a reference tool.

If you cannot find an answer in the SOG, then your supervisor will be your major source of information. Supervisors expect questions and will do their best to give you a prompt response. Many of the policies included in this SOG reference other policies within the organization. You are encouraged to review and be familiar with all NCEMS guidelines and policies during your service here.

NCEMS may, from time-to-time, make deletions, changes or additions to this SOG. When this occurs, you will receive updates as soon as possible. Nothing contained in this SOG is to be considered an employment contract, and any employment relationship is deemed to be at the will of either the organization or you as an employee.

ORGANIZATIONAL CHART



UNIFORM, INSIGNIAS, & HAIR REGULATIONS

Procedure

This procedure identifies the standard uniform and hair regulations of the North Channel EMS and the wearing regulations for each.

- **UNIFORMS**

- The appropriate uniform, as noted below, shall be worn by all members of the North Channel EMS when on duty. All department members are responsible for obtaining and maintaining the uniform items required for their assignment. All uniform items shall be maintained in presentable condition. Faded, worn or damaged clothing is not acceptable; this includes faded lettering or markings on uniform items requiring such markings. All uniform shirts shall display the member's name and EMS rating in plain view. Business attire for members assigned to staff and special assignments as authorized by the Director of Operations.

- **GENERAL INSTRUCTIONS**

- All members of NCEMS, while engaged in public contact duties, shall wear the same type of uniform at the same time (i.e., all members wearing the regulation dress shirt and appropriate trousers.). Supervisors will assure that all members are appropriately dressed for the specific activity. Personnel appearing for a trial or hearing representing the NCEMS shall wear the dress uniform. Personnel attending funerals or assigned to funeral detail shall wear the dress uniform with a navy blue necktie and badge shroud. Pallbearers may wear White gloves. Female members may wear the optional dress uniform.

- **WHAT UNIFORM TO WEAR**

- The following are the approved standard uniforms for NCEMS. Items described as "regulation" must meet approval standards established by the department.

- **OPERATIONS UNIFORM**

- This is the normal uniform for wear by Operations Personnel.
- Shirts
 - All shirts shall be polo shirt style. Name and EMS rating shall be printed/embroidered on the front RIGHT side. Name shall include first and last name. (Common names that members regularly go by are acceptable, i.e. Doug instead of Douglas, Nick, etc.). No nickname shall be allowed. Shirts shall be tucked in at all times while in public view.
- Trousers
 - Regulation tactical trousers shall be navy blue
- Shoes/Boots
 - They must be plain, smooth black leather, can range from standard height to high-tops, and can be secured by Velcro straps, zippers, laces or pull-on style. The shoe must be securely fastened while being worn to assure proper ankle support. No tennis shoes.
- Belt
 - Belts shall be issued black tactical belt.
- Job Shirt
 - Shall be issued ordered from selected vendor with name and EMS rating embroidered on front right with insignia on left side.
- Cap (optional)
 - Caps shall be issued cap or winter head wear.

- **MINIMAL PERSONAL UNIFORM INVENTORY**

- One change should be kept with operations personnel at all times while on duty.

- **DRESS UNIFORM**

- Future

- **PHYSICAL FITNESS UNIFORM**

- This uniform is the normal wear for participating in a Physical Fitness Program. The complete P.T. uniform must be maintained neat and clean at all times. The Physical Fitness uniform shall be worn only at the station, while participating in physical fitness activities or at the discretion of the Supervisor.
- Shirt
 - Standard uniform t-shirts or t-shirt without offensive or unacceptable writing, photos, or logos should be worn during physical fitness inside station.
- Sweat Pants can be worn during physical training.
- Shoes
 - Must be appropriate for the type of activity and should provide good ankle support.
- Socks
 - Athletic socks should be worn.
- Hat (optional) Hats shall be approved NCEMS hat.

- **HAIR**

- Hair will be clean, well-groomed and safe. Any hairstyle considered unsafe shall be trimmed accordingly or bound to eliminate the hazard. Sideburns and mustaches will be trimmed and well-groomed. Other facial hair, such as a beard, is not acceptable. Any hairstyle that significantly distracts from the uniform appearance of the members will not be allowed.

- **TATTOOS/PIERCINGS**

- While on duty, tattoos can only be displayed on the arms while in uniform. No other visible tattoos are authorized. The display of ANY unprofessional or offensive tattoo or brand (nudity or violence, sexually explicit or vulgar art, words, phrases; profane language, symbols to incite negative reactions, initials or acronyms that represent criminal or oppressive organizations) regardless of its location, while members are in uniform, is prohibited. Members may wear jewelry of a conservative style at their discretion so long as it does not present a safety concern. Members are prohibited from wearing any jewelry that is considered inappropriate or offensive to any individual or group. No earrings will be allowed (Male members). Female personnel may wear one stud earring per ear. Piercing of visible body parts other than those written in this policy is prohibited.

- **UPDATE:** This procedure will be updated on an as needed basis. Any changes prior to annual update will be recorded.

STAFFING

Purpose

The purpose of this directive is to establish the authority, duties, and responsibilities of NCEMS.

Authority

- All assignments originating with NCEMS are, in effect, orders of the Director of Operations, which require prompt compliance by the assigned unit (s).
- The Director of Operations, Deputy Director(s), or other personnel having command responsibility may change responsibility for specific assignment (s).

EMS PERSONNEL - GENERAL

All personnel who respond to or assist with the care and treatment of the sick and injured will be considered Emergency Personnel and may include such job titles as Emergency Medical Technician both Basic and Paramedic, Lead Medic, Supervisor, Senior Supervisor, Deputy Director, Director of Operations, and Medical Director.

- Emergency Medical Personnel should be capable of demonstrating a number of traits, e.g. concern, compassion, patience, respect, and exceptional listening/verbal communication skills as well as the ability to maintain a high level of proficiency in technical areas such as patient assessment and treatment to the level of their individual job function.
- Emergency Medical Personnel must continually maintain the physical and mental abilities to be capable of receiving, responding, and processing urgent situations, and must know and accurately follow through with appropriate procedures.
- Emergency Medical Personnel must condition themselves to confront any crisis as if it were routine.
- All Emergency Medical Personnel will be responsible for maintaining all re-certification requirements for their individual position including, but not limited to Continuing Education Units, certificate/license applications and fees.

COMPLIANCE

NCEMS is committed to adhering to all local, state and federal laws that relate to the operation of our organization.

As a member of NCEMS, we expect you to adhere to all these requirements. Such compliance will ensure proper patient care, and help make for a better work environment. NCEMS may be required to report certain violations of law to appropriate oversight authorities. Be aware that inappropriate actions, not in compliance with the law, may subject you to discipline or corrective counseling.

COMMUNICATIONS

Open communication is essential to the overall success of the organization. We encourage open and positive communication between management and staff. Periodic management staff meetings as well as general staff meetings may be held in order to help maintain our strong lines of communication throughout the organization.

Experience has shown that concerns can very often be resolved by getting them out in the open as quickly as possible. You should communicate any problem situations or concerns you have directly to your immediate supervisor. We encourage the management team to be effective problem solvers. They should be able to answer most of your questions or resolve any issues or concerns that you raise in a prompt fashion, in most cases. If you are not satisfied with the resolution of your concern, or, if for some reason, you do not wish to discuss it with your supervisor directly, you may discuss the matter with the EMS Director. If the problem is of a personal nature, feel free to voluntarily schedule an appointment with the Director. We will make every effort to keep these discussions confidential if they involve sensitive issues.

SMOKING & TOBACCO USE

Purpose:

To maintain a healthy, clean, and safe environment for all personnel, patients, and visitors.

Policy:

The use of tobacco containing products in NCEMS buildings, and vehicles.

Guideline:

- **Standards**
 - Personnel are prohibited from using tobacco products in all vehicles (both passenger compartment and driver compartment) and buildings of NCEMS. For purposes of this Policy, “tobacco products” includes but is not necessarily limited to cigarettes, cigars and smokeless tobacco.
 - Personnel are not permitted to use tobacco products while on the scene of an emergency response except in designated area out of public view.
 - Personnel are not permitted to use tobacco products at hospitals except in designated area.
 - The above standards shall apply to visitors and patients as well as personnel.
 - Personnel may use smokeless tobacco in and around NCEMS facilities.
- **Disposal of Tobacco Products**
 - All cigarette butts will be placed in the designated receptacles in the smoking area. Cigarette butts should not be discarded on the ground or in any trash bins. Designated areas shall not be within 15 feet of any entrance to building.
 - Smokeless tobacco residue will be deposited in an appropriate receptacle. There shall be no residue or containers left in public areas or restricted areas used by members.

USE OF ALCOHOL WHILE ON DUTY OR ON-CALL

Purpose:

As providers of emergency services, NCEMS is committed to safely serving the community without harm to our personnel or others. We must be ready to respond at a moment's notice to a variety of situations and to confront numerous hazards. To operate effectively and safely, we must insure that personnel are fully prepared to perform their duties without the influence of alcohol.

Policy:

No personnel shall be under the influence of alcohol while on duty, when responding to a call, or when otherwise engaged in NCEMS emergency incidents.

Guideline:

- **Standards**
 - You shall not report for duty if you have ingested any alcoholic beverage (12) hours prior to your work shift.
 - Personnel who appear to be under the influence of alcohol upon reporting for duty (based on the reasonable judgment of the supervisory member) will be immediately dismissed and may be required to undergo alcohol testing and may face disciplinary action, up to and including termination.
 - Any personnel who operate an NCEMS vehicle while under the influence of alcohol may face criminal prosecution for driving under the influence and may be reported to the appropriate authorities, including EMS licensing agencies and local law enforcement agencies.
- **Violations**
 - If a member, supervisor or administrative personnel reasonably believes a staff member is under the influence of alcohol, the supervisor may remove the staff member to a medical facility for alcohol testing.
 - Any staff member who refuses to be tested is subject to immediate suspension and may face termination.

WORKPLACE SAFETY & SAFETY COMMITTEE

Purpose:

To maintain a safe working environment staff members participating in reporting and preventing injuries are essential.

Policy:

NCEMS fosters a safe work environment, free from unsafe or dangerous activities. Staff members are expected to promptly report unsafe conditions.

Guideline:

- **Standards**
 - Workplace safety is of utmost concern to NCEMS. Personnel and patients alike must be protected from unsafe conditions.
 - Personnel shall always act in a professional manner, especially during patient contact. Horseplay or inattention to work assignments or patient care will not be tolerated.
 - Our jobs require rapid response, but this response must be a safe response. Reckless driving to arrive at a scene is not permitted, as dangerous driving can pose a danger to personnel and other drivers.
- **Reporting Unsafe Conditions**
 - Personnel must immediately report any unsafe condition to a supervisor. This includes unsafe storage or use of equipment, instances of horseplay, or unsafe driving or other dangerous activities that may pose a danger to patients and others.
 - Personnel who violate safety standards, who cause hazardous or dangerous situations, or who fail to report (or, where appropriate, remedy) such situations, may be subject to disciplinary action, up to and including termination.
 - Where reports of unsafe situations are made in an honest manner, personnel should have no fear of possible reprisals in the event that a violation is found, or discipline against a violator occurs.

ABSENTEEISM & TARDINESS

Purpose:

To ensure regular, timely attendance so adequate staffing is available at all times, in order to provide for the best possible service.

Policy:

Employees must report to work on time, and may not be absent from work unless absolutely necessary, and/or with supervisor approval.

Guideline:

- **Absence**
 - Employees are asked to call in (at least twelve hours in advance, when possible) when they are going to be absent.
 - We understand that sometimes, absence will be a sudden event, and adequate notification is impossible. In these instances, as soon as you know that you will be absent, you should notify NCEMS immediately.
 - If you are absent due to an illness, NCEMS may request written documentation from a doctor to verify that you were ill. Similar written documentation may be required to verify you are medically cleared to return to work. NCEMS reserves the right to ask for written documentation for any absence it may deem necessary.
 - When you will be absent for consecutive shifts, you must call in each shift to ensure proper scheduling. NCEMS will never presume consecutive shifts of absence for sickness, and always expects each employee to arrive for work on time, unless otherwise notified in accordance with this Policy.
 - Employees that do not call in to indicate that they will be absent for three (3) consecutive shifts will be considered to have voluntarily terminated employment.
- **Tardiness**
 - Employees are asked to call in (at least four hours in advance, when possible) when they are going to be late.
 - We understand that sometimes, lateness will be a sudden event (traffic accident, child care issues, car troubles, etc.), and adequate notification is impossible. In these instances, as soon as you know that you will be late, you should notify NCEMS immediately.
- **Documentation and Penalties**
 - All absences and tardiness will be recorded in your personnel file along with any advance notice that was or was not provided. Attendance records will be considered when evaluating completion of the introductory period, as part of the annual review, in accordance with the “Performance Feedback and Goal Setting” Policy.
 - You may be subject to discipline for any unexcused absence or tardiness.

PROBATIONARY PERIOD

Purpose:

To ensure proper training of new personnel so that they are properly acclimated to the organization and to determine if the mutual relationship between NCEMS and the staff member should continue.

Policy:

All new hires of NCEMS will participate in a probationary period. The employee will be evaluated during this time, and at the end of the period a determination will be made as to whether the employment will continue.

Guideline:

- **Standards**
 - During the first month of employment, qualifications and abilities are carefully evaluated relative to work assignments and our environment. Supervisors will provide employees with information about standards and expectations that are required for each job. All employees are encouraged to ask questions and get clarifications of policies and expectations.
 - During the initial Probationary Period, and any time thereafter, employment may be terminated at the option of either the employee or NCEMS.
 - Employees will be evaluated at the conclusion of the Probationary Period, at which time all relevant training should be completed.
 - During the Probationary Period, all employees are expected to become familiar with NCEMS Standard Operating Guidelines, Patient Care Guidelines, and other materials as prescribed by administrative staff.

ORIENTATION PROGRAM

Purpose: To help new employees become accustomed to NCEMS and how it operates, and to ensure that they have the opportunity to learn all relevant Policies and Procedures.

Policy: NCEMS will provide initial orientation training and will monitor new staff member performances during their Probationary Period.

Guideline:

- **Standards**
 - The Orientation Program is designed to help all employees become familiar with essential operating procedures, patient care protocols, communication protocols, and policies of NCEMS and runs concurrent with the Probationary Period.
 - As part of the Orientation Program, all employees will receive information about the requirements of the position, compensation and benefits, policies, and other relevant information regarding employment, communications, and patient care.
 - During the Orientation Program, new employees are expected to attend all mandatory and other scheduled training sessions. Training sessions may include such topics as patient care, HIPAA and patient privacy, legal compliance, and other relevant patient care and employment related topics.
 - Employees are encouraged to ask questions about their employment or the policies of NCEMS during any of the Orientation Programs. Even after the Orientation Program and Introductory Period ends, employees are encouraged to voice their concerns and pose questions to their supervisor or other member of management.
 - At the conclusion of the Orientation Program you will meet with the Director of Operations to determine if your employment will be continued beyond the Probationary Period. Successful completion of the Probationary Period and completion of all Orientation Program training does not guarantee permanent employment or alter in any way the at-will employment relationship.

EMS FIELD INTERNSHIP PROGRAM

Purpose:

All paramedic and EMT's that are either newly hired or current employees that advance their certification level will complete the Field Internship under the supervision of North Channel EMS Preceptors before being allowed to function at that level of certification. During this period, the Intern will be monitored and evaluated according to the criteria identified in the North Channel EMS Field Internship Program SOG and documented on department-approved skills and evaluation forms.

The Deputy Director will oversee the Field Internship Program providing direction to the intern through the Preceptor and Supervisors.

Goals of EMS Field Internship Program:

- Familiarize, instruct, monitor, and evaluate the Intern on the entry level operations of North Channel EMS.
- Instruction and evaluation of the EMS Intern during emergency medical calls on scene management, patient assessment, and treatment skills. (Phase II)
- Instruction and evaluation of the intern on NCEMS Medical Standing Orders; departmental policy and procedures; Standard Operating Guidelines; proficiency of Advanced Skills per Intern's scope of practice.
- Provide a venue for the Intern to work with a paramedic preceptor in order to reinforce identified strengths and to remediate identified weaknesses prior to regular duty assignment.
- The Intern shall achieve a minimum score of 80% on the NCEMS protocol exam and a recommendation or **approval for "Accreditation"** (**maximum of two (2) attempts to achieve a minimum score of 80%**)
- The Intern shall undergo a performance review with the Director of Operations and receive full "Accreditation" status.

Qualifications and Responsibilities:

A. EMS Intern

Interns will be instructed and evaluated during Phase I of the EMS Field Internship Program. Phase I shall be four (4) twelve (12) hour day shifts to be completed during the first 4 weeks of employment.

- The EMT-Basic Intern shall complete Phase II and Phase III of the EMS Field Internship within **60** days of completing Phase I.
- The EMT-Intermediate shall complete Phase II, III, and IV of the EMS Field Internship within **60** days of completing Phase I.
- The EMT-Paramedic shall complete Phase II, III, and IV of the EMS Field Internship within **90** days of completing Phase I.
- The Intern is responsible for insuring that all daily worksheets have been completed prior to the end of the shift or tour, all required signatures are obtained and maintained in the Intern Handbook.
- The Intern Handbook shall be returned to the Supervisors office at the completion of each shift.

B. Paramedic Preceptors

1. Selected by the NCEMS Administration and Supervisors for the purpose of instructing and evaluating Interns assigned to the Field Internship Program.
 - Minimum four (4) years experience as an EMT-P
 - Minimum two (2) years employment with NCEMS
 - No disciplinary action for protocol or policy violation within past twelve (12) months.
2. Orient assigned personnel to the medical standing orders, the operation of medical equipment, operation and maintenance of the ambulance, patient care reports and other documentation requirements, policy and procedures, and other duties and responsibilities as assigned.
3. Mentor assigned personnel and ensure adherence to medical standing orders and overall quality patient care.

4. Verify proficiency in the operation of the ambulance and medical equipment.
5. Verify proficiency of basic and advanced skills.
6. Verify proficiency of patient assessment and treatment skills during EMS incidents.
7. Make recommendation upon completion of internship for “Accredited” or remedial training.

C. Supervisors

1. Supervisors are responsible for the oversight of the EMS Field Internship Program on their respective shift.
2. Supervisors are to be the point of contact between the Preceptor and Intern.
3. Supervisors shall keep the administration informed on the internship process of each individual.
4. Supervisors shall assist the Preceptor in the instruction and evaluation process of the EMS Field Internship Program during in-service training, skills verification, and emergency medical calls.
5. Supervisors shall meet a minimum of 2 times with the Preceptors to discuss the Interns progress.
6. Supervisors shall make a recommendation for full “Accreditation” upon successful completion of Phases I, II, III for the EMT, EMT-I and EMT-P.
7. Supervisors shall make recommendation for remedial training and removal from internship if the Intern is proceeding at an “unsatisfactory” rate at any time during the Phase I, II, III internship.

At anytime during the evaluation process Preceptors and Supervisors can recommend to the Deputy Director that the Intern is ready to be “Accredited.” Requirements for this accelerated “Accreditation” are:

- a. Completion of Phase I
- b. Minimum Score of 80 on the NCEMS Protocol exam
- c. Recommendation by Preceptors and Supervisors
- d. Approved by the Director of Operations

THE EMS INTERN HANDBOOK

The Intern Handbook is a tool that is designed to assist the EMT, EMT-I, EMT-P Intern through the internship process. The Handbook contains the Work Sheets, Evaluation Forms, Skills Verification Forms, and other materials that outline the EMS Field Internship Program. The Handbook is divided into four (4) sections:

1. Section I: Phase I: Entry Level EMS Operations
2. Section II: Phase II: Pre-Accreditation Process
3. Section III: Phase III: Medical Comprehension Exam
4. Section IV: Phase IV: Director of Operations Performance Review

B. The “Phases” of the EMS Field Internship Program

The Program was been divided into four (4) phases with each phase covering specifics components in order to instruct, observe, and evaluate the proficiency of the Intern prior to independent practice.

PHASE I:

Phase I of the EMS Field Internship covers the entry level EMS operations along with Basic Skills proficiency and shall be completed during the first 4 weeks.

1. Apparatus/Emergency Vehicle Orientation
 - Daily Inventory Check Sheets
 - Apparatus Maintenance
 - On Generator Operation and Maintenance
 - Operation of Warning Devices and Radios
 - 911 Key Operation
 - Patient Compartment Orientation
 - Medical Equipment and Maintenance
 - Review of Apparatus/Emergency Vehicle Operations SOG
 - Driver/Operator Skills Proficiency
 - Mobile Data Computer
2. Documentation ,EMS Skills and Medical equipment
 - Patient Care Documentation
 - Restocking and Cleaning Procedures
 - Complete all skills and Training assessments
 - Review of Universal Precautions SOG
 - Review of HIPAA Policy
 - Hospital Locations Proficiency
 - Software: Operative IQ and Narcotics check off
3. Administration
 - Payroll/Time sheets
 - When to Work software
 - NCEMS Website
 - Shift submission
 - NCEMS Desktop
 - NCEMS E-mail

- The Intern shall refer to the EMS Intern Handbook for the Work Sheet Objectives and proficiency skills sheets on the above listed entry level operations. Evaluation forms shall be used to assess the performance and competency of the probationary employees. Appropriate time frames will be given between initial instruction and follow-up evaluation.
- The Intern shall demonstrate proficiency of all Phase I entry level objectives and be checked off on all items on the “Intern Skills and Training” check off form prior to approval to enter into Phase II.

PHASE II:

Phase II begins the “Pre-Accreditation” process where the Intern will receive instruction on the following:

- Medical Standing Orders
- Departmental policy and procedures
- SOG’s
- Patient care documentation

An Intern that has successfully completed Phase I of the Field Internship Program shall be scheduled with a Preceptor each shift for field instruction and evaluation. Interns shall respond to a minimum number of emergency medical calls per the Intern’s current level of certification. As the Intern’s certification level increases, the intern shall complete the minimum requirements for that level of certification.

A minimum of:

- **EMT-B: 6-24 hour shifts/with a minimum of 8 patient transports as in charge**
- **EMT-I: 8-24 hour shifts/with a minimum of 10 patient transports as in charge**
- **EMT-P: 12-24 hour shifts/with a minimum of 18 patient transports as in charge**
- The Intern will be monitored by his/her Preceptor and Supervisor during emergency medical calls on scene management, patient assessment, and treatment skills.
- Phase II will be completed when the Preceptors and Supervisors recommend the Intern to proceed to Phase III. The Intern must be recommended by the Preceptors and Supervisors within the required days to move to Phase III.

PHASE III:

Phase III challenges the proficiency of the paramedic/intern on the following:

- Written examination on the Medical Standing Orders, departmental policies and procedures, and SOG’s. **The intern shall achieve a minimum score of 80% of the final exam to receive “Accreditation”. (maximum of two (2) attempts to achieve a minimum score of 80%)**

PHASE IV:

Phase IV is the conclusion of the internship with a performance review and full “Accreditation” from the Director of Operations prior to the Intern being authorized to practice independently.

At anytime during the evaluation process Preceptors and Supervisors can recommend to Deputy Director that the Intern is ready to be “Accredited.” Requirements for this accelerated “Accreditation” are:

- a. Completion of Phase I
- b. Minimum Score of 80 on the NCEMS Protocol exam
- c. Recommendation by Preceptors and Supervisors
- d. Approved by the Director of Operations

Evaluation forms provided in the Field Internship Program Manual will be used to evaluate the Intern's performance and competence. Daily Performance Logs and Pre-Accreditation Field Evaluations shall be completed at the end of each shift, reviewed by the Supervisors, and placed in the Intern's Handbook. Whenever possible, each medical call will be critiqued immediately following the completion of the call. The Intern should always take an active role in the documentation process and will be given an opportunity to discuss all evaluations with preceptors and Supervisors prior to submitting them to the Deputy Director.

If the Preceptors and Supervisors determine that an extended evaluation period would be beneficial to the overall competence of the Intern, then the preceptor may request an extension of five (5) shifts to complete the Field Internship. This is only for an Intern who is performing satisfactorily; this is not to prolong an Internship for an Intern who has not shown satisfactory progress in evaluated performance.

The Intern will be given the opportunity to improve on an "Unsatisfactory" evaluation with additional training and remediation. If the Intern receives more than three (3) "Unsatisfactory" evaluations during the internship, the Preceptor and Supervisor will discuss the evaluations with the Deputy Director and make recommendations for remediation and/or removal from the internship. The Director of Operations will make any final decision(s) in regards to remediation or disciplinary action.

C. Operational Procedures and Performance Standards

- The Deputy Director will oversee the Field Internship Program providing direction to the intern through the Preceptor and Supervisors.
- The first 4 shifts (Phase I) the Intern may begin patient care activities at the direction of the Preceptor.
- The preceptor will be present with the Intern in the back of the ambulance as much as possible when patient care is being rendered at the scene of an incident.
- The Supervisor and Preceptor will monitor the Intern's progress on a shift-by-shift basis by means of direct observation, written preceptor evaluations, written intern evaluations, and any other means authorized.
- The Preceptor and the Intern will complete a performance evaluation at the end of every shift and forward the completed evaluation to the Supervisor daily for review.
- Evaluations will be completed per instruction including noting the most and least satisfactory areas of performance evaluated.
- A written plan for improvement of observed deficits will be included on every evaluation and initialed by both the preceptor and intern.
- Any deficits noted by the preceptor must be clearly stated and documented utilizing measurable criteria.
- It is the responsibility of the Supervisor, Intern and Preceptor to see that all required paperwork is completed in a timely manner.
- The Supervisor will inform the Director of Operations of the Intern's performance and may consult with the EMS Medical Director about significant issues or problems identified during the internship process.
- The Intern must pass all required skills proficiency evaluations and obtain a minimum score of 80% on the NCEMS Medical Standing orders exam in order for the Preceptor and Supervisor to approve or recommend the Intern for "Accreditation" status.
- The Supervisor will forward all necessary paperwork to the Deputy Director at which time an interview will be scheduled with the Director of Operations.
- The EMT-I and EMT-P Intern must have an internship performance review with the **Director of Operations** to obtain approval for "Accreditation" status prior to the Intern being authorized to practice independently.

D. Personality Conflicts/Problems

If conflicts or problems occur, they should initially be discussed with preceptors in evaluation situations. If problems are not resolved, the Supervisor should be notified for further help and direction.

EMS FIELD INTERNSHIP ORIENTATION MANUAL

Purpose:

This handbook has been developed for the intern entering into the EMS Field Internship Program to explain the responsibilities and expectations of the intern, describe the instruction and evaluation process of the internship, the role of the Preceptor, and the requirements of the Intern to obtain full “Accreditation” status by the department.

THE INTERN HANDBOOK

- The maintaining of this handbook is the sole responsibility of the Intern. The Intern will insure that all worksheets have been completed prior to the end of the tour, all required signatures are obtained, and all worksheets are placed in the proper section of the Handbook. The Intern Handbook shall be returned to the Supervisors office at the completion of each shift. Inability to produce the Handbook and all required documentation upon the completion of the Field Internship will constitute a failure of the precept period.

Daily Work Sheets list the objectives that are to be completed during the shift. The Preceptor will instruct the Intern on the stated objectives during a designated time set by the Preceptor and/or the Supervisors. It is the responsibility of the Intern to make the handbook available for the Preceptor’s signature.

The Daily Objectives Evaluation Form will be used to by the Preceptor to document the progress of the Intern and note the proficiencies and any deficiencies in the stated objectives. The Skills Verification Forms will be used during the evaluation of the procedural skills per the intern’s scope of practice.

Intern Pre-Accreditation Field Evaluation Form shall be completed by the Preceptor after the completion of each call. The Intern will be evaluated on Scene Management, Patient Assessment Skills, Communication Skills, and Treatment Skills.

Once the evaluation process of the Intern is complete, the Supervisor and the Deputy y Director who will review the EMS Field Intern Handbook to ensure the Intern has completed all listed objectives. If the Deputy Director and Supervisor give a recommendation of “Accreditation”, the Intern will be scheduled for his/her final EMS Medical Standing Orders written examination

THE ROLL OF THE PRECEPTOR

The Preceptor will mentor and evaluate the intern on the operations and maintenance of the ambulance and medical equipment, review and adherence to the medical standing orders, proficiency of scope of practice skills, scene management, patient assessment and treatment modality skills, and overall quality patient care. The Preceptor is ultimately responsible for all patient care provided by crew and shall evaluate the intern during patient contact. If the Preceptor considers the actions or inactions of the Intern to be detrimental, he/she will immediately remove the Intern from the role of providing patient care and take over all associated patient care/operations. At the completion of the Intern’s Field Internship, the Preceptor will make a recommendation for Intern “Accreditation” or continued remedial training.

THE ROLE OF THE INTERN

The person referred to as the “Intern” is a newly hired EMT-B, EMT-I, or EMT-P that has met the requirements of the Orientation Program and is ready to begin the instruction and evaluation process for “Accreditation” status for full ambulance assignment. Until the time that the Intern has satisfactorily completed the Field Internship Program, regardless of the Intern’s level of certification or previous experience, the intern will operate under the supervision of his/her assigned “Preceptor”. The Intern will be expected to demonstrate competency in cognitive (assessment of standing medical orders, policy and procedures, etc.) and psychomotor skills (treatment skills per scope of practice) and will be evaluated by his/her Preceptor for proficiency in these areas.

Interns will submit their available days each month by utilizing the online “Shift Request” form. The Director of Operations will schedule the Intern with approved Preceptors each month. It is the responsibility of the Intern to submit the appropriate amount of days in order to fulfill the requirements for the Field Internship Program.

THE ROLE OF THE SUPERVISORS

The Intern's shift Supervisor shall be responsible for oversight of the Field Internship Program. The Supervisor shall act as a point of contact between the Intern and Preceptor and assist the Preceptor during the instruction and evaluation process. The Supervisor shall evaluate the Intern on a pre-determined number of emergency medical calls to monitor and assess the Intern's ability in scene management, patient assessment and treatment modality skills. If a conflict occurs between the intern and his/her Preceptor, the Supervisor will intervene to provide direction and assistance as needed. The Supervisor will assign or make recommendation for "Accreditation" status for the intern at the completion of the Field Internship.

THE "PHASES" OF THE INTERNSHIP

The purpose of the Internship Program is to evaluate and train new or current employees to ensure North Channel EMS provides the highest possible patient care. The Program was been divided into four (4) phases with each phase covering specifics components in order to instruct, observe, and evaluate the proficiency of the intern prior to independent practice.

- Phase I of the internship encompasses the Orientations Program, entry level EMS operations, and Basic Skills proficiency and shall be completed during the first 4 weeks of the Field Internship Program.
- Phase II begins the "Pre-Accreditation" process where the Intern will be monitored during emergency medical calls on scene management, patient assessment, and treatment skills. Instruction and review of the Medical Standing Orders, departmental policy and procedures, and SOG's are also incorporated during this Phase.
- Phase III challenges the Advanced Skills and Knowledge proficiency of the Intern. A minimum score of 80% on the written NCEMS Protocol exam is required. Successful completion of Phase III by the intern results in a recommendation for "Accreditation" by the Intern's assigned Preceptor and Supervisor.
- Phase IV is the conclusion of the internship with a performance review and full "Accreditation" from the Director of Operations.

THE INTERNSHIP PERIOD

The Internship Program shall be completed in a time frame dependent upon the intern's level of certification. Phase I of the Program shall be completed with 4 weeks. Phase II-IV shall be completed within the time frames as listed below:

A minimum of:

- **EMT-B: 6-24 hour shifts/with a minimum of 8 patient transports as in charge**
- **EMT-I: 8-24 hour shifts/with a minimum of 10 patient transports as in charge**
- **EMT-P: 12-24 hour shifts/with a minimum of 18 patient transports as in charge**

The Intern may be granted an extension in the EMS Internship Program at the request of the Intern or his/her Preceptor. An extension may only be granted to an Intern who is progressing "satisfactorily" in the program. The purpose of the extension is to further evaluate the Intern during medical calls and the extended evaluation period would be beneficial to the overall competence and confidence of the intern. An extension will not be granted to the Intern who is progressing at an "unsatisfactory" pace.

THE EVALUATION PROCESS

The Intern shall be evaluated on the proficiency of both Basic and Advanced treatment skills depending upon the Intern's scope of practice, quizzes of Medical Standing Orders and Standard Operating Guidelines, patient assessment and treatment based "case scenarios, field evaluations on scene management, patient assessment, and treatment skills as directed by the Medical Standing Orders.

Successful completion of the Field Internship Program will be constituted by satisfactorily demonstrating your skills and knowledge in both a practical “hands-on” testing scenario, minimum score of 80% on the EMS Medical Standing Orders written test, and recommendation from the Preceptor and Supervisor for “Accreditation” status.

The Intern certified as an EMT-I or EMT-P shall have an internship performance review with the Director of Operations to approval for “Accreditation” status prior to the Intern being authorized to practice independent.

PERFORMANCE FEEDBACK & GOAL SETTING

Purpose:

To improve the quality of care that is provided to our patients through careful monitoring of staff performance, and to provide for wage increases to reward good job performance.

Policy:

NCEMS will evaluate its employees to identify strengths and weaknesses and establish goals, with the objective of improving overall job performance.

Guideline:

- **Job Description**
 - Each employee will receive a copy of his or her job description outlining the duties of that position. This includes new hires and individuals promoted to new positions within NCEMS.
- **Performance Review**
 - NCEMS will periodically monitor employee performance and provide informal and formal feedback based on performance evaluation criteria. Performance Feedback and Goal Setting will usually be done:
 - At the end of the initial Probationary Period.
 - During the annual review period.
 - At the end of a new Probationary Period following a job transfer or reassignment to new duties.
 - Following a significant change in job performance, for which an employee is placed on probation.
 - Supervisors will review job descriptions with all employees at each annual performance appraisal date. At that meeting:
 - An action plan will be established based for future appraisals.
 - Strengths and weaknesses, and areas that are in need of improvement will be discussed.
 - An evaluation will be based upon actions as they relate to job duties, as well as personnel, patient, and outsider interactions.
 - A review of any disciplinary actions, and appropriate course of action required in light of any disciplinary history may occur.
 - Comments or disagreements with performance should be discussed openly during the review session. If an employee is not satisfied with a supervisor's explanation of a performance appraisal, he or she may review the objection with the next highest-ranking official.
 - Periodic informal review may also occur. Supervisors may provide regular verbal feedback to staff to continually monitor performance and to serve as a resource for the staff member.

REPORTING TO WORK WELL RESTED

Purpose: To maintain high levels of quality patient care by ensuring that personnel are not overworked and are able to function effectively.

Policy: NCEMS requires that all employees report to duty well rested, and able to meet the needs of the public and patients that we serve.

Guideline:

- **Standards**
 - Because we provide emergency patient care, keen judgment, skill, and safe performance of job duties is required at all times. To do this, all personnel must report to work well rested at the start of his or her scheduled shift.
 - To the extent that a second job prohibits personnel from being able to perform their duties for NCEMS, because insufficient rest affects the quality of care, the staff member may be asked to go home, and he will not receive any pay for the remainder of the shift. Likewise, in situations where personnel appear overtired or otherwise exhausted due to insufficient rest, for any reason whatsoever, and where patient care may be affected, the personnel may be requested to return home, and be denied pay for the shift.
 - In addition to other employment, personnel are asked to schedule other personal outside activities appropriately, so as to be well rested and alert when reporting for duty.
 - Insufficient rest and other symptoms of exhaustion can affect the ability to perform job duties, and jeopardize the well being of patients and co-workers. In the interest of maintaining a safe work environment, and our commitment to the highest level of patient care, we expect everyone's cooperation with this Policy.
 - A staff member who routinely arrives to work not well rested, or who shows signs of exhaustion such that patient care may be jeopardized may also face disciplinary action, up to and including termination.

REPORTING WORKPLACE INJURY/WORKERS' COMPENSATION

Purpose: To comply with federal and state laws concerning safety in the workplace, to protect employees from injury in the workplace, and to provide wage loss and medical benefits when a staff member is injured on the job and cannot work.

Policy: NCEMS requires its employees to report all instances of injuries at the workplace so that appropriate steps may be taken. Strict adherence to this Policy is necessary to ensure appropriate benefits are provided when there is a bona fide workplace related illness or injury.

Guideline:

- **Standards**

- Any personnel suffering an injury while on-duty shall promptly advise their supervisor and complete appropriate paperwork, as required by NCEMS and/or the relevant state agency. Injuries include, but are not limited to:
 - Injuries of any nature sustained by an employee while performing job duties.
 - Injuries sustained as a result of moving and transporting patients.
 - Injuries received as a result of patient care (i.e. needle sticks, cuts, possible infectious disease exposure).
- All relevant state agency reporting requirements shall apply.

- **Workers' Compensation Insurance**

- NCEMS carries Workers' Compensation Insurance to provide for payment of medical expenses and lost wages in the event of a work related accident or illness. To qualify, the injury must occur within the course and scope of employment.
- The amount of benefits payable (medical expenses, lost wages, etc.) and the duration of payment depend on (among other things) the nature and severity of your injury or illness, amount of lost work time, and ability to physically perform essential job functions. All medical and wage loss benefits will be provided in accordance with state and federal laws.
- Failure to immediately report work related injuries might have a negative effect of the ability to receive prompt Workers' Compensation benefits.
- Workers' Compensation benefits will apply only to injuries sustained on-duty, and under no circumstances will apply to injuries sustained by voluntary, non-work activities.

- **Reporting Procedures**

- As soon as you believe you may have suffered a work related injury, you should follow the following procedures:
 - Where possible, provide a verbal report of the incident immediately to your supervisor, prior to any written documentation.
 - Seek immediate and appropriate medical attention in accordance with NCEMS Policy.
 - Complete an "Employee's Report of a Work Related Injury" form.
 - Cooperate with any insurance adjuster or agent who may contact you regarding the accident.
 - Provide a note from your health care provider concerning the nature and scope of the injury, input on performing the functions of your job, and the length of absence that may be required.
 - Take appropriate steps to coordinate time off with your supervisor.

- Your supervisor or administrative staff will be involved in your Workers' Compensation claim, and is expected to follow the following procedures:
 - Review the "Employee's Report of a Work Related Injury" and any witness accounts, and investigate the nature and scope of the injury.
 - Prepare and submit to the Insurance Carrier a "Supervisor's Report of a Work Related Injury" as found as part of this Policy.
 - Obtain all relevant medical documentation regarding the nature and scope of the injury from your physician, including:
 - Diagnosis.
 - Medical Management.
 - Restrictions.
 - Anticipated date of return to work.
- Provide for appropriate accommodations, where possible, when an employee who has suffered a work related injury has been cleared to return to work in a minimal or "light duty" capacity.
- Take steps to prevent the hazard, and prevent future occurrence of the event that caused the harm. Where necessary, notification of possible contamination and/or infection should be made to appropriate state agencies.
- In the event that training or new policy is required, based upon the accident and injury, the supervisor will coordinate with relevant NCEMS staff to ensure prompt action to prevent future occurrence.
- In cases where work must be missed, the treating medical professional or physician must authorize the absence. Your treating physician should provide a note indicating the extent of the injury, the treatment date(s), the amount of time that must be taken off work, an anticipated return date (if any), and any restrictions upon your return to work, based on a review of the essential functions of the job.
- Any and all Workers' Compensation claims, benefits, and injuries are subject to investigation by your supervisor, as well as insurance adjusters, and other relevant parties. Faking an injury in an attempt to obtain improper Workers' Compensation benefits is a crime. Full cooperation in any insurance investigation is expected. Additional relevant investigation and reporting information is contained in the forms and procedures attached to this Policy.
 - All decisions regarding liability, insurance coverage, and payments will be made by the insurance carrier, and will be subject to insurance review and appeal processes. Based upon the degree of the injury you may become eligible for short or long term disability coverage.
 - NCEMS will not retaliate against any staff member who makes a good faith report of a work-related injury.

SOLICITATION, DISTRIBUTION OF LITERATURE, & USE OF BULLETIN BOARDS

Purpose: To avoid distractions and unnecessary interruptions during work-time, and to avoid excessive clutter at our work sites.

Policy: NCEMS prohibits solicitation of one employee by another employee during working time, and distribution of unauthorized literature at all times.

Guideline:

- **Solicitation**
 - Personnel are prohibited from solicitation while on “working time.”
 - “Working time” is defined as all time when ones duties require that he or she be engaged in NCEMS related tasks, but does not include an employee's own time.
 - To avoid annoyance to patients and others, solicitation is prohibited at all times in any patient care areas, including in any vehicle in which a patient is on board, or at the scene of an incident.
- **Distribution of Literature**
 - Personnel are not permitted to distribute advertising material, handbills, printed or written literature of any kind at any time in the work areas, including in any NCEMS vehicles.
- **Solicitation/Distribution by Non-Employees**
 - Solicitation, distribution of literature, or trespassing by non-personnel on the premises is prohibited at all times.
- **Use of Bulletin Boards**
 - Official NCEMS bulletin boards are an important means of communicating information of interest and importance.
 - Personnel should regularly check these boards for important announcements, schedule changes, continuing education classes, and so forth.
 - These bulletin boards are for items of interest to NCEMS that are specifically related to NCEMS workplace activities. Only management may post materials on the bulletin boards. These boards are not to be used for any personal postings, fundraising activities, political views, and other non-NCEMS related issues.
 - Personnel shall not post or remove any material from the NCEMS bulletin boards without permission from a supervisor or administrative staff member.
 - NCEMS may, in its discretion, establish a separate bulletin board for postings of general interest to all employees.

GENERAL FACILITY MAINTENANCE

Purpose:

The purpose of this directive is to provide a clean, effective and safe working environment within a station and surrounding areas whereby vehicles and equipment are kept.

Guideline:

- **Offices**
 - Offices should be cleaned, trash removed and desks organized daily.
 - Floor to be cleaned as needed to present a clean appearance.
- **Bunk/Dorm Rooms**
 - Beds are to be made at the awakening of the shift. All lockers are to be closed and secured.
 - Floors to be cleaned as needed to present a clean appearance.
- **Day Room**
 - Day room should be secured with lights and all audio video components turned off when not in use.
 - Recliners should be returned to their original upright position when not in use.
 - Magazines and books will be returned to the shelf after each use.
 - Snack containers, dishes, flatware will be washed and put away or disposed of in the proper manner. Floor is to be vacuumed or mopped as needed to present a clean appearance.
- **Kitchen/Dining Area**
 - Dishes and utensils are to be placed in their proper area, or disposed of in an appropriate manner.
 - Countertops and tables are to be wiped down after every use.
 - Chairs are to be returned underneath table.
 - Spills are to be wiped up after occurrence to prevent hazardous conditions.
 - Kitchen floor is to be swept and mopped on a daily basis.
 - Refrigerator is to be cleaned at least weekly.
- **Bays**
 - Bays are to be maintained so that each member is able to have a safe working environment.
 - Oil spills or other fluid leakages, and/or other types of spills not classified, shall be wiped up or controlled, at the time of spill, so that injury or damage is prevented.
 - Apparatus and other vehicles shall be properly parked and secured. All adjuncts that assist the function of the apparatus shall be attached.
 - Bay doors, drug supply room, generator room, and other entrances shall be secured when not in use or when bay is unoccupied.
 - Bay floors should be swept and cleaned as needed.

- Lights should be turned off when not in use.
 - Bay entrances shall be checked visually for protruding objects prior to securing bay doors.
 - No vehicle shall be parked so as to obstruct the Bay opening, so that a piece of apparatus or other emergency vehicle is delayed from responding to an emergency call for service
- **Aprons**
 - Aprons will be kept free of debris, which could damage a vehicle.
 - Aprons should be washed / swept on an as needed basis.
- **Bathrooms>Showers**
 - Bathrooms>Showers should maintain a pleasant appearance and be cleaned as necessary.
 - Turn off water when not in use.
 - Turn off lights in bathrooms when not in use.

MAINTENANCE REPAIR

Purpose:

The purpose of this directive is to establish an orderly fashion in which repairs and maintenance are to be recorded.

Guideline:

- Report of Repairs
 - Any item-needing repair should be reported to the Shift Supervisor.
 - The item needing repair will be documented on the appropriate work order form and submitted electronically.
 - If apparatus or other vehicle is in need of repair, and cannot be completed by shift personnel, the Shift Supervisor will be notified and make an appointment with appropriate provider to have the repairs made. The appropriate work order form must be completed.
 - In the event an apparatus is in need of repair and/or to be placed out of service, the assigned crew shall be responsible for the replacement of front line apparatus with reserve apparatus and all required equipment and supplies.

VEHICLE MAINTENANCE

Purpose:

The purpose of this directive is to ensure that all vehicles assigned to NCEMS are properly maintained and functioning as designed; and to establish guidelines for the use of back-up/reserve apparatus and emergency repair in the event an ambulance has to be removed from service due to mechanical failure.

- **DAILY MAINTENANCE - (MECHANICAL)**

- Mechanical failure of a permitted vehicle constitutes any situation, which would render the vehicle unable to respond to a call for medical assistance or would endanger the personnel or public by the use of the vehicle.
- The Shift Supervisor shall ensure that all permitted vehicles are in good working condition for response to each call for medical assistance and/or transport of each patient requiring emergency treatment.
 - All vehicles shall be checked using a daily maintenance electronic reporting program, etc.
 - Cleanliness – The sanitary and mechanical appearance of vehicles, inside and outside, shall be maintained on a daily basis.
 - Refueling – All vehicles will be refueled at end of each shift. Fuel levels should not drop below $\frac{3}{4}$.
 - All mechanical failures shall be written up on a vehicle repair form, noted on the daily check off sheet, and reported to the shift supervisor. Shift Supervisors are responsible to make sure work is completed.

- **DAILY MAINTENANCE – (MEDICAL)**

- All medical equipment located on the Ambulances shall be checked daily.
 - Any shortages of medical supplies shall be replaced. If the supply cannot be found, notify the Shift Supervisor.
 - Controlled medications shall be checked daily and documented on the appropriate check off form. Members shall perform a complete check of all controlled substances assigned to their apparatus when moving from one apparatus to another, when relieving another member or every twelve hours.
 - Any request for medical supplies that need to be ordered should be forwarded to Senior Supervisor.

- **MONTHLY MAINTENANCE – (MEDICAL)**

- The personnel assigned to each unit shall remove all tags and check all drugs, supplies and equipment for expiration dates on the first day of each month. After all equipment and supplied have been inventoried, a new tag(s) shall replace the removed tag(s).
 - All expired medications shall be removed from vehicles and turned over to the Shift Supervisor on the first day of each month.
 - All medications with expiration dates within the next 30 – 60 days shall be placed frontline, to be used first.
 - All other dated supplies shall be checked for expiration dates, and placed frontline, if expiration dates are within the next 30 – 60 days.

- **VEHICLE SECURITY**

- All exterior compartments on all vehicles shall remain closed when compartment is not being used. All compartments, which contain controlled medications, shall be locked at all times.
- All drug boxes containing controlled medications shall be locked in the proper compartment when not in use.

- When a vehicle is unattended, all doors and compartments shall be closed. When the vehicle is unattended on a non-emergency situation, all doors and compartments shall be locked.

- **BACK-UP APPARATUS/RESERVE – EMERGENCY REPAIR**

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- In the event a permitted ambulance becomes inoperative, follow the appropriate guidelines as applicable for each situation.
- During response or transport.
 - Advise Shift Supervisor. (this should be performed after dispatch notified)
 - Contact Dispatch for response of the next available unit or mutual aid from closet agency.
- Prior to response
 - Advise the Shift Supervisor

RADIO PROCEDURES

Purpose:

The purpose of this directive is to provide radio procedures, to be used consistently in routine and emergency situations, so that a standard of communication is maintained.

Guideline:

- All emergency calls for service are those classified by a need for immediate EMS response to assure the safety of persons.
 - The dispatching of an emergency call for service will be preceded by alert tones.
 - The type of emergency calls for service followed by the location and other pertinent information, given in clear speech.
 - All units will activate their status via MDC (mobile data computer) upon receiving a response from Com Center. All responding units will use normal designated channel unless otherwise directed by Com Center.
 - All units will continue to update their status change via MDC until completion of incident unless a technical problem exists.
 - All persons talking on the radio will use a professional tone when speaking. Any unprofessional radio traffic is unacceptable.

STAFFING & STAGING (MEDICAL)

Purpose

The purpose of this directive is to define the staffing for and the positioning of emergency vehicles when responding to serious medical calls. For specific treatment refer to the protocols approved by the Medical Director.

Guideline

- **Serious Calls for Service**
 - The following calls received for medical assistance will be considered as serious in nature, and may require a shift supervisor to respond in addition to the appropriate Medic Unit;
 - Respiratory difficulties
 - Cardiac Dysfunction, Chest Pains
 - Any unconscious person
 - Serious Trauma
 - Any unknown medical condition
 - Vehicle crashes
 - A minimum of one (1) EMT and one (1) Paramedic will respond in appropriately assigned Medic Unit.
 - The vehicles will be positioned at the scene in such a manner as to provide rapid exit should a response to another emergency call be necessary.
 - All attempts will be made to expedite procedures so as to not spend more than ten (10) minutes at the scene of any serious trauma.
 - Patients who are deemed to need urgent medical care will be transported with emergency warning devices.
 - Patients who are deemed not to need urgent medical care will be transported without emergency warning devices.
 - For detailed assessment and treatment procedures refer to the protocols approved by the Medical Director.

DISPATCHED “STAGE” RESPONSES

Due to the safety of NCEMS members and citizens, the following changes shall be implemented and all personnel shall comply when dispatch to any incident with pre-arrival instructions “stage for law enforcement”.

- When unit(s) are dispatched, members are to respond to the nearest designated staging facility/area within proximity of dispatched location.
- Unit(s) shall respond non-emergency to designated facility/area.
- Unit(s) shall verbalize “staged” via radio upon arrival to designated staging facility/area and state staging facility/area.
- Unit(s) shall remain at designated facility/area until cleared to proceed by Comm Center after law enforcement has declared scene safe.
- Comm Center should be in contact with appropriate law enforcement agency throughout incident and will be vigilant of documentation and time references.
- Unit(s) shall remain in designated staging area for a total of 30 minutes from time of dispatch unless otherwise cleared to return to service or proceed to location by Comm Center.
- Unit(s) shall be notified by Comm Center upon expiration of 30 minute stage time.
- Units(s) shall inform Comm Center via radio upon expiration of 30 minutes the following transmission: M-54 returning to service without patient contact leaving staging area
- Unit(s) shall return to service via MDT
- Member shall complete proper documentation in PCR and include detailed narrative.
- Upon receiving “clear to proceed” by Comm Center to location, input “on scene” using MDT when arrival to dispatched location.

Approved Designated Staging Facilities:

NCEMS 332 Freeport
CLFD #1 911 Hollywood
CLFD #2 14422 Wallisville

When NCEMS is requested for Mutual Aid assistance when pre-arrival instructions involve staging or unsafe scene.

- Upon being dispatch, while responding to dispatched location, switch main radio frequency to Mutual Aid agency’s primary frequency and make contact via radio with personnel on scene.
- Maintain contact with Comm Center via portable radio.
- Request information pertaining to incident (staging required, scene safe, patient status and condition, etc)
- If unable to make contact via radio, advise Comm Center of unsuccessful attempts to establish radio contact with Mutual Aid agency.
- If unable to make contact, stage a safe distance from dispatched location (two or three blocks) and advise Comm Center of staged location.
- Comm Center should relay additional information regarding incident and serve as liaison between dispatch agencies.
- At no time should a response be delayed awaiting additional information.
- When Mutual Aid assistance is requested without pre-arrival instructions, responding unit shall attempt to make contact with on-scene personnel for additional information.
- Members must be cognizant of radio frequency changes and unfamiliar response area at all times.
- Also be aware that NCEMS is responding and functioning under the requesting agencies Incident Management plan and shall comply with their directives excluding care of patient when released to NCEMS.

JAIL RESPONSES

- When responding to a city or county jail, appropriate equipment should be removed from the vehicle and taken to the patient.
- Any equipment brought into the facility must not be left unattended in prisoner/detainee access areas.
- Check with personnel at the booking desk as to exact location of the patient.
- If a detainee is transported, law enforcement should accompany the detainee to the receiving facility.
 - If the patient is to be restrained or presents a danger to crew or themselves, law enforcement **must** accompany the patient through the duration of the incident.
 - If a law enforcement officer is unavailable, the EMS crew, at their discretion, may transport without one, making it clear to the law enforcement agency that no attempt to restrict the detainee/patient from exiting the vehicle will be made by EMS personnel.

FIRE SCENE GUIDELINES

Purpose:

The purpose of this policy is to identify the roles and responsibilities of EMS personnel while on the scene of a fire standby as well as when they are the first emergency service unit on the scene of a fire situation. Special emphasis is placed on the safety of rescuers, bystanders, and victims in order to minimize or prevent injury.

• Standby

- Upon arrival at a working fire incident, the EMS unit will be placed in an area that is safe distance from the actual fire (200 – 300 feet minimum). The Incident Commander on the scene should designate this area.
- While driving around the fire scene, avoid driving over fire hoses, if at all possible. Do not drive over hose couplings.
- The EMS crew and Supervisor will report to the Incident Commander on the scene in order to arrange the following:
 - The location of the EMS crew/unit that is mutually beneficial based on good access in and out of the fire scene and at a safe upwind distance.
 - The method by which the EMS crew will be notified if our services are required (i.e., through dispatch, direct, etc.).
 - EMS crew shall retrieve all equipment needed and report to Incident Commander when feasible.
- If an illness or injury occurs at the fire scene of a fire, the following procedures will be adhered to:
 - Have the patient moved a safe distance before initiating any treatment. The safety of the rescuers and patients is primary concern.
 - EMS crews shall not enter an IDLH hazardous environment requiring NFPA approved structural PPE and SCBA or within the “hot zone” under any circumstances.
 - Notify the Incident Commander of any injury or illness, especially those requiring transport to a hospital

• EMS First on the Scene

- Upon arrival at a fire incident, the EMS unit will use approved procedures to notify the Fire Department.
- The EMS units should be parked in a location that will not interfere with incoming fire apparatus and Fire Department operations.
- Make every reasonable effort to alert occupants of a structure fire to evacuate immediately.
- Make every reasonable effort to prevent people from entering an IDLH and establish a safe perimeter around the structure.
- Attempt to obtain information from bystanders, witnesses, or occupants, in order to learn if the structure has trapped occupants, or other such information.
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- Do not attempt to enter an IDLH, regardless if an injury or entrapment is found to exist.
-
- You may attempt to contain and suppress the exposed fire by fire extinguisher, or other means, provided it can be performed without entering an IDLH with safety being priority.
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- Once the Fire Department has arrived on the scene and assumed command, EMS personnel will follow standby procedures.

• Departing Fire Scene

- Incident Command should release units from incident upon their discretion or the discretion of NCEMS supervisor after consulting with Incident Commander.

FORCED ENTRY

Purpose:

Occasionally, EMS responders may be faced with a situation where the unit has been called to the residence and no one appears present in the home. In a situation that may exist where the patient is believed to be alone and is now medically unable to unlock a door or verbally respond. In such instances, the EMS responders may consider using forced entry.

Guideline:

Forcible entry will be used only in cases of a potential/suspected life threatening emergency where other measures to obtain access are unsuccessful.

- If there is no answer at the residence, have dispatch try the call back number.
- If the call back number is ineffective, without endangering themselves, EMS personnel will try all doors and locks.
- If no unlocked openings to the structure are found and available information does not verify that an emergency situation exists, then the EMS unit may return to service.
- If a potential/suspected life threatening emergency is found to exist, or available information suggests an emergency does exist, then the following procedures are to be followed:
 - Law enforcement assistance is to be requested.
 - Shift Supervisor is to be advised of situation.
 - Forcible entry locations should be sought that will minimize damage to the building. However, reasonable efforts to gain access should be made regardless of damage.
- All personnel will use extreme caution in providing for their own safety.
- The EMS crew will submit a detailed incident report to the Director of Operations no later than 24 hours after the incident.

HANDLING OF PERSONAL ITEMS

Purpose:

Occasionally an EMS crew will, in the course of patient treatment, be required to handle a patient's valuables such as a purse, wallet, jewelry, identification, medications, etc.

Guideline:

- If contact with patient's personal items is necessary for any reason, it should be done in the presence of at least one (1) witness from outside our EMS service, such as a law enforcement officer or other official, and documented.
- If removal of patient's personal item(s) is necessary, a family member or law enforcement officer should witness removal from patient and documented.
- In all instances, the handling of valuables, and their description, should be clearly documented in PCR and the witness identified. Example of jewelry description: ring with gold colored metal and clear stone.
- It is the responsibility of the assigned crew having possession, to ensure that the patient's personal property is left with the patient, family member, patient advocate, or receiving ED representative before leaving the location, emergency department, etc. and documented in the PCR.

The following procedure should be followed for items that were not returned or discovered later:

- Notify Supervisor
- Place personal property in envelope and seal (write name, date, address, incident #, and crew on outside envelope)
- Supervisor will place in secure location
- Supervisor will attempt to return to patient or family member within a reasonable time after receiving
- Documentation should be made by Supervisor of incident and disposition

EMERGENCY VEHICLE OPERATING GUIDELINES

Purpose:

Responding to any emergency call, places a great deal of responsibility on the drivers of our emergency vehicles. Not only must emergency vehicles drivers provide prompt conveyance of the apparatus, equipment, and personnel to provide service to those in need, but as importantly, must accomplish this task in the safest and most prudent manner possible. Emergency vehicle drivers have in their care, custody and control most of the major assets possessed by this organization (the vehicle, portable equipment, personnel). Emergency vehicle drivers also have a higher standard of care to provide to the general motoring public and must make every attempt possible to provide due regard for the safety of others. Drivers must constantly monitor and reduce the amount of risk and exposure to potential losses during each and every response. Safe arrival at the emergency scene shall be, and must always remain, the first priority of all emergency vehicle drivers. In order to accomplish this enormous task all emergency vehicles drivers shall become familiar with, and constantly abide by the following guidelines.

Guidelines:

- **Circle of safety**
 - Prior to entering the cab and starting the vehicle, the emergency vehicle driver shall make a circle of safety around the vehicle to see that all equipment is secured, that all compartment doors are securely closed and any physical obstructions moved out of the way. During the circle of safety the emergency vehicle driver shall encircle the vehicles and visually inspect all 4 sides and the top of the vehicle before entering the cab. He/she should also verify right side and rear clearance with the person riding in the passenger position. This shall be conducted prior to moving the vehicle regardless of whether or not the vehicle is about to leave on an emergency or non-emergency.
- **Warning devices and true emergencies**
 - When responding emergency, all audible and visual warning devices will be operated at all times regardless of time of day and/or traffic conditions. All emergency vehicle drivers must understand that warning devices are not always effective in making other vehicle operators aware of your presence. Warning devices only request the right-of-way, they do not insure the right-of-way.
- **Vehicle control and right-of-way**
 - All drivers shall attempt to maintain control of the vehicle that they are operating in such a manner as to provide the maximum level of safety for both their passengers and the general public. Emergency vehicle drivers should be aware that the civilian vehicle operators might not react in the manner in which is expected or felt to be appropriate. An attempt should be made to have options available when passing or overtaking vehicles. If another vehicle operator fails to yield the right of way to an emergency vehicle, the emergency vehicle driver cannot force the right of way, nor can you assume the right of way, therefore you do not have the right of way until the other vehicle yields to you.
 - The emergency vehicle driver shall be aware of his/her rate of closure on other vehicles and watch for pedestrians at all times to make sure that a safe following distance is established and maintained. All drivers shall follow the rule for safe following distance and allow 1 second of following distance for every 10 feet of vehicle length for speeds under 40 mph and add 1 additional second for each 10 mph for speeds over 40 mph.
- **Response speeds**
 - When responding emergency, drivers shall operate the vehicle **no more than 10 miles over the posted speed limit**, conditions permitting. Examples of conditions requiring slower response speeds include, but are not limited to:
 - Slippery road conditions
 - Inclement weather
 - Poor visibility
 - Heavy or congested traffic conditions
 - Sharp curves

When operating in any school zones, posted speeds in that school zone shall be obeyed at all times. When approaching a school bus, operators must obey school bus stop signs and proceed with extreme caution. When children are present near designated school crossings, use caution with audible warning devices.

When driving against the flow of traffic, extreme caution should be used.

- **Intersection Practices**

- Extreme care should be taken when approaching any intersection, as intersections are the locations responsible for a large percentage of major accidents involving emergency vehicles. Drivers are required to practice the organization's intersection operating guidelines during all emergency responses.
- Uncontrolled intersections: Any intersection that does not offer a control device (stop sign, yield or traffic signal) in the direction of travel of the emergency vehicle or where a traffic control signal is green upon the approach of the emergency vehicle all emergency vehicle drivers should do the following:
 - Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling fast, etc.)
 - Observe traffic in all 4 directions (left, right, front, rear)
 - Slow down if any potential hazards are detected and cover the brake pedal with the driver's foot.
 - Change the siren cadence not less than 200 feet from intersection to a continuous audible sound.
 - Avoid using the opposing lane of traffic if at all possible.
 - Emergency vehicle drivers should always be prepared to stop. If another vehicle operator fails to yield the right of way to an emergency vehicle, the emergency vehicle driver cannot force the right of way, nor can you assume the right of way, therefore you do not have the right of way until the other vehicle yields to you.
- Controlled intersections: Any intersection controlled by a stop sign, yield sign, yellow traffic light or a red traffic light requires a complete stop by the emergency vehicle driver. In addition to bringing the vehicle to a complete stop these additional steps must be followed as well:
 - Scan the intersection for possible hazards (right turns on red, pedestrians, vehicles traveling fast etc.) as well as driver options
 - Begin to slow down well before reaching the intersection and cover the brake pedal with the drivers foot, continue to scan in 4 directions (left, right, front, back)
 - Change the siren cadence not less than 200 feet from intersection to a continuous audible sound.
 - Scan intersection for possible passing options (pass on right, left, wait, etc.)
 - Avoid using the opposing lane of traffic if at all possible
 - Come to a complete stop
 - Establish eye contact with other vehicle drivers; have partner communicate all is clear; reconfirm all other vehicles are stopped
 - Proceed one lane of traffic at a time treating each lane of traffic as a separate intersection

- **Railroad intersections**

- At any time an emergency vehicle driver approaches an unguarded rail crossing he/she shall bring the apparatus or vehicle he/she is operating to a complete stop before entering the grade crossing. In addition the emergency vehicle driver shall perform the following prior to proceeding:
 - Turn off all sirens and air horns
 - Operate the motor at idle speed
 - Turn off any other sound producing equipment or accessories
 - Open the windows and listen for a train's horn

- **Non-emergency response**

- When responding non-emergency response mode or normal flow of traffic, the vehicle will be operated without any audible or visual warning devices and in compliance with all state motor vehicle laws that apply to civilian traffic. At no time should any emergency vehicle be operated during response with only visual warning devices.

- **Ordinary travel procedures**

- All drivers shall obey all traffic laws and traffic control devices when driving any EMS department vehicle under ordinary travel conditions. Any driver observed breaking any traffic laws or driving any vehicle in an aggressive manner will be subject to disciplinary action including, suspension of driving privileges.

- **Riding policy**

- NCEMS requires all persons riding in NCEMS vehicles to be seated in approved riding positions and be secured to the vehicle by seat belts whenever the vehicle is in motion. The emergency vehicle driver and/or the person riding in the passenger position shall verify that all personnel are properly seated and in seat belts before the vehicle is moved. Standard communication signals should be formulated and utilized by all personnel. NCEMS prohibits the riding on running boards or any other exposed position.
- **Backing**
 - NCEMS recognizes that backing emergency vehicles is made hazardous by the fact that the driver cannot see much of where he/she intends to go. NCEMS recommends that whenever possible drivers should avoid backing, as the safest way to back up a vehicle is not to back up at all. When it is necessary to back-up any departmental vehicle, all drivers shall follow one of the following measures:
 - First choice of backing procedures is that before any vehicle is put into reverse and backed that a spotter be put in place near the rear of the vehicle. The spotter should be safely positioned so that the emergency vehicle driver can see them at all times. If at any time the emergency vehicle driver loses sight of the spotter, he/she shall stop immediately until the spotter makes him / herself visible again.
 - If conditions exist that make use of spotters impossible, all drivers, before attempting to back up any EMS department vehicle, shall will make a circle of safety to see that; no person or persons are directly behind the vehicle or in its intended path of travel; all equipment is secured and that all compartment doors are securely closed; any physical obstructions are moved out of the way. The emergency vehicle driver should also note all potential obstructions in the intended path of travel.
- **Driver Responsibilities**
 - Bring the unit to a complete stop
 - Roll window down completely
 - Make visual and verbal contact with the spotter. “If you cannot see or
 - Hear the spotter, do not backup!”
 - Driver and spotter must establish and continue eye contact in the left rear
 - view mirror at all times
 - Drivers must have a thorough knowledge of spotter hand signals
 - The spotter hand signals to the driver indicating it is safe to begin backing
 - The driver gives a two-blast warning on the horn just prior to backing
- **Spotter Responsibilities**
 - Maintain communication via radio with driver when possible.
 - Conduct a "circle of safety" and survey the backing area and all other
 - Sides of the vehicle checking for hazards. Before proceeding to back unit,
 - Being sure to also check overhead clearance
 - Communicate any observed hazards to the driver
 - Place yourself eight to ten feet to the left rear of the unit
 - Establish visual and verbal contact with the driver and continue eye to eye
 - Contact in the left rear view mirror at all times
 - Be familiar with hand signals before allowing backing maneuvers to begin
 - Stop the driver if any hazards are observed or if you are uncertain of the direction that the driver is maneuvering.
- **Patient Transport**
 - When the patient’s condition requires emergency transport (a situation where there is a high probability of death or serious injury to an individual), the EMS vehicle should respond to designated emergency department using all emergency warning devices. All previous stated guidelines are still to be adhered to. If a patient is not considered to be a true emergency or the patient is being transported in an ambulance that is considered a “BLS” ambulance, the patient should be transported in a non-emergency mode.
- **Cell Phones**
 - The use of cell phones is strictly prohibited by operator/driver while operating a NCEMS vehicle.

- **Video Cameras**

- Tampering or otherwise affecting the stationary video cameras is strictly prohibited.

- **Passing other Emergency Vehicles**

- Passing another emergency vehicle during an emergency response is prohibited by NCEMS and must be justified in writing upon completion of incident and forwarded to the Director of Operations.

THE ROLE OF YOUR SUPERVISOR

Your supervisor is a very vital part of our management team. Your supervisor will be your main “go to” person when you have questions or concerns. Your supervisor is directly responsible for overseeing daily operations, monitoring the quality of your work, and providing you with whatever assistance you may need. Your supervisor will introduce you to your fellow personnel, show you where things are, and advise you on where you can improve your performance.

An important part of your supervisor’s responsibilities is to answer questions, listen to your concerns, and help you explore alternatives for resolving those problems, and take action where appropriate. Your supervisor is there not only to supervise, but also to make your concerns known to upper management. Feel free to discuss any issues with him or her and give your supervisor your cooperation.

Our entire management team prides itself on an “open door policy,” and you are encouraged to approach any member of management with thoughts, problems, or other ideas for improving our organization.

PERSONNEL FILE & UPDATING PERSONAL INFORMATION

It is important that North Channel EMS maintain complete and accurate personnel records for all employees and members. It is equally important to have certain information about all personnel on file. In order to keep these records up-to-date for operational, emergency and insurance purposes, it is essential that you notify the NCEMS as soon as possible if there is any change to any of the following items:

- Legal name.
- Home address.
- Home telephone number.
- Person to contact in an emergency.
- Number of dependents.
- Marital status.
- Change of beneficiary.
- Driving record or status of driver's license (if you operate any Service vehicle).
- Military status.
- Exemptions on your W-4 tax form (*employees only*).
- Certifications, recognitions, expiration dates, identification numbers, etc.
- I-9 immigration forms (*employees only*).

Since we refer to your personnel file when making decisions in connection with promotions, transfers, corrective counseling and other important events, it is to your benefit (and at times required of you) to be sure your personnel file includes all relevant information about you. Completion of educational or training courses, outside civic activities, and documentation of areas of interest and skills that may not be part of your current position requirements may have an impact on future assignments, promotions, etc. The personnel file will also retain work and volunteer related information gathered about you during your involvement with our organization, including both positive and negative occurrences.

North Channel EMS reserves the right to keep records related to investigations of possible criminal offenses, reference letters, documents prepared for criminal, civil, or grievance procedures, and materials used for other operations. This includes the results of criminal background checks, driving history, and medical examinations performed as part of employment or membership. To the extent possible, these records will be kept confidential.

CELLULAR PHONE & CAMERA USE POLICY

Purpose:

To prevent distractions in the workplace and help ensure the safety and privacy of all personnel and the patients we serve.

Policy:

- Cellular phone use and use of personal digital assistants (PDAs) while on duty shall be limited to necessary work-related calls made on work-issued phones. Personal use of cell phones – whether personal or company-issued – is only permitted during limited times when work responsibilities are not being performed. Use of personal cameras – whether cell phone cameras, stand-alone cameras, or cameras contained on any other such personal devices – whether digital or conventional film cameras while on duty or when performing any patient care functions for or on behalf of NCEMS – is strictly prohibited.
- Photographs of an incident scene are acceptable for use to show emergency department personnel damage and details that may be beneficial describing the damage at incident scene. Once delivered, reproduction or distribution of photos or video shall be restricted for training purpose only.

COMPUTER, INTERNET & E-MAIL USE

Purpose:

To maintain a respectable and ethical work environment as well as ensure the proper use of all electronic equipment.

Policy:

NCEMS permits the proper use of computers, Internet and electronic mail in accordance with these guidelines to ensure appropriate communications and to protect the integrity and security of our information system.

Guideline:

• **Background**

- NCEMS provides select personnel with Internet access including the World Wide Web to encourage the use of this powerful tool for work-related research and fast retrieval of up-to-date information on a wide variety of subjects relevant to our organization's mission.
- In many cases, Internet access and use is a necessary function for patient care reports, billing, and claim submission purposes.
- The Internet is a vast, chaotic, unregulated, unorganized, confusing, and potentially dangerous place. To ensure that Internet access is used in furtherance of appropriate objectives and to provide a measure of control and structure as to its use, NCEMS applies strict guidelines to Internet access.

• **Permitted Uses of the Internet**

- Internet access is a resource involving the use of NCEMS assets (modems, telecommunications networks, computers and software) and should be used for business purposes only. Non-business use (such as net surfing for personal enjoyment or entertainment, or other non-business purposes) is prohibited while on working time.

• **Prohibited Uses of the Internet**

- The following uses of the Internet are prohibited:
 - Viewing and accessing sexually explicit or offensive materials, or which may be offensive, hostile or harassing with respect to anyone's race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.
 - Use of the Internet for unlawful purposes such as:
 - Downloading or copying information (e.g., sounds, images, documents, etc.) or programs in violation of copyright and software licensing laws.
 - Using the Internet for unauthorized access to other computer systems.
 - Using the Internet to distribute or receive destructive programs (i.e., viruses and/or self-replicating code), etc.
 - Use of the Internet for personal commercial or profit-generating activities or for personal advertisements, solicitations, promotions, political material, or any other similar purposes.
 - The downloading of programs and other executable files (without prior permission from the management), since typical work related Internet research and use should not require the download of any additional programs. Downloading programs without authorization is prohibited.
 - Other specific violations include, but are not limited to:

- Sending or posting discriminatory, harassing, or threatening messages or images.
- Accessing any web sites that are pornographic in nature, including any “adult sites.”
- Using the organization’s time and resources for personal use or pleasure without prior authorization.
- Stealing, using, or disclosing someone else’s code or password without authorization.
- Copying, pirating, or downloading software and electronic files without permission.
- Sending or posting confidential material, including information about internal Pearland EMS matters.
- Violating copyright law.
- Failing to observe licensing agreements.
- Engaging in unauthorized transactions that may incur a cost to the organization or initiate unwanted Internet services and transmissions.
- Sending or posting messages or material that could damage Pearland EMS’s image or reputation.
- Participating in the viewing or exchange of pornography or obscene materials.
- Sending or posting messages that defame or slander other individuals.
- Attempting to break into the computer system of another organization or person.
- Refusing to cooperate with a security investigation.
- Sending or posting chain letters, solicitations, or advertisements not related to Pearland EMS or activities.
- Using the Internet for political causes or activities, religious activities, or any sort of gambling.
- Jeopardizing the security of the Pearland EMS’s electronic communications system.
- Sending or posting a message that disparages another organization’s products or services, including other ambulance or EMS organizations.
- Passing off personal views as representing those of the organization.
- Engaging in any other illegal activities or assisting others to engage in such activity via the computer equipment, electronic mail or the Internet.
- Sending offensive or sexually explicit messages, or viewing websites with sexually explicit, pornographic, or offensive materials.

- **E-Mail Use**

- E-mail is not a private communication system that may be used freely. Personnel shall not use e-mail to send personal information or discuss private matters about anyone, including him or her.
 - Except as may be specifically permitted under our organization’s privacy policies, patient information should not be discussed over e-mail.
 - Any defamatory, insulting, derogatory or sexually offensive remark about any person or group of persons utilizing electronic or other communication is prohibited.
 - Any member or employee who violates this requirement may be subject to disciplinary action, including termination.
 - Improper use of e-mail may also expose personnel to criminal charges separate and apart from disciplinary action.
- E-Mail use is reserved for business purposes only.

- **Access and Security**

- Under no circumstances should personnel be logged in under someone else’s user name or use any computer on which they have not logged in under their own name.
 - When a member or an employee uses a machine not assigned to him or her, he or she should, out of courtesy, ask the permission of the employee who is assigned to that particular machine.
 - For security purposes, personnel should log out of the computer system when they will be away from their desk for a prolonged period of time or use an automatic screensaver password to prohibit others from utilizing an unauthorized machine.

- Accessing Internet sites may identify to third parties both the user's name and the organization. Appropriate caution must be exercised in accessing sites.
 - Disclosing privileged and/or confidential information and offering opinions or advice over the Internet must not occur.
 - Many Websites have software, which can identify the user accessing the site. When accessing sites, be aware that such access may be tagged or identified with an identifying name and the North Channel Emergency Medical Services name.
 - The intentional access and use of Internet sites in a manner that could compromise NCEMS in any manner is prohibited.
- NCEMS has the ability to monitor Internet access (all messages sent, sites accessed, and information downloaded). All such information is the property of NCEMS. NCEMS reserves the right to review and disclose such records or information with or without prior notice. Computer hard drives will contain a history of sites recently visited and information (such as text and graphics) from those sites.
- Personnel are not permitted to bring in their own computer and use the agencies modems, Internet, or E-mail connections to access the Internet, or E-mail systems with such personal devices unless prior approval is granted.

INCLEMENT WEATHER

Purpose:

To ensure adequate emergency response 24 hours a day, 7 days a week, 365 days a year, regardless of weather conditions.

Policy:

NCEMS requires all personnel to report for their scheduled shift no matter what the weather conditions.

Guideline:

- **Standards**
 - As a public safety service organization, NCEMS is committed to providing continuous and quality service to our community at all times.
 - Unfortunately, weather conditions or natural disasters (hurricane) can make the commute to work difficult and time consuming.
 - Unless otherwise notified, all personnel are expected to report to work regardless of the weather conditions, and NCEMS will attempt to operate under our normal work schedules in all weather conditions.
 - During inclement weather, personnel should plan ahead and allow sufficient time for a safe trip to work.
- **Discontinuation of Response**
 - A decision made by the Director of Operations or Deputy Director to cease response to emergency calls due to the severity of the storm.
 - Units will be placed out of service when sustained winds of 40 mph exist or local conditions (such as flooding), or the Director of Operations dictate.
 - The Director of Operations or Deputy Director shall determine when normal response can resume.

CONTROLLED SUBSTANCE

Contents:

1. Purpose
2. Definitions
3. Administration (Policy)
4. Responsibilities (Policy)

1. PURPOSE

- To comply with Federal and State Regulations in establishing operational guidelines with regard to the purchase, storage, record keeping, security, disposal and destruction, and accountability of all controlled substances
- Ensure ALS personnel are trained in the operational guidelines regarding controlled substances and the accountability of the controlled substances in their possession while on-duty.

2. DEFINITIONS

- **Controlled Substance:** a drug or other substance, subject to the Controlled Substance Act of 1970, assigned to one of five schedules (I, II, III, IV, V) according to its potential for abuse, potential for psychic or physiologic dependence, contributing a public health risk, harmful pharmacologic effect, or as a precursor of other controlled substances.
- **Controlled Substance Coordinator: (CSC) Ensures compliance with Federal and State regulations in establishing operational guidelines with regards to the purchase, receiving, storing, record keeping, issuing, monitoring, security, accountability and disposal/destruction of all controlled substances. Ensures that all personnel are trained on the operational guidelines regarding controlled substances.**
- **On Duty Supervisor:** Person responsible for ensuring day to day operations.
- **Crew Member:** Person responsible for completing the web based Controlled Substance Inventory Form.” On his/her assigned unit.
- **Daily Controlled Substance Check Off Log:** Contains printed hard copies of each units daily web based Controlled Substance Inventory Form.
- **CSC’s Monthly Controlled Substance Check Off:** Contains printed hard copies of the following controlled substances: Morphine, Fentanyl, Versed, Lorazepam, & Ketamine locked in the combination safe. This form is to be completed prior to the last day of the month.
- **CSC’s Yearly Controlled Substance Check Off:** : Contains printed hard copies of the following controlled substances: Morphine, Fentanyl, Versed, Lorazepam, & Ketamine locked in the combination safe.
- **Controlled Substance Distribution Log:** Inventory of controlled substances in the combination lock Vault along with tracking sheets.
- **Unit Controlled Substance Log:** Contains tracking sheet for each controlled substance issued to the medic unit.
- **Re-Distribution:** Moving a controlled substance from one Medic unit to another.

3. ADMINISTRATION (Policy)

- **Authority and Responsibility:**
United States Code, Title 21, Controlled Substance Act
Code of Federal Regulation, Title 21, Parts 1300 – 1399
Texas Health and Safety Code, Chapter 481 Controlled Substance Act
Texas Administrative Code Title 37, Part I, Chapter 13
- **Controlled Substance Formulary:**
These following controlled substances apply to this operational guideline
Morphine Sulfate (Morphine) – Schedule II
Fentanyl - Schedule II
Ketamine – Schedule III
Lorazepam (Ativan) – Schedule IV
Midazolam (Versed) – Schedule IV

- **Purchasing Controlled Substances:**
 - The Director or his designee (CSC) shall contact the Medical Director via email, text or telephone to obtain the required signature on the DEA Form 222 for the purpose of ordering and purchasing of the required schedule II controlled substances
 - The Director or his designee (CSC) complete a **DEA 222 Form** signed by the **Medical Director** for the ordering and purchasing of schedule II controlled substances.
 - Schedule III, IV, and V controlled substances do not require the execution of a DEA Form 222.
 - After taking delivery of controlled substances, the Director or his designee (CSC) responsible for the procurement of all controlled substance shall comply with applicable record keeping requirements (see below) and the Director or his designee (CSC) shall secure the controlled substances in the EMS Supply Room Combination Safe or Medication Lock Refrigerator until such time the controlled substance is given a unique alpha numeric identification tracking number.

- **Receiving Controlled Substances**
 - Upon receiving Schedule II controlled substances, the Director or his designee (CSC) shall record the date of receipt and the number of items received in the spaces provided on **the triplicate copy of the DEA Form 222.**
 - A copy of the supplier's invoice or billing record shall be attached to the DEA 222 form.
 - A tracking label (unique alpha numeric identification tracking number) will be created for each controlled substance received from the supplier. The Director or his designee (CSC) shall label each vial, ampule or pre-filled syringe responsible for the procurement of medical supplies.

- **Security:**
 - The following security measures have been established to detect and prevent the diversion of controlled substances; to protect the department's and medical director's DEA registration; to protect honest employees with a system of checks, balances and witnessed activities; and because it's the law. Some security measures are physical such as cabinets and locks. Others are policies, best practices, and required record keeping.

- **Record Keeping**
 - The purpose for required record keeping is to assure that a controlled substance can be tracked from the date received from the medical supply company to the date it is administered to the end user. By maintaining compliant receipt, inventory, and administration records an audit should determine if any drugs are missing. If any of the required record keeping controls are not maintained, or do not contain all required information an accurate audit cannot be performed. Incomplete or inaccurate records result in inadequate security to detect and prevent diversion.
 - Each and every time controlled substances are received, issued, or used documentation must be generated and maintained. There must be a paper trail to show the path of a controlled substance dosage unit from the day it was received from the distributor, and then ultimately to the end user
 - State and Federal controlled substance laws require all controlled substance records to be maintained for a period of two years.

- **Controlled Substance Tracking System**
 - As a measure of quality control, the department has developed a tracking system that should assist in the accounting of all controlled substances. Each vial, ampule or pre-filled syringe will be labeled with a unique identification tracking number. The ID tracking number shall be as follows: the current year (last two digits) followed by the controlled substance abbreviation a sequential numerical number and, (ex: 13-MS-001). The abbreviation for the following controlled substances shall be:
 - Ativan - AT
 - Morphine Sulfate – MS
 - Versed – VE
 - Fentanyl – FTL
 - Ketamine – KE

This tracking number will be used to account for:

The date of receipt of each controlled substance

Date, time, amount given, EMS incident # and to whom the drug was administered

The Paramedic's name and signature who administered the drug and witness name and signature.

The disposition of the drug

Supervisor name and signature

- **Controlled Substance Discrepancy Report**

Any time there is a discrepancy in the inventory of the controlled substances, it will be reported to the on duty Supervisor. If the discrepancy cannot be reconciled, a "Control Substance Discrepancy Report" will be completed by the on duty Supervisor and forwarded to the Designated Senior Supervisor in-charge of the Controlled Substance, Deputy Director, Director and the Medical Director. The information shall include:

Date and Time of the discrepancy

Description of the discrepancy

Names of employees and Supervisor on-duty the day before the discrepancy was discovered

Names of employees and Supervisor on-duty the day the discrepancy was discovered

Date(s) and time(s) Director and medical director notified and method of notification

Action(s) taken

Printed name and signature of Supervisor

- **EMS Supply Room:**

The supply stock of Midazolam, Morphine Sulfate, Fentanyl and Ketamine shall be stored in the Combination Safe located in the EMS Supply room. The Ativan will be stored in the Medication Lock Refrigerator also located in the EMS Supply Room, with the key located inside the Combination safe.

Controlled substances designated for destruction (expired/damaged) shall also be temporarily placed in the Keypad Drop Safe in the EMS Supply Room.

Controlled Substance Tracking forms shall be placed in the Controlled Substance Coordinators mail slot.

- Dispensing from combination safe

- The following persons have authority to issue controlled substances:

Control Substance Coordinator

Supervisors

Senior Supervisors

Deputy Director

Director

- Controlled Substances removed from the combination safe will have the following entered in the Controlled Substance Distribution log:

Date

Controlled Substance

Depart #

Supervisor Name (Print)

Supervisor Signature

Witness Name (Print)

Witness Signature

- **Issuing controlled substances (Medic Units)**

- Controlled substance to be issued is removed from the Combination Safe or Medication Lock Refrigerator and documented appropriately in the Controlled Substance Distribution Log.
- Remove the Controlled Substance Tracking form that matches the controlled substance being issued.
- Enters the following on the Controlled Substance Tracking form:
 - Medic Unit
 - Date Placed on Unit
 - Issued by Signature
 - Received by Signature
- The Crew Member that received the controlled substance places it in the digital lock Knox Box Medi-Vault on the Medic Unit.
- **Re-Distribution of Controlled Substances:**
 - Controlled substances may be re-distributed from one Medic unit to another in the following situations:
 - A controlled substance on a Medic unit has fallen below the required minimum and there is no authorized person available to issue from the Combination Safe.
 - The controlled substance required is out of stock.

In either of the above situations the following fields must be completed on the Controlled Substance Tracking form and the Controlled Substance Coordinator contacted.

- Re-Distributed Medic Unit
- Date Placed on Unit
- Issued by
- Received by
- Disposal of Controlled Substances:

Controlled substances shall be destroyed for the following reasons:

- Medication has expired
- Seal broken, but not used

Two methods of disposal:

- In-house Narcotic disposal

For the purpose of doing an in-house controlled substance disposal, the Designated Senior Supervisor in charge of controlled substance shall fill-out the DEA form 41, also provide the law enforcement agency that the department will be working with and request permission from the DEA. The letter and form shall be sent to the Special Agent in Charge of the Division (SAC) the department is registered with. On a case by case basis, the Special Agent in Charge **MAY** grant you permission for a one time destruction. If the department is granted permission to destroy your stored controlled substance, you must retain the authorized letter from the SAC, also the DEA from 41 for a period of two years. If the department is denied permission, the department must use a reverse distributor for controlled substance destruction.

- Reverse Distributor

For the purpose of using a “Reverse Distributor” company for the destruction of all controlled substances, the Director or his designee shall make a request for the destruction of all controlled substances by filling out a DEA 222 forms for scheduled 2 medications and a DEA form 41 for schedule 3, 4 & 5 medications to an approved facility that has the means to incinerate all controlled substances. DEA form 41 can be obtained at the following website: www.deadiversion.usdoj.gov/21_reports/surrend/41_form.pdf.

The facility that is used for the destruction of all controlled substances shall provide the proper documentation, which shall include the following:

- Date of destruction
- List of all controlled substances destroyed
 - DEA form 222
 - DEA Form 41
- The method used to destroy all controlled substances
- Name of the person that was in-charge of the destruction
- Facility demographics

4. RESPONSIBILITIES (Policy)

A. Controlled Substance Coordinator

- Accounts for and records the total amount of each controlled substance received.
- Assigns unique alpha numeric identification tracking number to each medication.
- Creates a Controlled Substance Tracking form for each medication and places them in the Controlled Substance Distribution log.

B. Crew Member:

- Completes a web based Controlled Substance Inventory form as follows:
 - Beginning of each shift
 - Each time a controlled substance is issued/replaced.
 - Crew member that completed the web based Controlled Substance Inventory form is assigned to another medic unit for the remainder of the shift.
 - Crew member that completed the web based Controlled Substance Inventory form is unable to complete the shift or goes off duty.
- Procedure:
 - The inventory shall be performed by two (2) crew members. The following information shall be included:
 - Date
 - Time of day
 - Drug name
 - Amount carried
 - Printed Name and signature of In-Charge Crew Member
 - Printed Name and signature of Witness
 - Any Discrepancies
 - Inspects each medication to ensure that the seal has not been broken and that there is no damage.
 - Ensures that each medication's unique alpha numeric identification tracking number matches the unique alpha numeric identification tracking number documented the Controlled Substance Tracking Form in the Unit Controlled Substance log.
 - Signs the web based Controlled Substance Inventory form and obtains a witness signature.
 - Notifies the following of any discrepancy in the controlled substance count on record keeping:
 - Supervisor
 - Senior Supervisor
 - Deputy Director
 - Director
 - The On-duty Supervisor completes a "Controlled Substance Discrepancy Form" if needed and reports to the Deputy Director and/or the Director.
- Crew members receiving a replacement controlled substance will sign the Controlled Substance Tracking form and immediately place it the controlled substance in the digital lock Knox Box Medi-Vault on the Medic Unit and the Controlled Substance Tracking form in the Unit Controlled Substance log.

C. On Duty Supervisor

- Ensures that all Crew Members complete the web based Controlled Substance Inventory form.
- Prints a hard copy of each Medic units completed Controlled Substance Inventory form from the web based controlled substance site and places them in the “Daily Controlled Substance Check Off” log.
- Issues controlled substances to crew members as needed and completes the Controlled Substance Distribution log.
- Re-Distributes controlled substances when a medic unit controlled substance falls below the minimum required by NCEMS Protocols. (**Re-Distribute**)

D. Patient Medical Records (EMS Patient Care Reports)

- Each administration of a controlled substance must be documented in the patient’s medical record. The electronic version of the patient care report shall contain the following information:
 - Drug name
 - ID tracking #
 - Drug Lot#
 - Amount administered (mg)
 - Route of administration
 - Time of administration
 - Name of the person who administered the drug
- The field report version of the patient care report shall contain all of the information required in the electronic version.

E. Ambulance Storage

- Midazolam, Morphine Sulfate, Fentanyl and Ketamine shall be stored in the digital lock Knox box medi-vault on the ambulance. The following amounts shall be stored in the ambulance:
 - Morphine Sulfate: 20 mg – 2 pre-fills or vials
 - Midazolam (Versed): 20 mg – 2 pre-fills or vials
 - Ativan: 8mg or 12mg – 2 pre-fills or vials
 - Fentanyl: 300 mcg – 3 pre-fills or vials
 - Ketamine 500mg – 2 vials
- All of the Ativan will be stored in the Medication Lock Refrigerator located on the ambulance that shall be locked at all times. The lock shall be of a combination style.

F. Reserve Units:

- The on duty Supervisor/Senior Supervisor shall complete the web based Controlled Substance Inventory Tracking form for all reserve units at the beginning of each shift.

- In the event a Supervisor/Senior Supervisor checking the reserve unit is on duty from 6am – 6 am (24 hours) the “Shift” field on the web based Daily Controlled Substance Inventory form may be completed as AM/PM.
- In the event that an on duty Supervisor/Senior Supervisor is not available crew members assigned to Crew 1 shall complete the web based Controlled Substance Inventory form for the Reserve units.

G. Unit out of Service

- The on duty Supervisor/Senior Supervisor shall complete the web based Controlled Substance Inventory form when a unit is placed out or in service.
- Any unit that is placed out of service due to mechanical, electronic problems ect, will have all the controlled substances carried on that unit removed and locked in the Combination Safe. Controlled substances that require refrigeration will be locked in the Medication Lock Refrigerator. A Controlled Substance Inventory form will be completed and status set as “Locked In Safe”
- Completing a Controlled Substance Inventory form will not be required until the out of service unit is placed back in service and the controlled substances are place back on that unit.
- It shall be the responsibility of on duty Supervisor/Senior Supervisor to complete the Daily Controlled Substance Inventory form when a unit is placed back in service. The Controlled Substance Inventory form will be completed and the status set as “Placed back on Unit”

H. Expired Controlled Substances

- All expired Controlled Substances shall be removed from units on the date posted on each vial, pre-fill, or ampule by the manufacture date. The expired controlled substance shall be given to the on duty Supervisor/Senior Supervisor.
- In the event a Supervisor/Senior Supervisor is not available the expired controlled substances shall be placed in the Keypad Drop Safe and the Controlled Substance Coordinator notified.
- At no time shall an expired Controlled Substance be drawn up and wasted or left in any unsecured location.
- Texas Department of Health and Human Services dictates that all expired medications be removed from ambulances.
- All Controlled Substance Tracking sheets for each expired controlled substance shall be filled out and placed in the “Controlled Substance Coordinators” mail slot located in the Supervisors Office

I. Disposing of Controlled Substance after patient use.

- Frequently there will be an unused portion of a controlled substance remaining in the vial or ampule. When this occurs the following procedure shall be followed:
 - Unused portions of a controlled substance will be discarded at the hospital
 - Unused portions will be disposed of in the hospital sink and a witness signature obtained on the electronic patient care reporting software

- The empty controlled substance container will be returned to North Channel EMS and given to the on duty Supervisor/Senior Supervisor along with the Controlled Substance Tracking form.
- The Supervisor will then place the empty controlled substance container in the Keypad Drop Safe in the EMS supply room.
- The Supervisor will then place the Controlled Substance Tracking form in the “Controlled Substance Coordinators” mail slot.

J. Best Practices:

- Supervisors/Senior Supervisors are to ensure crew members are complying with Standing Operating Guidelines on the administration of controlled substances and department policies for record keeping on a regular basis.
- At least annually, conduct training and instruction to employees on how to comply with department controlled substance policies; state and federal laws.
- Conduct an annual audit of controlled substance counts against the record keeping ensuring all controlled substances are accounted for, drugs are not missing, and there are no record keeping errors.
- While conducting daily and monthly inventories, check all drugs for tampering and torn packaging.
- Two people shall perform any activity involving controlled substances.

K. Handling Loss or Theft

Anytime a controlled substance is missing and/or cannot be accounted for, this is considered a significant loss. A significant loss also includes theft of a controlled substance. These diversions must be reported immediately upon discovery. The following procedure shall be followed upon the diversion of any controlled substance:

- The person(s) that discover a controlled substance is missing and cannot be accounted for shall immediately report this to the on duty supervisor.
- If the on duty supervisor cannot reconcile the discrepancy, he/she shall immediately notify the following personnel, Designated Senior Supervisor in charge of the controlled substance, Deputy Director, Director and Medical Director, conduct an internal review and investigation to determine the manner of loss or theft to determine the amount missing. The Harris County Sheriff’s Department shall be contacted to assist in the investigation.
- The Designated Senior Supervisor in charge of the controlled substance shall compile a “Controlled Substance Discrepancy Report”. The report will be forwarded to the Deputy Director, Director and Medical Director within the next twenty-four (24) hours
- The DEA shall be contacted immediately upon the discovery of a significant loss or theft.
- The Designated Senior Supervisor in charge of the controlled substance shall complete a DEA 106 Form. This form may be submitted electronically from their website www.deadiversion.usodj.gov.
- Notify DSHS with the diversion after notification and appropriate forms are completed and submitted.
- DSHS may require the following information pertaining to the findings of the diversion

- Results of the internal investigation – All statements
- Narcotic logs
- Narcotic waste sheets
- PCR's
- Work schedule
- Results of any drug testing
- Any evidence – pictures of tampered vials or pre-fills
- Plan of correction

L. DISCIPLINE

- A. Failure to utilize this guideline may result in disciplinary action.

CONTROLLED SUBSTANCE DISCREPANCY REPORT

DISCREPANCY INCIDENT

Date of Discrepancy _____ Time of Discrepancy _____
Name of Person who discovered discrepancy _____
Name of Paramedic In-Charge this date _____
Name of Paramedic In-Charge on shift prior to discovery of discrepancy _____
Name of Supervisor on duty _____
Name of Supervisor on shift prior to discovery of discrepancy _____

TYPE OF DISCREPANCY

Description of discrepancy _____

EMPLOYEES ON-DUTY THIS DATE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

EMPLOYEES ON-DUTY PREVIOUS SHIFT

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

ACTION TAKEN _____

Date & Time of Notification of Director _____

Date & Time of Notification of Medical Director _____

Supervisor Name _____ Signature _____

CONTROLLED SUBSTANCE TRACKING FORM

Medic Unit # _____ Drug: _____ Vial #: _____ Lot #: _____

Expiration Date: _____ Date Placed on Unit: ____/____/____

Issued by: _____ Received by: _____

Re-Distributed: Medic Unit: _____ Date Place on Unit : ____/____/____

Issued by: _____ Received by: _____

Date Used: ____/____/____ Incident # _____

Chief Complaint: _____

Patient Name: _____

Authorization: () Protocol () Medical Control

Quantity	Amount Dispensed	Amount Disposed	Disposal Site

() Expired () Open-Not Used () Accidental Break

Remarks: _____

In-charge Paramedic: _____
Print name

In-charge Paramedic: _____

Witness Name: _____
Print name

Witness Signature: _____

Supervisor Name: _____
Print name

Supervisor Signature: _____

Input Date: _____ All areas printed in **RED** must be filled in with the correct information

ISSUANCE AND USE OF COMPANY EQUIPMENT

Purpose:

To provide a safe and effective work environment with equipment that remains in good working condition.

Policy:

NCEMS will not tolerate misuse or misappropriation of organizations equipment, as respect for NCEMS equipment is expected at all times.

Guideline:

- **North Channel Emergency medical Services Property**
 - Any NCEMS property issued to personnel, such as keys, cell phones, radios, gas cards, or uniforms, must be returned prior to receipt of any final paycheck.
 - Personnel may be responsible for paying for any lost or damaged items, as well as for any unreturned items at the time of separation from service. “Damaged items” are items damaged beyond what would be expected with normal “wear and tear.”
 - No item purchased or supplied by NCEMS should be removed from the premises without express written authorization of a supervisor. Further:
 - All personnel may be subject to random searches as they leave NCEMS premises, in accordance with the “Workplace Search” Policy.
 - Personnel found possessing any NCEMS property without express written authorization may be subject to discipline, up to and including termination.
 - It is the responsibility of all personnel to understand the equipment needed to perform his or her duties. All personnel must remember that:
 - Good care of any equipment used during the course of employment, as well as the conservative use of supplies, will benefit NCEMS.
 - If equipment is not working properly or in any way appears unsafe, or damaged, personnel are to notify a supervisor immediately so that repairs or adjustments may be made.
 - Any knowledge of misuse or damage to NCEMS property shall be promptly reported to a supervisor.
 - Personnel of NCEMS work with delicate and expensive equipment. Care must be taken in handling and using such equipment. Personnel will be held responsible for equipment caused by carelessness, misuse, or neglect, and could be subject to discipline.
- **Controlled Substances and Pharmaceuticals**
 - NCEMS has in its control, and has general access to controlled substances, narcotics, and various other drugs that are carried in the ambulances and administered under appropriate circumstances, by approved and certified personnel.
 - Under no circumstances shall personnel take from NCEMS, misappropriate, or otherwise distribute, steal, sell, or inappropriately administer (to self or others) these controlled substances.
 - Persons found in violation of this provision will be subject to immediate discipline, up to and including termination. Additional penalties may include discipline by the state regulatory agency including loss of licensure, certification, and money penalties.

- **NCEMS Equipment**

- Personnel must treat all equipment including vehicles, tools, devices, and other items in ambulances and in the station with respect and care.
- Equipment shall only be used for its intended purpose.
- “Clowning around” or horseplay with equipment will not be tolerated, as much of the equipment is both expensive and/or dangerous.
- Misuse and wasting of equipment and supplies will not be tolerated. Vehicles must be kept stocked to NCEMS Standards.
- Personnel shall ensure that ambulances are stocked, that equipment is in working order, and that supplies are checked at the beginning of each shift and are replaced at the conclusion of each call.

LOCKERS

Purpose:

To regulate the use of NCEMS owned lockers for the safety of staff and to prevent contraband and dangerous materials from entering the workplace.

Policy:

NCEMS may provide lockers for use by staff members under certain conditions, but those lockers may be subject to search to ensure the safety of everyone.

Guideline:

- **Standards.**
 - Lockers may be provided to staff members.
 - Locks may be removed by NCEMS.
 - Lockers must be kept neat and clean. Additionally:
 - Dirty cloths should be removed for washing as soon as possible.
 - Food should not be stored in lockers.
 - Personnel may not hang lewd or obscene pictures or other decorations on the inside or the outside of NCEMS provided lockers.
 - NCEMS reserves the right to inspect lockers without notice for any legitimate business related reason, including searching for contraband, alcohol, drugs, weapons, or organization property that may have been improperly obtained.
 - Staff is reminded that lockers are NCEMS property and staff members should have no expectation of privacy when it comes to locker use.

NON-FRATERNIZATION

Purpose:

To maintain a professional work environment dedicated to providing the highest level of patient care possible with minimal interference from personal relationships.

Policy:

Personal relationships among co-workers must not enter the organization in any manner that interferes with work or creates potential conflicts among our staff.

Guideline:

- **Standards**
 - Personal relationships between employees outside of work can often have an adverse effect on the working relationship. Uncomfortable strain, allegations of sexual harassment, and other workplace distractions are all negative side effects of a personal relationship that may occur among employees outside of the workplace.
 - NCEMS recognizes that it cannot specifically dictate how its employees may act outside of the workplace. NCEMS discourages personal romantic relationships among employees to the extent that such activity has an affect on the workplace.
 - In the interest of maintaining a professional atmosphere in the workplace, NCEMS discourages romantic relations among personnel. However, in the event that a romantic relationship exists, the following activities are prohibited:
 - Dating activities on NCEMS time or NCEMS property.
 - Use of NCEMS property to arrange dating activities.
 - Hand holding, kissing, hugging, sexual comments and other behavior generally associated with a dating or romantic relationship on agency time or NCEMS property.
 - Failure to report to management personal relationships involving personnel at different levels of the organizational structure.
 - To the extent that a dating relationship or romance occurs among two employees, and the relationship interferes with the ability to perform job duties, or leads to a breach of our professional standards or inappropriate behavior, one or both of the employees involved in the romance may be subject to discipline, or change in scope of job duties.
 - In general, NCEMS will not permit two staff members involved in a romantic relationship to work together directly, or for one person to supervise the other person.

PATIENT RELATIONS

Purpose:

To maintain a positive image also maintain good standing with our patients and the community that we serve.

Policy:

All personnel shall be good ambassadors for the goodwill of NCEMS and treat others with respect and dignity at all times.

Guideline:

- **Standards**
 - Personnel must act competently and deal with patients and their families in a professional, courteous, and respectful manner. The way we perform our individual jobs presents an image reflective of our entire organization.
 - Personnel shall communicate pleasantly and respectfully with other personnel, patients, family members, vendors, health care associates and business partners at all times. Positive relations not only enhance the public's perception or image of NCEMS, but also pay off in loyalty and future service requests.
 - Personnel are expected to follow-up on orders and questions promptly, provide professional replies to inquiries and requests, and perform all duties in an orderly manner. Serving the best interests and needs of all patients is our ultimate goal.
 - Personnel should take great pride in the work they do, and to perform at the best level possible. Individual behavior and professionalism, as well as that presented by NCEMS, is important for all persons with whom we deal.
- **Patient Care**
 - Personnel must treat all patients equally and without respect to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.
 - Personnel must provide patients, family members, and others with the highest degree of care they are certified to provide and as appropriate to the situation. At no time shall any personnel be expected to perform a service that he or she is not qualified to perform.
 - Personnel shall follow all relevant patient care procedures. Following these standards helps to assure that the highest level of patient care is provided.
- **Patient Requests and Complaints**
 - Patient requests and complaints shall be handled in a professional and courteous manner. Nothing is more important than being courteous, friendly, helpful, and prompt in the attention given to patients, since that is the way in which NCEMS will be judged.
 - Patient requests for information should be handled in accordance with HIPAA release of information policies.
 - Patient requests (or refusals) during care and/or transport shall be made in accordance with relevant patient care policies and applicable protocols.
 - Efforts should be made to make management aware of a complaint as soon as possible, so that quick resolution may be made. Additional information on handling patient complaints can also be found as part of the "Conflict Resolution and Problem Solving" Policy

Patient Bill of Rights

- In dealing with patients and in rendering care, all personnel are expected to respect the patient's rights, and to provide medical care and transportation at all times in accordance with certain rights. Failure to do so is a basis for discipline, up to and including dismissal.

- Patients have the following rights
 - To receive respectful care given by competent personnel.
 - To receive every consideration of his or her privacy concerning medical care. Case discussion, examination and treatment are considered confidential and should be conducted as discretely as possible.
 - To have all records pertaining to medical care treated as confidential, except as otherwise provided by law.
 - To receive quality care and high professional standards that are continually maintained and reviewed.
 - To expect emergency procedures are implemented without delay.
 - To refuse drugs, treatment or procedures offered to the extent permitted by law, and to be informed of the medical consequences of the refusal of any drugs, treatment, or procedure.
 - To receive medically appropriate services without discrimination based upon race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.
 - To receive appropriate pre-transport assessment, evaluation and treatment; careful handling, preparation, and monitoring of conditions, including thoughtful regard for those individuals associated with the patient; attention to all medical needs during transport; and a comfortable, safe ride to the acute care facility of their choice and/or the most medically appropriate facility.
- To be served with state of the art, strictly maintained, and properly functioning emergency medical equipment, including the ambulance, litters, and portable equipment.
- To receive professional, cheerful and attentive service throughout the course of the transport.

PRIVACY AND SECURITY OF PATIENT INFORMATION

Purpose:

To remain in compliance with all state and federal laws designed to protect the privacy, confidentiality, and security of patient information.

Policy:

All personnel shall maintain the confidentiality of patient and other confidential information in accordance with applicable legal and ethical standards and all NCEMS Patient Privacy Policies.

Guideline:

- **Background**

- NCEMS and its personnel are in possession of, and have access to, a broad variety of confidential, sensitive, and proprietary information. Inappropriate release of this information could be injurious to individuals, business associates, and NCEMS itself. All personnel have an obligation to actively protect and safeguard confidential, sensitive, and proprietary information in a manner designed to prevent the unauthorized disclosure of such information.
 - All personnel have an obligation to conduct themselves in accordance with the Health Insurance Portability and Accountability Act (HIPAA), and NCEMS Policies that have been enacted to address patient confidentiality. Personnel are advised to consult appropriate HIPAA Policies for additional information.
 - There shall be periodic training on patient privacy issues and all personnel are expected to become familiar with all patient privacy policies in addition to those contained in the Handbook.

- **Privacy**

- Information pertaining to a patient's medical situation may generally only be shared with other health care professionals involved with the treatment of the patient. Information may also be shared for other limited purposes, such as payment activities and health care operations, or other purposes specifically permitted by law, in accordance with NCEMS policies regarding the privacy of patient information.

- **Security**

- Much of the patient information that we collect is maintained on computers, and stored and transmitted electronically. In order to preserve the integrity of that data, and protect the confidentiality and security of this patient information, personnel must follow all applicable computer use and data security policies.

RELEASE OF INFORMATION TO MEDIA

Purpose:

To prevent the inappropriate release of confidential patient information and other confidential agency information to the media, and to ensure a consistent approach to media relations.

Policy:

As a general rule, only designated personnel may contact and/or speak with the media or release information to members of the media. All personnel shall refer any media requests for information to the designated person within the organization to handle media requests.

Guideline:

- **Standards**
 - Personnel may from time to time, receive media inquiries from various news/media agencies, including:
 - Newspapers and television stations, for reporting a rescue, accident response, fatality, or reporting on EMS activity, or general coverage” of EMS.
 - Magazines or periodicals, interviewing personnel related to incidents or general EMS issues of interest to the public.
 - When contacted by the media you must notify management with general information about the nature of the request and contact information for the reporter/writer. When contacted by the media you should refer the request to management.
 - All communication with the media must be approved by management. When approved, personnel may discuss general topics of interest and ambulance and EMS related issues with the media. In talking with the media about non-patient or organization specific issues, all personnel should follow the following guidelines:
 - Refrain from giving an “off the record” comment. Never consider any comment as “off the record.”
 - The following types of information should NEVER be released:
 - Patient-specific information, including names, addresses, assessment of injuries, treatment provided, and history/diagnosis. As a covered entity, we are bound by HIPAA to preserve patient confidentiality. Release of patient-specific information to the media is not permitted.
 - Information that may be prejudicial to law enforcement investigations (e.g. “I think the driver that caused the accident was drinking alcohol”).
 - Information that is not known for certain such as subjective or your “opinion” (e.g. “The car must have been speeding at the time of the accident”).
 - Information that may be an invasion of privacy, such as suicide information, AIDS status, overdose, psychiatric transport, cause of death.
 - We must balance providing the public with information about the services we provide against the individual rights of the patient to keep their medical information confidential. We fully respect the right of the public to know about our activities, as we are a public agency subject to public scrutiny. But we can provide information to the public only to the extent that the law allows us.
 - Personnel must refer all media inquiries to the EMS Director. Doing so helps assure that appropriate information is released and our public image is maintained.
- **Specific Standards for Dealing with Media Request for Patient Information**

- General information about a response may be released, provided that patient identifying information is not offered. For example, acceptable releases include:
 - Name of hospital. You may provide the name of the hospital to which patients have been transported. (Acceptable Example: The media calls about “the accident at Third and Main earlier this afternoon.” You may inform the media “a patient was transported from the accident scene to County General Hospital.”). **THE NAME OF THE PATIENT SHOULD NOT BE RELEASED TO THE MEDIA.** It is not appropriate for us to confirm or deny the identity of a patient. Requests for patient identity should be directed to a law enforcement agency or to the hospital. Law enforcement agencies are not subject to the strict requirements of protecting patient information as we are under HIPAA.
 - Number of patients. You may provide the total number of patients involved in an accident or transported to a facility. You may not indicate specifics about the vehicle a patient was driving or which patient went to a particular facility. (Acceptable Example: You may inform the media that “four patients were transported from the fire at the XYZ Chemical Factory. Two were taken to County General Hospital and two were taken to the Regional Medical Center.”)
 - Age & Gender. You may provide the age of a patient and the gender of the patient, unless it could reasonably be used to identify the patient. (Acceptable Example: You may inform the media “a 39 y/o male was transported from the accident on the Interstate.” You would not want to disclose to the media “a 39 y/o male was transported from 124 Main St.” since this information can be used to determine the identity of the patient.)
 - Designation of crewmembers. The designation of crewmembers as paramedics or EMTs is not protected health information. You may state, for example, that one paramedic and two EMTs were involved in caring for the patients involved in a motor vehicle accident. (You could identify the names of the personnel who responded, but some services prefer not to release this information). You are not permitted to describe the specific type of care rendered to patients at the scene or on the way to the hospital. Nor may you speculate on what injuries a patient may or may not have sustained. (Acceptable Example: “Personnel on the scene of the incident included two paramedics and a supervisor and advanced life support was administered.”)
 - Type of Transport. You may indicate that a particular call was an emergency and that transportation was facilitated by ambulance or helicopter. Do not speculate on the patient’s condition even if you are sure of that condition. (Acceptable Example: “Of the 3 patients on the scene of the incident, one was transported by helicopter to the ABC Trauma Center and two were transported as non-emergency patients to the local hospital emergency department.”)
 - Non-PHI. Information that is not classified as PHI may be released to the media consistent with Policy and state law. For instance, information about a fire response or a standby that did not involve patient care may be released to the media, as may general information about an event. (Acceptable Example: “We treated 45 patients during the two-day festival, and 6 were transported to local hospitals for various heat-related complaints”).
 - Disclosures Authorized by the Patient. In the event that the patient or the patient’s legally responsible decision maker signs a HIPAA authorization form, disclosures of information, including PHI, may be made so long as they are done in accordance with the express terms of the written authorization. Authorization forms for this purpose must be HIPAA-compliant and must be approved by the Privacy Officer.
- If at any time you are unclear about whether information may be disclosed to the media, always err on the side of caution and do not disclose.
- From time to time, it may be necessary for personnel to be absent during a scheduled shift. NCEMS is aware that emergencies, illnesses or pressing business that cannot be rescheduled in advance of a scheduled shift may arise. If you are unable to report for a shift or you must arrive late, and you are unable to obtain coverage, you must contact your supervisor immediately. For additional employee related information on absenteeism, please consult the “Absenteeism and Tardiness” Policy.
- Because all personnel must be alert and able to perform their job at all times, in order to provide the best possible care to patients, all personnel are expected to report to their scheduled shift well rested, and ready to perform their duties. Personnel that are not well rested, or are physically unable to perform their duties as a result of exhaustion

may be sent home, and may be subject to discipline. For additional information concerning the obligation to report to duty well rested, please see the “Reporting to Work Well Rested” Policy.

- From time to time, personnel may be required to arrive for a shift early, or remain late after a shift for coverage purposes. It is required that you remain at your post until your replacement crew has arrived and is prepared for duty. All attempts will be made to find relief as soon as possible in the event you are held over. In all situations, the replacement crew is intended to mean personnel with equivalent credentials (e.g. Paramedic for Paramedic). Failure to remain at your post until properly relieved may result in disciplinary action, up to and including termination. This is done to make sure that there is available coverage for calls that may come in at all times. For employees, such additional time worked may qualify for overtime compensation.
- Because of the 24-hour nature of this business, you may be scheduled to work at any time of the day, and may vary from week to week. You are asked to cooperate with your assigned schedule. Unauthorized leave from a scheduled shift or failure to follow your scheduled work hours will result in appropriate discipline.

SCHEDULING

Purpose:

To ensure adequate emergency response and ambulance service 24 hours a day, 7 days a week, 365 days a year with the necessary complement of professional personnel.

Policy:

NCEMS requires you to arrive on time for your scheduled shift, or to provide for appropriate coverage when you may be unavailable to serve the assigned shift.

Guideline:

▪ Standards

- NCEMS reserves the right to schedule personnel at any time, or change the schedule in accordance with operational needs and demands.
- NCEMS will develop a staffing schedule on a monthly basis. Work schedules may be changed from time to time at the discretion of NCEMS to meet operational demands, schedule changes, and personal conflicts that may arise among assigned staff. Attempts will be made to notify all personnel of any changes made to a posted schedule.
- It is your responsibility to arrive for and complete in full your scheduled shift, unless:
 - A pre-approved request for time off has occurred:

All requests for time off shall be made at least by the 15th of the prior month of time needed off.

 - When a conflict in the schedule is noticed, and a scheduled person requires time off, the supervisor must be contacted immediately in order to coordinate adequate coverage.
 - The scheduled personnel has arranged for coverage with another person subject to the following:
 - When arranging coverage with another person, equal “swapping” or trading shall occur. Personnel shall not expect another person to cover part or an entire shift without covering an equal amount of time for that other person. Shift swaps must be made in the same pay period.
 - Shift trades in coverage must be made between persons who are equally qualified to work the shift. For example, a Paramedic cannot trade with an EMT, since the EMT would not be qualified to meet the requirements of the Paramedic.
 - Management must be advised of any and all trades as promptly as possible. Management reserves the right to refuse to permit a swap to the extent that it will pose scheduling or other personnel conflicts.

SUBMITTING FOR REQUESTING SHIFTS

Purpose:

In order to maintain an uninterrupted coverage in operations and a quality of care, the following guideline shall be used by members to submit for requested shifts.

Guideline

- Members shall not submit for Lead Medic, Paramedic, or EMT position(s) if any or a combination of the following apply.
 - Members shall not submit for a shift within twelve hours of their ending shift from their primary employer.
 - Members shall not submit for a shift within twelve hours of their beginning shift of their primary employer.
- Members receiving/anticipating a “voluntary” overtime assignment from their primary employer shall comply with the following as not to cause an interruption of coverage with scheduled shifts or operations.
 - Member shall be responsible for finding replacement of equal certification at least twenty-four hours prior to their scheduled shift.
 - Member shall be responsible for finding a replacement if their scheduled twelve hour shift is ending/beginning within twelve hours of their ending/beginning overtime assignment.
- Members after receiving their assigned schedule and agree to substitute for a member of their primary employer shall comply with the following as not to cause an interruption of coverage or operations.
 - Member shall be responsible for finding a replacement of equal certification if their scheduled twelve hour shift is ending/beginning within twelve hours of their substitution.
- If a member, after receiving their scheduled shift chooses to drop, trade or give up their assigned shift. It is the responsibility of the member to find a replacement of equal certification as their replacement.
- Under special circumstances with the approval of the Director, Deputy Director, or Senior Supervisor will members be allowed to have a replacement not equal in certification.
- The following examples are normal circumstances without interrupting the quality of care:
 - Paramedic shall replace Paramedic
 - EMT may replace EMT
 - Paramedic may replace EMT
- Any change in assigned shift(s) must be approved by the Director or their designee via When to Work scheduling program.
- Members will be notified via When to Work upon final approval.
- Members shall utilize the When to Work program to advertise their request to drop, trade or give up their assigned shift(s).

TESTIFYING IN COURT & DEPOSITIONS

Purpose:

To uphold the requirements of the law, to support civic duty and protect employees from wage loss when called upon to appear in court for City related business.

Policy:

Personnel are expected to testify about work related matters, when properly subpoenaed to do so, in an honest and truthful manner. Personnel testifying for work related matters when required should receive compensation for time spent in providing such testimony. Personnel engaged in court testimony for personal matters will not be paid.

Guideline:

- **Standards**

- At times, personnel may be required to testify in court, for incidents that relate to NCEMS, or personal matters, unrelated to NCEMS. In accordance with the “Scheduling” Policy, appropriate provisions for coverage must be made when testimony conflicts with a scheduled assignment.
- Personnel who are subpoenaed and must appear for a hearing, deposition, or court appearance because of an action performed while in the course of duty or related to work will be paid a regular hourly rate for the actual time providing testimony.
- Personnel who must attend a hearing, deposition or court appearance for reasons other than for testimony related to the performance of job duties with NCEMS, will have to request time off, depending upon available accrued time off that may be available. In accordance with company scheduling policies, appropriate provisions for coverage must be made when testimony conflicts with a scheduled work assignment.
- You must submit to your supervisor a copy of the subpoena or other related court document to indicate the nature of the court appearance and let him or her know the reason for the presence at the hearing or deposition.
- You are required to notify your supervisor if you are the subject of personal action by an individual or agency that has any business or patient relationship, affiliation or contact with NCEMS. This includes patients, customers, or operators of vehicles that may be involved in an accident with NCEMS vehicles, and the employees and staff of organization with whom we work. We will make every effort to respect and maintain the confidentiality of such information.

SOCIAL NETWORKING GUIDELINE

General:

- The same basic policies and standards of conduct rules apply to NCEMS employees engaging in communication through blogs and social networking sites as in other areas of their on- and off-duty conduct.
 - Employees should be aware that others, including peers and other employees, may be actively reading what is published online. In choosing words and content, it's a good practice for employees to consider that their supervisor and family members may read everything they post, and therefore, employees should exercise judgment before posting. Using a Weblog to bash or embarrass NCEMS, or co-workers or supervisors is inconsistent with North Channel Emergency Medical Services Mission, Vision and standards of conduct.
 - NCEMS reserves the right to monitor employees' off-duty activity with regard to social networking or blogging and apply our corrective action policy should it be determined that an employee's conduct is inconsistent with our policies.
 - The following activities are **specifically prohibited** under this policy:
 - **Sharing Protected Health Information (PHI).** PHI includes, but is not limited to the patient's name, address, age, race, extent or nature of illness or injury, hospital destination, and crew member names
 - Posting photos, videos, or images of any kind which could potentially identify patients, addresses, vehicle license plate numbers, or any other PHI.
 - Sharing confidential or proprietary information about NCEMS.
 - Posting or other online activities which are inconsistent with or would negatively impact NCEMS' reputation
 - Engaging in vulgar or abusive language, personal attacks of any kind, or offensive terms targeting individuals or groups
 - Endorsement of commercial products, services, or entities
 - Posting statements which may be perceived as derogatory, inflammatory, or disrespectful
 - **Posting Online Comments on Third-Party Sites (response to news articles, posts on other people's sites, or blogs)**
 - Employees should consult with NCEMS Director of Operations prior to engaging in communication related to NCEMS issues or activities through blogs or comment sections of materials posted on the Internet.
 - If employees communicate in the public Internet about NCEMS or NCEMS-related matters, they should disclose their connection with NCEMS and their role at NCEMS. Employees should use good judgment and strive for accuracy in their communications; errors and omissions reflect poorly on NCEMS and may result in liability for the employee and/or organization.
 - Employees should use a personal email address (not their NCEMS address) as their primary means of identification. Just as employees would not use NCEMS stationery for a letter to the editor with their personal views, they should not use their NCEMS e-mail address for personal views
 - Employees should be respectful and professional to fellow employees, community partners, co-responder, and patients and avoid using unprofessional online personas.
 - **Personal Blogs or Other Social Networking Content**
 - Employees should ensure that their blogging and social networking activity does not interfere with work commitments.
 - Where a connection to NCEMS is apparent, employees should make it clear that they are speaking for themselves and not on behalf of the organization. In these circumstances, the following disclaimer is recommended: "The views expressed on this [blog; website] are my own and do not reflect the views of my employer." Furthermore, employees should consider adding this language in an "About me" section of their blog or social networking profile. This disclaimer does not by itself exempt employees from a special responsibility when blogging; employees should remember that their online behavior should still reflect and be consistent with NCEMS' established standards of conduct.

- Employees should always ask the Director of Operations if they have any questions about what is appropriate to include in their personal blog or social networking profile. Again, employees should remember that if they wouldn't want their supervisors or others at NCEMS to see their comments, it is unwise to post them to the Internet.
- Members of NCEMS' management and supervisory team are discouraged from becoming "friends" of employees on social networking sites as this could lead to challenging employee relations issues.

CONFLICT RESOLUTION & PROBLEM SOLVING

Purpose:

To provide for an effective working relationship between staff members and to have a mechanism in place to resolve problems as they occur.

Policy:

NCEMS will handle and resolve misunderstandings, conflicts, and complaints that may arise in a systematic and non-discriminatory manner to ensure appropriate resolution.

Guideline:

- **Conflict Resolution**

- When a complaint or conflict is apparent, personnel should first discuss the situation with a supervisor, preferably immediately following the event or incident.
- Complaints received by any personnel coming from non-personnel (e.g. patients, family members, vendors, and business partners, regarding incidents of quality care and poor relations) shall be forwarded to a supervisor as soon as possible. The Director of Operations should be notified of the complaint as well.
- The nature of the problem or complaint will be documented by the supervisor.
- The supervisor will conduct an investigation of the problem.
- In cases where the problem relates to compliance, HIPAA, or raises a question of federal or state law, the EMS Director must be contacted as soon as possible.

- **Scope**

- Personnel are encouraged to present good faith concerns of any nature to their supervisor, or other manager. Such concerns may pertain to any work-related subject, including the following:
 - Scheduling conflicts.
 - Alleged harassment.
 - Perceived Policy violations.
 - Perceived HIPAA or other compliance issues.
 - Benefit or pay issues.
 - Personal conflicts among co-workers (e.g. incompatibility, or inability to work together).
 - Disciplinary actions.
 - Any perceived violation of the law, or any perceived unethical conduct.

- **Investigation Procedure**

- Management engaged in an investigation of any complaint will gather all appropriate information, and interview all persons involved, or believed to be involved.

- Personnel interviewed by management regarding a concern, complaint, suggestion, or conflict are expected to fully cooperate and offer information in a truthful manner.
- All attempts will be made to resolve problems in a quick and fair manner. Presenting conflicts, complaints, and suggestions is a useful mechanism to improve working conditions.
- Personnel offering complaints, conflicts and problems in good faith will not face retribution or retaliation.

EXPOSURE CONTROL & EDUCATION

Purpose:

To provide a safe work environment for all personnel, patients, and others by limiting our exposure to infectious disease and to appropriately deal with exposures that does occur.

Policy:

NCEMS expects all personnel to follow the “Exposure Control Plan” that has been developed, as well as all other safety reporting and training standards to minimize or eliminate instances of exposure to blood borne pathogens and other contaminants or diseases and to otherwise prevent injury in the workplace.

Guideline:

- **Exposure Control Plan**
 - NCEMS has implemented an “Exposure Control Plan” (“Plan”) that is consistent with Occupational Safety & Health Administration (OSHA) standards. This Plan also includes relevant safety Policies, as required under the Plan.
 - Relevant exposure and safety areas addressed in the Plan include, but are not limited to:
 - Universal precautions.
 - Sharps disposal (engineering controls).
 - Personal protective equipment.
 - Disposal of regulated waste.
 - Disposal of contaminated linens.
 - Proper use of labels.
 - Exposure reporting requirements.
 - All personnel shall follow exposure requirements and reporting obligations as outlined in full in the “Exposure Control Plan.”
- **Vaccinations**
 - Hepatitis B Vaccination.
 - NCEMS will make the Hepatitis B vaccination available to personnel at no cost. Vaccination is encouraged unless:
 - Documentation exists that the employee or member has previously received the vaccination,
 - Antibody testing reveals that the employee or member is immune, or
 - Medical evaluation shows that vaccination is contraindicated.
 - Personnel may choose to decline the vaccination. If personnel choose to decline the vaccination, he or she must sign a refusal form acknowledging the refusal to receive the vaccination.
- **Education and Training**
 - NCEMS shall conduct, on a regular basis, various training and educational sessions regarding bloodborne pathogens, contractions of illness, safety and universal precautions procedures, and other such trainings on topics required or recommended by federal and state safety and regulatory agencies.
 - NCEMS shall provide important safety and health information (e.g. OSHA updates and state Department of Health findings and publications regarding illness, bloodborne pathogens, and infectious disease control) on designated bulletin boards, through personnel publications, and by other means.

- Education and training is critical for the safety of all personnel and patients that NCEMS treats. It is critical that all personnel be involved in the training related to exposure control and proper use and disposal of instruments and gear, to prevent contamination, hazards, or otherwise compromise the health and safety of personnel or patients. Failure to attend mandatory training sessions can lead to discipline.

INFECTIOUS CONTROL

Policy:

This policy is designed to go beyond AMES to include a rational approach toward all potentially infectious diseases prehospital persons face in their work environment. These include everything from hepatitis B, lice and scabies, meningitis, tuberculosis, salmonella, to the childhood diseases of mumps, chickenpox, measles, etc., to sexually transmitted diseases, to the herpes viruses.

To ensure a safe working environment, it is essential that every patient be considered a potential carrier of an infectious disease. Sound infection control practices must be used on all patients.

Your best lines of defense are to lead a healthful life-style, use appropriate protective gear, and wash your hands often.

REMEMBER: When it comes to infectious diseases, patient confidentiality must always be maintained.

- **Personal Hygiene**

- Protect non-intact skin as needed.
- Wash your hands thoroughly. Use an appropriate soap, lather, scrub for at least 15 seconds, rinse well, and dry with a clean towel. Use the towel, not your bare hands, to turn off the faucet. Hand wash sanitizer is supplied in the ambulance. Use a moisturizer to prevent skin cracking from frequent washing.
- In the event your uniform is soiled, put on a clean one as soon as possible. Keep dirt out from under your fingernails. Keep your hands out of your mouth, nose, and eyes.

- **Needles**

- Be particularly careful with needles. They should not be recapped, purposefully bent, broken, cut, or removed from disposable syringes. Sharps should be disposed of in approved puncture-resistant containers that are provided in the ALS bag and on the ambulance. Contaminated needle containers shall be sealed and disposed of in the appropriate biohazard boxes when full. Report all needle sticks to your supervisor.
- The Infection Control Officer is responsible for assuring the proper collection and disposal of biohazard boxes.

- **Universal Precautions**

- The following summarizes recommendations by the U.S. Centers for Disease Control (usually referred to as "Universal Precautions") and shall be our policy.
 - Wear latex gloves when handling blood and other fluids requiring Universal Precautions, items soiled with blood, substances that contain visible blood, or other fluids requiring Universal Precautions.
 - Immediately and thoroughly wash your hands or other skin surfaces after contact with blood or other fluids that require Universal Precautions, after contact with substances that contain visible blood, and after removing gloves. (If soap and water are not readily available, alcohol wipes, a wet towelette, waterless foam or soap, water alone, or any clean cloth, paper towel, napkin, or article of clothing can be used to clean skin surfaces until more thorough hand washing is possible.)
 - Wear protective clothing or other gear when there is a chance of being splashed by blood or other fluids that require Universal Precautions. Depending on the situation, you may need additional protection such as goggles, a mask, or surgical-type gown

- **Body Fluids Requiring Universal Precautions**

- Blood (including menstrual blood)
- Semen
- Vaginal secretions (including menstrual discharge)

- Amniotic (pregnancy) fluid
- Cerebrospinal (brain and backbone) fluid
- Synovial (joint) fluid
- Pleural (chest) fluid
- Peritoneal (abdomen) fluid
- Pericardial (heart) fluid
- Feces
- Nasal secretions Saliva
- Sputum (lung/mucus) Sweat Tears Urine Vomit

- **Cleaning Of Equipment**

- Proper cleaning of equipment and work surfaces is essential to the maintenance of a healthy environment. Cleaning involves two important steps: washing and disinfecting.
- Washing is the physical removal of visible surface debris with warm water and soap. Disinfection cannot be accomplished unless washing has occurred.
- Disinfecting is the use of chemicals to kill infectious pathogens and reduce the possibility of cross- contamination. Antiseptic soaps used for hand washing are not effective as disinfecting agents and should not be used as such on the vehicle and equipment. In this policy, we shall refer to disinfecting with a 1:10 Sodium Hypochlorite solution (fresh solution of chlorine bleach in water) or a solution of Rocide II and water.
- Water should never be left in the ambulance bay buckets after cleaning is finished. Mop heads will be routinely changed.

- **Cleaning Of Equipment**

- If you know a patient had an infectious disease, check with the infection control coordinator at the hospital for the appropriate cleaning routine for that particular problem, for both the ambulance and the equipment.
- Respiratory and oral secretions as well as wound drainage should always be considered infectious.
- All equipment contaminated with blood or other bodily fluids shall be thoroughly decontaminated after each use in accordance with the following cleaning procedures:

- **Ambulance**

- Clean the floor and walls on a regular basis (scheduled decon days) or when heavily soiled.
- After EACH transport, surfaces touched by the patient, surfaces in contact with blood or bodily fluids, and surfaces touched by health care providers while treating patients shall be **CLEANED AND DISINFECTED**. Disinfection shall be with a disinfecting agent that is tuberculocidal or with a 1:10 Sodium Hypochlorite solution. It is not necessary to disinfect items not contacted by the patient or health care provider.
- Blood spills shall be soaked up and the area washed with soap and water. The area will then be cleaned with a disinfectant. Gloves shall be worn at all times while cleaning areas covered with blood.

- **Reusable Equipment**

- All reusable equipment contaminated with blood or body fluids shall be thoroughly washed and decontaminated after every use.

FIREARMS, WEAPONS & EXPLOSIVES

Purpose:

To maintain a safe working environment by prohibiting dangerous weapons and devices in the workplace!

Policy:

Personnel are prohibited from carrying firearms, weapons, explosives or other dangerous devices while on duty, or bringing such items to the workplace.

Guideline:

- **Definitions**
 - For purposes of this Policy, “weapons” include both offensive and defensive weapons, including but not limited to, pepper spray/mace, firearms and explosives including fireworks, TASER/stun gun, black jack, or any nightstick or billy club.
- **Standards.**
 - This Policy does not apply to law enforcement officers who are serving in an authorized law enforcement capacity.
 - This Policy does not apply to legitimate NCEMS equipment and supplies that may have dangerous potential (e.g. rescue knives, needles), or may have explosive tendencies (e.g. compressed gasses).
 - All weapons are prohibited from being on NCEMS property, including lockers, personal backpacks or other carrying cases while on NCEMS property, and in NCEMS vehicles.
 - If you have any question or concern about what may constitute a prohibited weapon under this Policy, you should immediately consult your supervisor.
- **Compliance with state law**

GENERAL COMPLIANCE POLICY

(Standards of Care, Legal Compliance, Fraud & Abuse, Conflicts of Interest, Business Compliance, Personal Conduct)

Purpose:

To remain in compliance with all federal, state, and local rules, laws, and ordinances that relate to the provision of ambulance services.

Policy:

NCEMS expects all personnel to conduct themselves at all times in a manner that is compliant with all laws related to reimbursement, confidentiality, and other areas.

Guideline:

- **General Standards of Care**
 - Conduct that is dangerous to others, dishonest, immoral, illegal or abusive will not be tolerated. Violation of these standards of conduct will be grounds for disciplinary action, up to and including termination.
 - Notwithstanding the “Progressive Discipline” Policy, NCEMS reserves the right to dismiss any employee or member without warning, progressive discipline, or notice, if we determine that continued employment is not in the best interests of NCEMS, other employees, or the people we serve. In other words, at all times, employment and is “at will.”
 - NCEMS reserves the right to suspend an employee (with or without pay) as it deems appropriate, as part of its investigation of a staff member’s conduct. NCEMS reserves the right to take any action, which differs from the progressive disciplinary steps, outlined in this Handbook, including suspension and termination from employment or as a first step.

- **Legal Compliance**
 - NCEMS expects its personnel to refrain from conduct that may violate the federal fraud and abuse laws (i.e. Anti-Kickback Statute; False Claims Act). These laws prohibit:
 - Direct, indirect, or disguised payments in exchange for the referral of patients.
 - The submission of false, fraudulent, or misleading claims to any government entity or third party payer, including claims for services not rendered, claims which characterize the service differently than the service actually rendered, or claims which do not otherwise comply with applicable program or contractual requirements.
 - Making false representations to any person or entity in order to gain or retain participation in a program or to obtain payment for any service.
 - Submitting false claims to the government by seeking payment by:
 - Up-coding (increasing the level of service actually rendered).
 - Fabricating transports (billing for transports that did not occur).
 - Falsifying claim information (adding false information to demonstrate medical necessity when the original documentation fails to support medical necessity).
 - All personnel must comply with applicable antitrust and similar laws that regulate competition. Examples of conduct prohibited by these laws include:
 - Agreements to fix prices, bid rigging, collusion (including price sharing) with competitors.

- Boycotts or certain exclusive dealing and price discrimination agreements.
 - Unfair trade practices including bribery, misappropriation of trade secrets, deception, intimidation, and similar unfair practices. Personnel are expected to seek advice from NCEMS counsel when confronted with business decisions involving a risk of violation of the antitrust laws.
 - Personnel are expected to utilize resources appropriately and efficiently, to recycle where possible, and otherwise dispose of all waste in accordance with applicable laws and regulations, and to work cooperatively with the appropriate authorities to remedy any environmental contamination for which NCEMS may be responsible.
 - All personnel shall treat all other personnel, patients, family members, vendors, and business partners fairly and equitably. In accordance with the non-discrimination commitment, NCEMS will treat patients without regard to the race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.
 - All personnel shall be recruited, hired, trained, promoted, assigned, transferred, laid off, recalled and terminated based on ability, achievement, experience and conduct without regard to race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class.
 - Personnel shall act in accordance with the “Sexual and Other Harassment” Policy, and any form of harassment or discrimination on the basis of race, color, national origin, ancestry, religion, sex, age, disability, political belief, military service, or any other protected class will not be tolerated. Each allegation of harassment or discrimination will be promptly investigated in accordance with applicable Policies.
- **Fraud**
 - All personnel shall accurately and honestly represent NCEMS and will not engage in any activity or scheme intended to defraud anyone of money, property, or honest services.
 - NCEMS requires candor and honesty from individuals in the performance of their responsibilities and in communication with our attorneys and auditors.
 - Personnel shall not make false or misleading statements to any patient, person, or entity doing business with NCEMS about other patients, persons, or entities doing business or competing with NCEMS, or about the products or services of NCEMS or its competitors.
 - Personnel shall not misappropriate confidential or proprietary information belonging to another person or entity, or utilize any publication, document, computer program, information, or product in violation of a third party’s interest in such product.
 - All personnel are responsible to ensure they do not improperly copy for their own use documents or computer programs in violation of applicable copyright laws or licensing agreements.
 - Personnel shall not utilize confidential business information obtained from competitors (including patient and customer lists, price lists, contracts, or other information in violation of a covenant not to compete or a prior employment agreement) in a manner likely to provide an unfair competitive advantage to NCEMS.
- **Conflicts of Interest**
 - Directors, officers, committee members, employees and members owe a duty of undivided and unqualified loyalty to NCEMS. Persons holding such positions may not use their positions to profit personally or to assist others in profiting in any way at the expense of the organization.
 - All personnel are expected to regulate their activities to avoid actual impropriety and/or the appearance of impropriety, which might arise from the influence of those activities on business decisions, or from disclosure, or private use of business affairs or plans of NCEMS.
 - While not all inclusive, the following will serve as a guide to the types of activities by personnel, or an individual in the immediate family (spouse, child, or parent), which might cause conflicts of interest:

- Ownership in or employment by any outside entity that does business with NCEMS.
 - Ownership in, membership in, employment by, or membership in any outside entity that competes with NCEMS.
 - Conduct of any business, not on behalf of NCEMS, with any vendor, supplier, contractor, or agency, or any of their officers or members.
 - Representation of NCEMS by a member in any transaction in which he or she, or an immediate family member, has a substantial personal interest.
 - Disclosure or use of confidential, special, or inside information of or about NCEMS, particularly for personal profit or advantage, of a particular staff member, or an individual in that person's immediate family.
 - Competition with NCEMS by personnel or an individual in that person's immediate family, directly or indirectly, in the purchase, sale or ownership of property or property rights or interests, or business investment opportunities.
- Personnel shall not perform work or render services for any competitor of NCEMS or for any organization with which it does business or which seeks to do business outside of the normal course of his or her employment or association with NCEMS without the approval of the EMS Director. No member or employee may be a director, officer, or consultant of such an organization, and he or she shall not permit his or her name to be used in any fashion that would tend to indicate a business connection with such organization.
 - All personnel are requested to consult with management prior to serving as a member of the Board of Directors of any organization whose interests may conflict with those of NCEMS. However:
 - Any personnel who are asked, or seek to serve on the Board of Directors of any organization whose interest would not negatively impact NCEMS (for example, civic, charitable, fraternal) will not be required to obtain such approval.
 - NCEMS may prohibit continued employment or membership to anyone who serves as a member on any Board of Directors where such membership might conflict with the best interest of NCEMS.
 - Personnel must disclose actual, apparent, or possible conflicts that may arise.
 - Such disclosures shall be made in writing and be delivered to a supervisor or member of management of NCEMS.
 - Copies of such disclosures will be forwarded to appropriate compliance personnel for prompt resolution.
 - Ultimate resolution of such conflicts, and the determination as to whether such a conflict is harmless or must be resolved, shall be decided by the legal council of NCEMS.

- **Business Compliance**

- Business transactions with vendors, contractors, and other third parties shall be free from offers or solicitation of gifts and favors or other improper inducements in exchange for influence or assistance in a transaction.
- The standards set forth below are intended to guide personnel in determining the appropriateness of the listed activities or behaviors within the context of business relationships, including relationships with vendors, providers, contractors, third party payers, and government entities. It is the intent that this Policy be construed broadly to avoid even the appearance of improper activity. If there is any doubt or concern about whether specific conduct or activities are ethical or otherwise appropriate, personnel should contact a supervisor.
 - Personnel are prohibited from soliciting or accepting tips, personal gratuities, monetary tips, or gifts from patients or family members of patients. If a patient or another individual wishes to present a monetary gift, he or she should be referred to a supervisor.

- Personnel are prohibited from soliciting or accepting gifts, favors, services, entertainment or other things of value from outside entities to the extent that decision-making or actions affecting Pearland EMS might be influenced. Outside entities include equipment vendors, hospitals, physicians, nursing facilities, dialysis facilities, or other individuals or organizations with which NCEMS maintains, or could maintain a business relationship, or where either NCEMS or the outside entity is in a capacity to make referrals to one another. Similarly, the offer or giving of money, services, gifts, or other things of value by NCEMS personnel with the expectation of influencing the judgment or decision making process of any purchaser, supplier, customer, government official or other person is prohibited.
 - Notwithstanding #2 above, personnel may receive and offer token gifts or promotional items to and from vendors that have a nominal value. If any member or employee has any concern whether an item should be accepted, the member or employee should consult with his or her supervisor. To the extent possible, these items should be shared with NCEMS's other employees. Personnel shall not accept excessive gifts, meals, expensive entertainment or other offers of goods or services that have more than a nominal value nor may they solicit gifts from vendors, suppliers, contractors or other persons.
 - For purposes of this Policy, nominal shall mean less than \$25.
 - Such nominal gifts include coffee mugs, T-shirts, pens, flashlights, and other similar "promotional" items.
 - Attendance at local, vendor-sponsored workshops, seminars, and training sessions is permitted, but such attendance should not be offered free of cost when the vendor imposes a charge on other persons or organizations.
- Personnel may not utilize "insider" information for any business activity conducted by or on behalf of NCEMS. All business relations with contractors must be conducted at arm's length both in fact and in appearance, and in compliance with standard business practices. Personnel must disclose personal relationships and business activities with contractor personnel that may be construed by an impartial observer as influencing the members or employees' performance or duties.

- **Monitoring Compliance**

- NCEMS shall monitor itself and all of its personnel to ensure compliance with the applicable state and federal statutes and regulations, including filing reports of improper conduct, where applicable.

COMPLETING PATIENT CARE REPORTS

“DOCUMENTATION”

- Documentation provides a record of what you did or did not do while serving as a Medical Record and a Legal Document.
- It is imperative that you document EVERY incident response. For quality assurance and other purposes, other EMS professionals, physicians, nurses, insurance companies, Medicare/Medicaid personnel and the legal community frequently examine these records. They are also used in court cases, grand rounds at the hospitals and reviewed by the Texas Department of State Health Services and the local media.
- When North Channel EMS responds to a request for service and finds individuals not meeting the definition of a patient (see definitions) the record should be appropriately coded.

Responsibility of Completion of Patient Care Reports

(According to Texas Department of State Health Services)

- When members hold similar EMS certifications, both members are equally responsible for complete and accurate documentation of the record.
- In situations where one member is utilized by the department in a higher EMS certification level, that member is responsible for the complete and accurate documentation of the record.
- In ALL cases, the patient care record will be completed:
 - **Transports:** immediately after patient care has been turned over to the Emergency Department. It is required by the Texas Department of State Health Services that a copy of your patient care report be left with the patient. At this time North Channel EMS utilizes an electronic patient care report. This report is electronically delivered to the emergency department only after completion and transmitting your electronic patient care report. Failure to complete and transmit your transport record in a timely manner is a violation of the TDSHS.
 - **Non-Transports:** Shall be completed immediately upon completion of incident.

****In the event of a “Response-Pending”, units will return to service and respond to the pending call and complete their patient care report as soon as possible after completion of the incident.**

DOCUMENTATION CONTENTS

- **S.O.A.P.:**

- Subjective data
- Objective data
- Assessment
- Plan

- **Subjective Data:** What you were told by . . .

- Patient, family, bystanders, witnesses, police officers, other North Channel EMS members. Start with the patient's Chief Complaint(s) (CC).
- The patient's history: : a. History of the Present Illness (HPI). Each Chief Complaint has a HPI to be pursued. For each CC the HPI will consist of determining:
 - Onset of the symptom
 - Duration of the symptom
 - Frequency of the symptom
 - Character of the symptom
 - Intensity of the symptom
 - Associated symptoms and Aggravating or Alleviating factors
 - *The past medical history of the patient . . . (AMPLE)*
 - Allergies
 - Medications
 - Past illnesses
 - Last meal
 - Events leading up to this event

- **Objective Data:** *What you saw . . . What you found (Mechanism of Injury)...*

- On your approach, at the scene, where the patient was found, the patient's position.
- Your PHYSICAL findings from the primary survey, the secondary survey, vital signs and diagnostics (glucose levels, ECG tracings, SaO2 levels and end-tidal CO2).

Assessment:

Based on the data collected, document the assessment of the patient's problem and which plan/protocol you are going to follow.

Plan:

All interventions performed: C-collar and spinal immobilization, AED, CPR, intubation, I.V. therapy, medications, evaluation of the therapies performed and on-going monitoring noting changes in the patient's status including notations on the patient's condition on arrival at the emergency department (ED).

*****All members are to fully document and describe the events of their dispatched incident, even when a patient was not found. An explanation for why an individual for whom EMS was requested is not 'a patient' is required.***

ELECTRONIC PATIENT CARE REPORTS (EPCR):

North Channel's PCR software utilizes faxing for the delivery of the patient care record to the hospital. The fax process is automatically initiated when the electronic patient care report is uploaded to the WebPCR server. It is for this reason that your patient care report SHALL be completed immediately upon completion of the incident and uploaded to the WebPCR server. Failure to complete and upload in a timely manner is a violation of the Texas Department of Health State Services.

1. All units shall utilize the laptop electronic patient care record (ePCR), ensuring that:

- a narrative detailing the specifics of the patient's presentation, care, decision making processes, and proper documentation of patient refusals if applicable.
- "Interventions" contains all interventions, treatments and drug administrations for the patient.

All medications and interventions to be listed in a narrative section and interventions.

2. In the event of a laptop computer failure the patient care record will be completed on a paper patient care form and a copy left with the Emergency Department.

3. All patient care reports completed on paper will be given to the Supervisor on duty.

4. At no time will a member leave their shift without completing a patient care report.

QUALITY ASSURANCE

Purpose:

To formulate a means by which all incidents North Channel EMS responds to succumb to a quality control review.

Scope:

All incidents responded to by North Channel EMS, and members making up the crew create a patient care report (PCR)

Procedure:

1. Completed PCR's will be transmitted per the "Completing Patient Care Reports" guideline (page ??)
2. All patient care reports will be reviewed by the Director of Operations or his designee.
3. Any report found deficient will be returned to the member for correction or review.

Deficiencies include:

- Protocol violations
- Failure to complete PCR
- Failure to transmit PCR
- Missing treatments/procedures
- Gross misspellings
- Contradictions in report
- Incorrect/missing addresses
- Incorrect times
- Incorrect mileage
- Incorrect hospital designation

4. Members that consistently have patient care reports with deficiencies may be subject to disciplinary action.
5. Gross violations of protocols will be subject to review by a Committee comprised of five (5) members: the Medical Director, Director of Operations, Deputy Director and two (2) Senior Supervisors.

EMERGENT REPAIR: VEHICLES AND EQUIPMENT

- In the event a vehicle develops a condition where, in the opinion of its crew, continued operations of the vehicle would jeopardize the safety of its crew and/or patients, that vehicle will be taken out of service and replaced by a reserve unit.
- The Supervisor on duty will then notify the Director of Operations of the need for immediate repair of the unit.
- The crew member reporting the issue will complete a Damaged/Missing Equipment form.
- Members shall also report and document all missing, damaged or malfunctioning equipment by utilizing the Damaged/Missing Equipment forms.

AREA SERVED BY NORTH CHANNEL EMS

The primary area served by our organization is the North Channel community that consists of Cloverleaf, Marwood, Pine Trails, Riviera East, and Woodforest.

Key Map Areas:

456 - R, V, Z

457 - K, N, P, Q, S, T, U, W, X, Y

496 - C, D, G, H, R

497 - A, B, C, D, F, G, H, K, L, M, N, P, Q, R, T, U, V

CRIME SCENE

The first priority of EMS personnel is treatment of the patient. It is emphasized that while care is to be taken in minimizing patient and/or object movement, this is a secondary consideration and should not hinder resuscitative efforts.

- **Injured Patient**

If resuscitative measures are begun, the following guidelines apply:

- Utilize the same route in and out of the crime scene, disturbing as little of the surroundings as possible.
- Note the position of the body and other pertinent objects, weapons, medications, etc.
- Avoid cutting through or tearing apparent bullet or knife holes. Clothing should be cut (if necessary) along seams or in areas that would not compromise entrance or exit wound markings on the clothing.
- Place any clothing or materials in the patient's possession in paper bags and do not discard but give to the investigator.
- Give the law enforcement officer on the scene a detailed, accurate description of body position, location of weapons, and objects touched or left by EMS. If the scene or patient is disturbed in any fashion in order to perform patient care, document the "pre-disturbed" state of things on the reporting form and report it to the investigator.

- **Dead On Scene**

If the patient is obviously dead and the death appears to be due to other than natural causes, the following procedures are to be used:

- Do not touch or move the body.
- Request law enforcement
- Do not touch or move any weapons, medication containers, suicide notes, or any other item that may be pertinent to the incident investigation.
- Avoid touching doors, windows, light switches, etc.